West Hertfordshire Hospitals **NHS**

NHS Trust

Delivering a healthy future in west Hertfordshire

Programme Execution Plan

Contents

Rev	Originator	Approved	Date
Draft	Matt Stephenson Phil Annal	Lindsay MacIntyre Paul Maitland	
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1   Introduction

1.1   Document purpose

It is the purpose of this document to act as a single point of reference for stakeholders on the Delivering a Healthy Future Programme, including the Service Delivery, Workforce Planning, Equipment, Hemel Hempstead Transition and Construction Projects.

It sets out the strategy for the organisation, responsibilities, control procedures and communication requirements for the programme. The procedures detailed in this document are complementary to any specific conditions contained within the Construction Project Contract Documentation. However, this document is not a contract document and is to be a working document which evolves with the programme providing clear governance and guidance for the management of the programme.

1.2   Document Control

The most up to date version of this document will be held on Project Place and the Trust's G: drive. This is a working document and is therefore likely to change throughout the life of the programme. The reader should note that any printed copies are classified as uncontrolled and may be outdated by subsequent revisions. The document owner is the Programme Manager.

2   Objectives

2.1   Programme Objectives

The programme aims to ensure that the following benefits are realised in line with the phased completion of the refurbishment works and AAU:

- Improve effectiveness of the clinical services in order to meet national performance and quality targets by 2008/09.

- Improve efficiency and productivity of all clinical and non clinical services to reduce unit cost to at or below tariff by 2008/09.

- To facilitate a significant reduction in the cost base of the trust enabling the trust to provide high quality services to its patients at tariff or below by 2008/09.

- To reduce staff costs by facilitating significant service re design by 2007/08.

- To provide a robust platform to enable the trust to secure the development of an affordable new acute hospital by 2014 for West Hertfordshire.

The programme objectives are identical to the trust's investment objectives.[1] The realisation of these objectives will be assessed following the completion of the programme.

2.2   Service Delivery Project Objectives

The Service Delivery Project Objectives are:

- To facilitate significant service re-design to improve patient service, improve productivity and thereby reduce staff costs. (Enabling the Workforce Planning Project.)

- To ensure that the service at Watford can be delivered using the facilities delivered from the Construction Project and hence enable transfer of activity from Hemel Hempstead.

- To create and implement the service delivery implementation plans – including "Change management plans" to embed the changes to the services.

2.3   Workforce Planning Project Objectives

- To achieve the reduction in staff numbers identified in the Business Case following the HR Workforce planning guidance.[2]

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[1] Objectives taken from Delivering a Healthy Future; Full Business Case for the re configuration of acute services in West Hertfordshire

2.4 Equipment Project Objectives

The Equipment Project Objectives are:

- To understand the current equipment capability.

- To determine the future equipment requirement from the Service Delivery Project.

- To ensure that existing equipment is transferred as necessary and new equipment is procured to meet the requirements of the Service Delivery and Construction projects.

2.5 Hemel Hempstead Transition Project Objectives

The Hemel Hempstead Transition Project Objectives are:

- To ensure that activity at Hemel Hempstead is transferred to Watford as quickly as possible following handover of facilities from the Construction Project and the build up of Service delivery capacity from the Service Delivery Project.

- To close down areas at Hemel Hempstead no longer in use after transfer of activity to Watford to enable financial benefits realisation.

2.6 Construction Project Objectives

The key to delivering the programme objectives is the successful completion of the Construction Project. The Construction Project objectives are:

- To provide the Watford site with a new Acute Admissions Unit.

- To refurbish the following areas of the Watford site:

  - Princess Michael of Kent building (A&E and CCD).

  - Saracens/Helen Donald Unit/Isolation rooms.

  - Finance/H Block & Pharmacy Building.

  - Site access, egress and car parking (site wide works).

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[2] Workforce and Change Management Guidance to support Delivering a Healthy Future.

The project objectives are identical to the high level scope of the DaHF project.[3] The realisation of these objectives will be assessed following the completion of the project.

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[3] Objectives taken from Delivering a Healthy Future; Full Business Case for the re configuration of acute services in West Hertfordshire

3 Organisation

3.1 Programme organisation structure

The programme organisation chart below demonstrates how the programme is structured.

Detailed roles and responsibilities are at Appendices E & F

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                    ┌─────────────────────┐
                    │  DaHF Programme     │
                    │       SRO           │
                    │  Graham Ramsey      │
                    └─────────────────────┘
                              │
                    ┌─────────────────────┐
                    │  DaHF Programme     │
                    │  Programme Director │
                    │  Lindsay MacIntyre  │
                    └─────────────────────┘
                              │
                    ┌─────────────────────┐
                    │      DaHF           │
                    │    Programme        │
                    │    Programme        │
                    │     Manager         │
                    └─────────────────────┘
                              │
   ┌───────────┬──────────────┼──────────────┬───────────────┐
┌────────┐ ┌──────────┐ ┌───────────┐ ┌──────────────┐ ┌────────────┐
│Service │ │Workforce │ │ Equipment │ │Hemel         │ │Construction│
│Delivery│ │Planning  │ │ Project   │ │Hempstead     │ │Project     │
│Project │ │Project   │ │           │ │Transition    │ │            │
└────────┘ └──────────┘ └───────────┘ └──────────────┘ └────────────┘
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A detailed view of the Service Delivery and Construction project structure is shown below.

DaHF
Roles and Responsibilities including Report Frequency

Graham Ramsey
Medical Director Deputy
Chief Executive

Lindsay McIntyre
Director of Implementation/
Programme Director

Key

.... Service Design Project

– – – Construction Project

NOTES:
1. All IHUGS to cover:
Finance and Activity
Workforce and organisational development
IT
2. Diagram does not show Hemel transition work stream this will be shown on a separate chart
3. Melanie Dawes responsible for surgical and clinical support IHUG's
4. Esther Moors responsible for medicine and women and children's IHUG's
5. Paul Mosley responsible for estate and facility IHUG's
6. Liz Rippon responsible for Helen Donald unit and front of House.
7. Louise Gaffney responsible for Hemel Hempstead and out patients and step down/ intermediate care IHUG
8. Claire Galvin responsible for endoscopy

(1) Monthly report

Change request sign off

Phil Annal
DaHF Programme Manager

(2) Monthly report

Esther Moors
Service Design Project
Manager

(3) Divisional board report via meeting minutes to Service Design Project Manager

(4) Monthly report

| IT IHUG | Medicine Divisional Board | Clinical Support Divisional Board | Surgery Divisional Board | Estates and Facilities Divisional Board | Women's and Children's Divisional Board | Patient documentation IHUG |

(5) IHUGS report via summarised meeting minutes to relevant Divisional Board
IHUGS also report verbally to Divisional Boards as standing Agenda item

Acute Admissions Unit IHUG

Radiology IHUG

Critical care HUG

Library Service and Post Grad IHUG

CED IHUG

Accident & Emergency IHUG

Pharmacy IHUG Chair TBA
1) Dispensing
2) Manufacturing
2) Re-Configuration

Theatres IHUG

Front of House IHUG

Osborne
Richard Townley

Anne Farthing
Construction Project Manager

Project Office Support Amy Mole

Cardiology IHUG

Outpatients IHUG

Facilities Management IHUG

Fire safety
Roy Oliver

Site monitoring supervisor Phil Bargent

Cost Manager Steve Woodward

Estates / Facilities Paul Mosley

Design and Capital Planning Phil Bargent

PMoK/ IHUG

Pathology IHUG

Equipment Lead Sami Belhadj

Legal Capsticks

CDM Safetynark

Commissioning Manager

Step down/ Intermediate care IHUG

Endoscopy IHUG

Helen Donald Unit IHUG

3.2   Programme Reporting Structure.

The organisation chart below shows the reporting structure for the Programme.

DaHF
Reporting Structure

Trust board

DaHF Programme Board
Chair
Lindsay MacIntyre

Key
.... Service Delivery Project
– – – Construction Project

Equipment Project

Hemel Hempstead Transition Project

Service Delivery board Chair Lindsay McIntyre

Workforce Board Chair Sarah Childerstone

Internal change control board Chair – Phil Bradley

Construction project delivery board Chair Lindsay MacIntyre

Change Mangement (Medicinq Osborn)

Client progress meeting

Risk workshop

Patient documentation IHUG Chair TBA

IT IHUG Chair TBA

Medicine Divisional Board

Clinical Support Divisional Board

Surgery Divisional Board

Estates and Facilities Divisional Board

Women's and Children's Divisional Board

Acute Admissions Unit IHUG

Radiology IHUG

Critical care IHUG

Library Service and Post Grad IHUG

CED IHUG

Workforce Planning Project

Accident & Emergency IHUG

Pharmacy IHUG Chair TBA
1) Dispensing
2) Manufacturing
2) Re-Configuration

Theatres IHUG

Front of House IHUG

Cardiology IHUG

Pathology IHUG Chair TBA

Facilities Management IHUG

PMoK/ IHUG Chair TBA

Outpatients IHUG

Step down/ Intermediate care IHUG Chair TBA

Endoscopy IHUG Chair TBA

Helen Donald Unit IHUG

4   Constraints

4.1   Time

The Programme Schedule is the responsibility of the Programme Manager. Project Schedules for the Service Delivery, Equipment, and Hemel Hempstead projects will be created and maintained by the relevant Project Manager with assistance from Programme and Project Support. The Construction Project Schedule for the construction works will be produced and updated by Medicinq Osborne. The Construction Project Manager will also ensure that detailed Schedules are created and maintained for the de-commissioning and commissioning work and any "West Herts – Medicinq Osborne" interface work.

4.2   Legal

The P21 works will be managed under an NEC contract (Version 7).

4.3   Cost

Specific details of the GMP (Guaranteed Maximum Price) can be found in the contract documents, however an overview is shown below[4]:

Activity Schedule:			Activity Schedule Forecast Prices £	Activity Schedule Final Amount £
1	Phase 1	Preparation of SOC	**Not Applicable**	
2	Phase 2	Preparation of OBC	**Not Applicable**	
3	Phase 3	Provide substantial design development and preparation of FBC	**Not Applicable**	
4	Phase 4	Completion of substantial design, construction, commissioning and handover • Agreed Works	25,192,926.47.	
Total carried to Form of Proposal GMP £ (Excluding VAT)			25,192,926.47	

4.4   Specification

The points below highlight the key aspects of the specification:[5]

- AAU Operational Policy.

- Watford General Hospital Operational Policy.

- Acute Admissions Unit – The A&E department at WGH is to be supported by a 120 bed AAU which will be linked by shared blue light and public access areas. This will be a new build modular construction project to minimise disruption to existing services on the SGH site.

- Post Graduate Medical Centre – The PGMC is the teaching facility providing training to staff at WGH. The existing building is a single storey and approximately 500m^2 in area. This is being demolished to make way for a new Acute Admissions Unit (AAU) adjacent to the Accident & Emergency department. New PGMC facilities will be provided in two adjacent buildings at WGH; H Block and Pharmacy. The first floor of H Block is currently arranged as offices and will

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[4] Taken from page 28 West Herts NHS trust – Delivering a Healthy Future – Phase 4 contract (October 2007)
[5] Taken from Delivering a Healthy Future GMP2 projects summary report 14th August 2007

be re configured to provide lecture theatres and seminar rooms, administration space and a kitchen to provide catering for staff for the Postgraduate Medical Education Centre. The existing pharmacy building will be vacated once the AAU which includes a new pharmacy is completed. The pharmacy building will then be refurbished to provide a library, seminar room, training rooms, IT room and administration space.

- Accident and Emergency Department – Once the A&E at Hemel Hempstead closes, WGH will be providing the sole A&E facility for the trust. Watford A&E is being upgraded so that together with the new AAU building, to which it will be linked, improved standards of care will be offered. Works are being carried out to 4 areas within A&E.

  - Children's Emergency Department – the existing CED will be refurbished to higher standards, and expand into new isolation rooms, resuscitation rooms and support spaces formed within the current resuscitation department.

  - Resuscitation – a new 9 bay resuscitation unit will be built in the area currently used for a Rapid Assessment Unit (RAU).

  - Triage – An office will be changed to form an extra Triage room within the main A&E area.

  - Administration – The existing annexe to the RAU will be refurbished to form a staff room, offices and a seminar/teaching room.

- Critical Care Department – The existing ITU on PMoK level 6 will be refurbished with an improved environment for patients and staff. Areas adjacent vacated by Day Surgery moving to St Albans will be re configured to form an expanded CCD with 12 new bed spaces including 2 isolation rooms and 1 single room, along with new support facilities including overnight visitor accommodation.

- Front of House – the existing outpatients area will be refurbished with a new layout and a new discharge lounge.

- Helen Donald Unit – This cancer care unit is being relocated from Hemel Hempstead to a specially refurbished building at WGH.

- Letchmore Ward – 6 new side rooms for Barrier Nursing are required under DaHF, and these are to be located on level 5 of the PMoK building, the floor below the new CCD.

- Mortuary – the existing body stores in the Pathology building at WGH require upgrading to provide extra spaces and deal with staff manual handling issues.

- A significant amount of enabling works will also need to be carried out including revision of the traffic management scheme.

The Trust is keen to ensure that patient involvement is central to its approach in defining and delivering the programme. The trust will ensure that effective mechanisms are in place for patient and user communication involvement and engagement.

5 Programme & Project Progress Control

5.1 Master Programme/Project Schedules

The Programme Schedule is owned by the Programme Manager and the Project Schedules by the relevant Project Managers. The NEC 3 contract has specific requirements regarding acceptance and monitoring of the construction project.

5.1.1 Programme Changes

Adoption or rejection of proposals made during the programme will be decided by the Internal Change Management Board including consideration of the effect on the Schedule, cost and quality. See Appendix C.

5.1.2 Progress Control

The Programme and Project Managers will monitor progress against the respective schedules and report progress at the appropriate Board meeting. Risks and Issues will also be reviewed on a weekly basis to ensure that any mitigation and corrective actions are being progressed. See Appendix D. For the Construction Project, Medicinq Osborne will provide a formal monthly progress report which will be reviewed at the monthly Construction Project Progress meeting. In addition, Medicinq Osborne will give "Early Warning" notification to the Construction Project Manager of any matter that may, in their judgement, adversely affect the timing, quality, or cost of the project.

6 Communication strategy

6.1 Communication

A separate Communications and Stakeholder engagement plan[6] is managed by the Programme Communications officer. This plan explains both the Internal and External communications for the Programme. In addition, the Workforce Planning project will be carrying out significant internal communication with staff.

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[6] DaHF Communications and Stakeholder Engagement Plan 2007/2008.

6.1.1 Programme and Project Office – Core doucments

Programme and Project office support will control the core Programme and Project Management documentation products (eg Schedules, Risk and Issues logs). The most up to date versions of the programme and project core documents will be held on Project Place with previous copies held on the "G" drive. The Programme and Project core documents to be held on "Project Place" are:

- Programme and Project Schedules.

- Programme and Project Risks and Issues logs.

- Meeting Minutes.

- Programme Execution Plan.

- Configuration Management Plan.

6.2 Meetings

The number and frequency of planned meetings and the list of regular attendees to each will be kept to the minimum required to ensure satisfactory reporting and action. All administrative arrangements will be made by the relevant Project Manager or nominated Chairman, including:

- The preparation and issue of Agendas.

- Issue of Reports / Papers.

- Meeting room / venue arrangements.

6.2.1 Approved meetings

The following list outlines the approved meetings which will take place throughout the programme and project:

- DaHF programme board.

- Internal Change Control Board.

- Workforce Planning Board.

- Service delivery board.

- IHUG meetings.

- Construction project board.

- Construction Progress meeting.

- Construction Change Management meeting (with Medicinq Osborne).

- Site Liaison meeting.

- Risk workshop.

- Core team meeting.

It is recognised that ad-hoc meetings will be required and these are encouraged to discuss specific issues.

Specialist meetings will include:-

- Equipment meetings.

- User consultations.

- Commissioning and Handover meetings.

7 Reporting

7.1 Action management

Day to day actions required to progress the projects should be derived from the core project documents, either: the relevant Project Schedule, Issue log, Risk Log, reporting requirements or the Request for Action log (a Request For Action log will be managed by Programme and Project Support to capture actions from meetings along with their requested completion date). If any work is being carried out for the DaHF Programme which can not be related back to any of the core management documents this indicates that either work is being carried out which is outside of the agreed scope of the project or, there is missing information in one of the core documents. In either case the relevant Project Manger should be informed.

7.2 Programme reporting

A structured reporting and review process will be implemented to determine how work is progressing and to identify key issues and potential problems and recommend a course of action where appropriate. Reports from the various parties involved shall be structured in such a way that they can be simply aggregated to provide the data required for presenting to the Board meetings.

The Programme Manager and Project Managers Reports will update the Programme Director regarding the status of all aspects of the programme. An overview of the Programme Schedule showing key activities for the Service Delivery and Construction Projects is at Appendix B.

The Issues and Risk logs are working documents which should be reviewed at least weekly with key changes being discussed at the core team meeting and reported to the Programme Director.
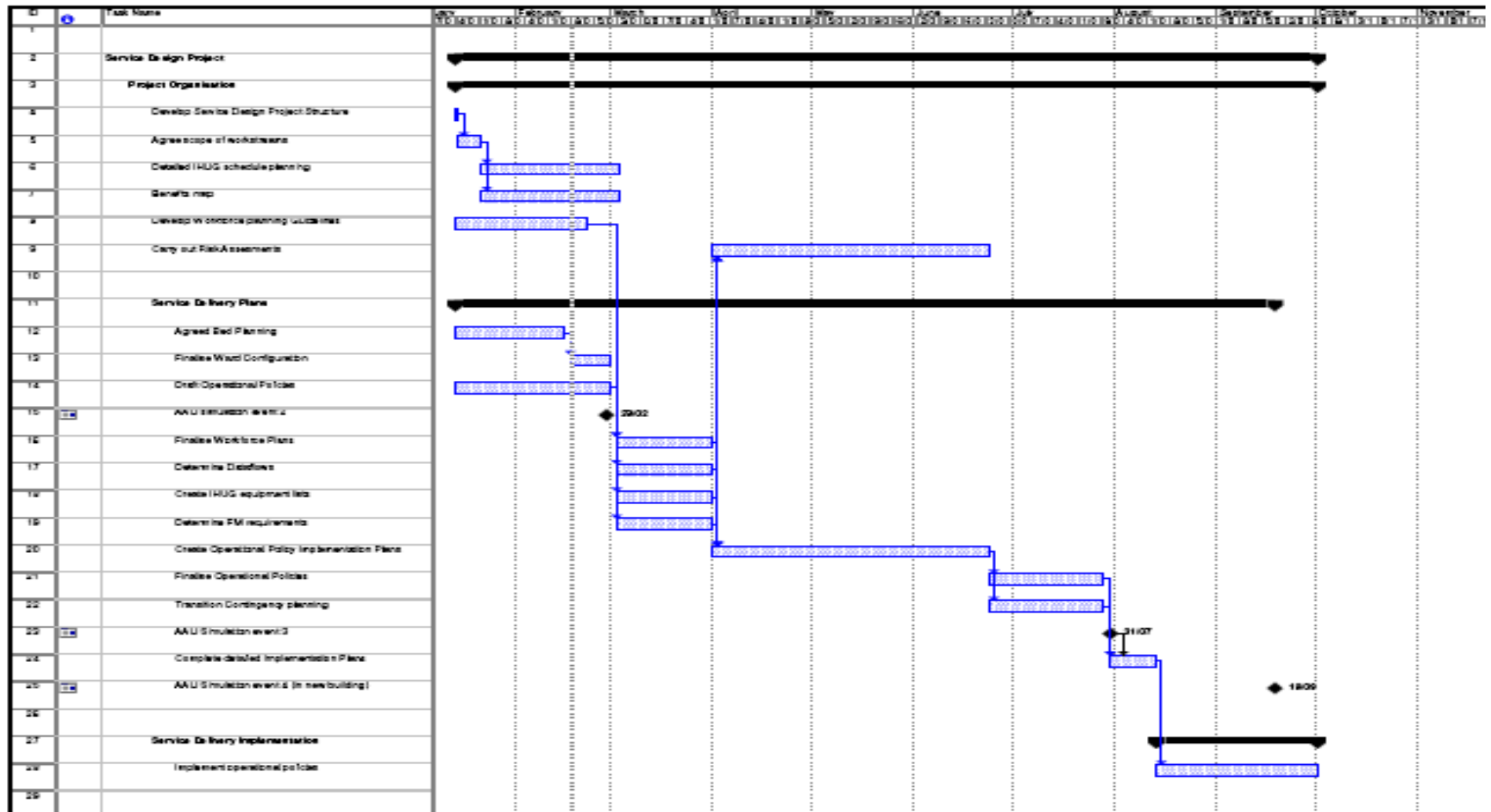
The Construction Project Cost Report will provide comparisons to previously issued Cost Reports and establish all variances.

The Internal Change Control meeting will maintain a spreadsheet showing approved and potential finance change.

A ABBREVIATIONS

AAU   Acute Admissions Unit (Major component of the P21 works project)

CCU   Critical Care Unit

DaHF   Delivering a Healthy Future (Programme)

FBC   Full Business Case

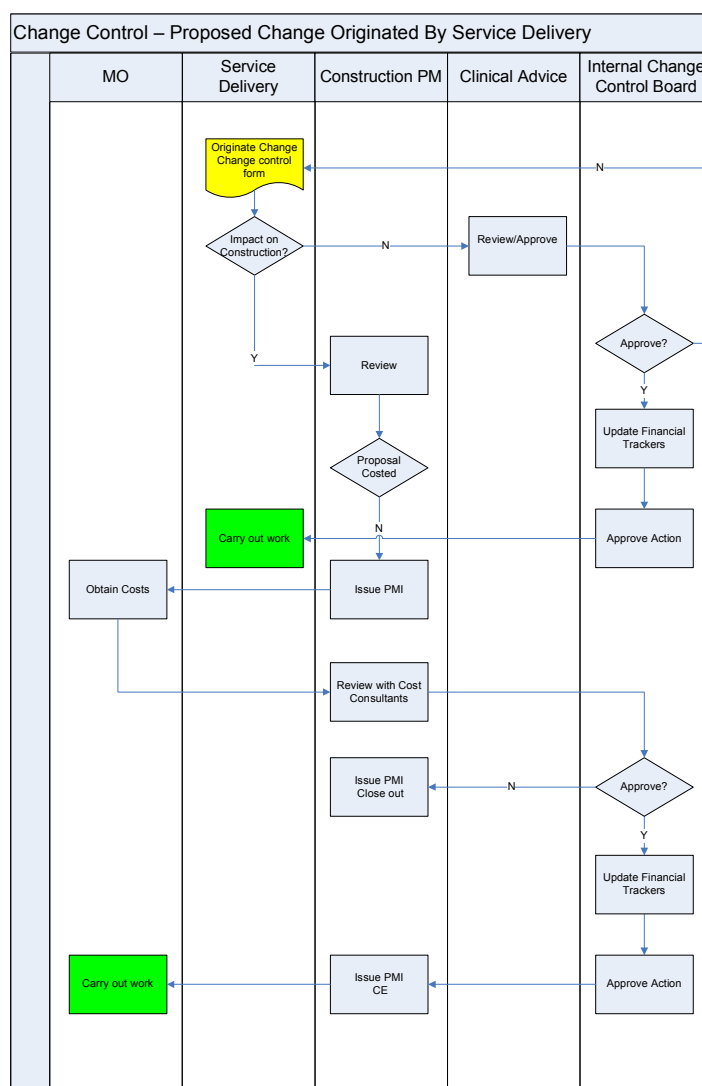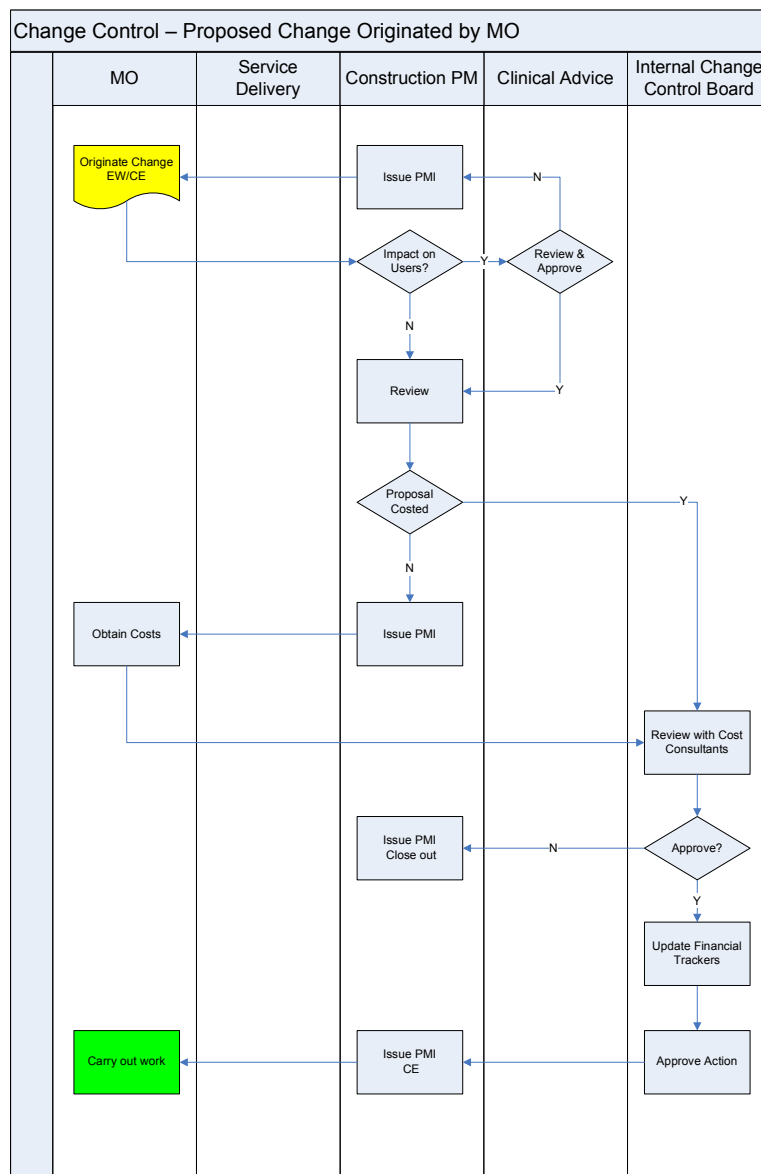PMoK   Princess Margaret of Kent building.

B   PROGRAMME SCHEDULE

ID	i	Task Name
20		Construction Project
21		
22		AAU
23	☐	Modular Building on-site build
24		West Herts Fit out
25	☐	AAU opens
26		
27		Resus
28	☐	Refurbish PAU to new Resus
29		
40		ITU
41	☐	Refurbish day surgery to CCD
42		Decant ITU to CCD
43		Refurbish existing ITU
44		
45		Helen Donald
46	☐	Refurbish Sessions to form Helen Donald
47		
48		PMoK
49	☐	Main entrance refurbishment phase 1
50		Main entrance refurbishment phase 2

Timeline months: January, February, March, April, May, June, July, August, September, October, November, December, January, February, March

D910

C CHANGE CONTROL PROCESS

1 DaHF change control

Any change which has the potential to alter the approved cost, time or quality parameters of the DaHF Programme must be approved through the change control process.

1.1 Internal Change Control Board

The Internal Change Control Board has the authority to approve changes affecting Capital funding of the Programme. Any impact on Revenue funding will be addressed by Finance representation on the Internal Change Control Board. The Change Control process is illustrated below:

Change Control – Proposed Change Originated by MO

MO	Service Delivery	Construction PM	Clinical Advice	Internal Change Control Board

Originate Change EW/CE → Issue PMI — N → (Review & Approve)

Impact on Users? — Y → Review & Approve

Impact on Users? — N → Review

Review & Approve — Y → Review

Review → Proposal Costed

Proposal Costed — Y → Review with Cost Consultants

Proposal Costed — N → Issue PMI → Obtain Costs

Obtain Costs → Review with Cost Consultants

Review with Cost Consultants → Approve?

Approve? — N → Issue PMI Close out

Approve? — Y → Update Financial Trackers

Update Financial Trackers → Approve Action

Approve Action → Issue PMI CE → Carry out work

Change proposals will be submitted using a Change Control Form (unless the proposed change is being managed using the Contract Change Management software within the Construction Project) which can be provided by Programme and Project Support.

1.2 Workforce Change Control

Changes to the Workforce will be managed through the Workforce Change Control process, issued separately, with final approvals being made at the DaHF Workforce Planning Board.

1.3 Construction works change control

Change control for the contracted elements of the Construction Project will be managed through the CCM software. The flow diagram below outlines how this process operates:
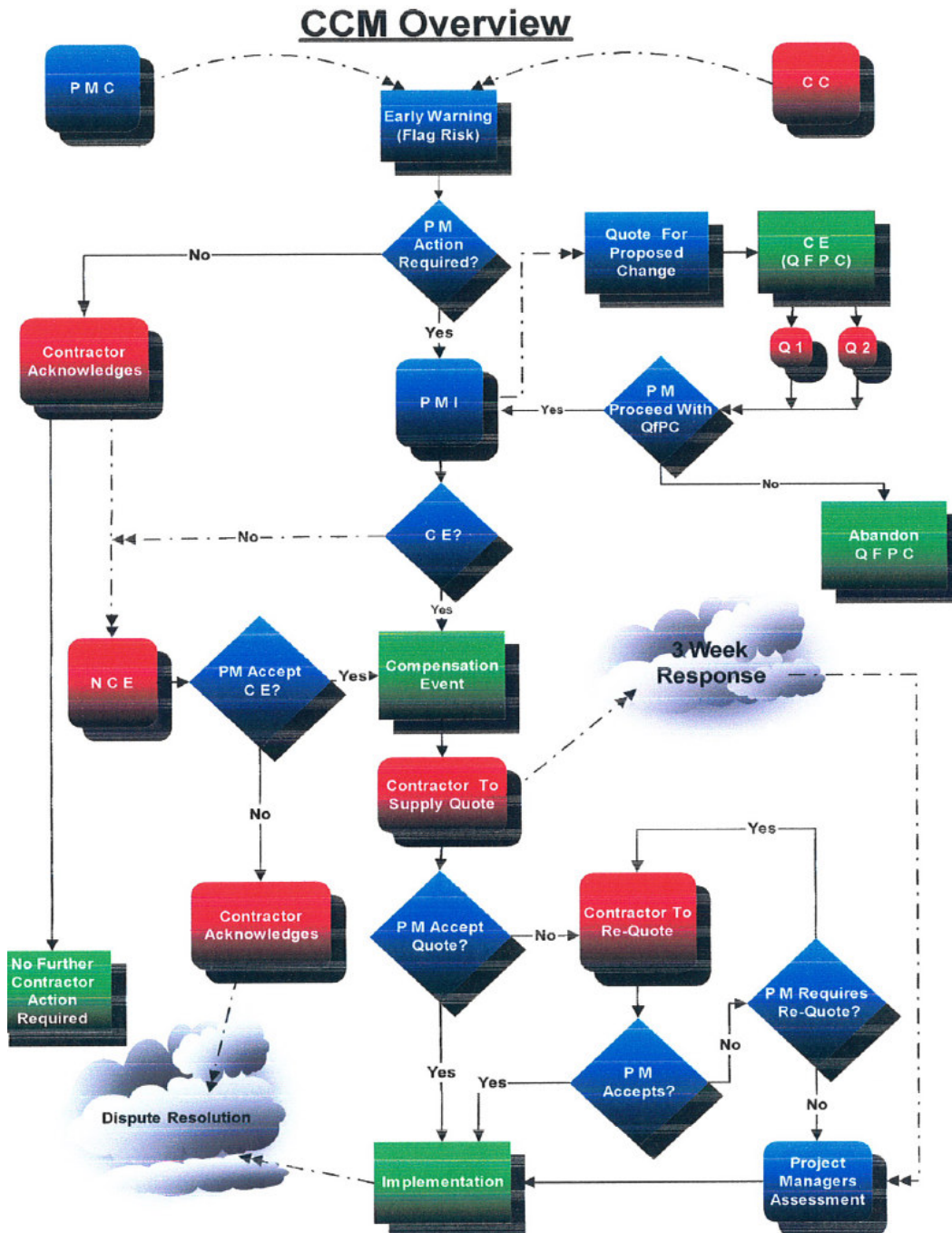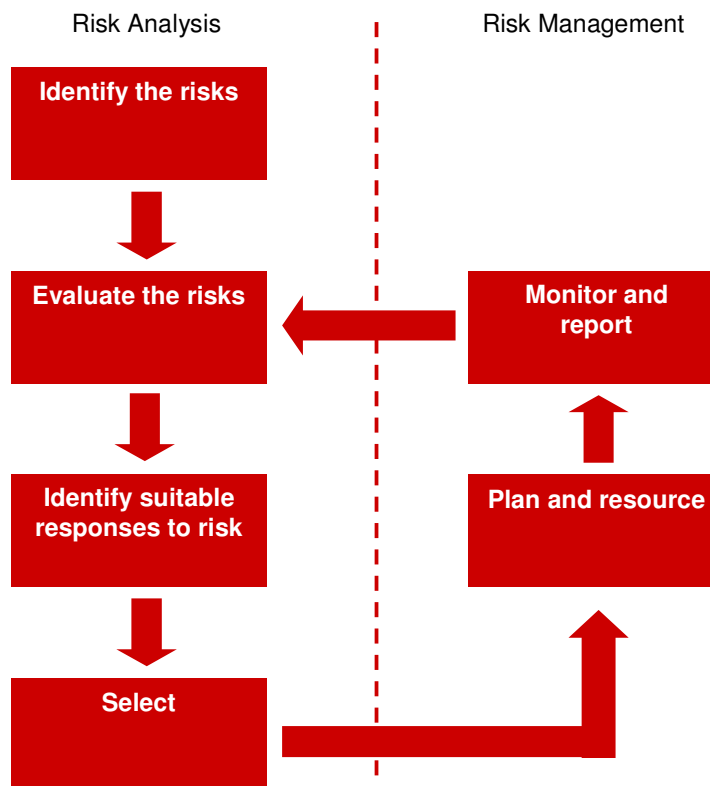
D   RISK AND ISSUE MANAGEMENT PROCESS

1   Risk and Issue Management

Risk and Issues will be managed on a programme and project level.

1.1   Review Process

Risk at project level will be analysed and managed using the following protocol:[7]

Risk Analysis | Risk Management

- Identify the risks
- Evaluate the risks
- Identify suitable responses to risk
- Select
- Monitor and report
- Plan and resource

The project Risk Log layout will be the same as the Programme Risk Log.

1.2   Risk Management Structure

A Risks and Issues Log will be managed by each Project and in addition there will be an overarching Risk and Issue Log at the Programme level to which the Projects can escalate Risks and Issues. These Risks and Issues Logs should be reviewed on a weekly basis by the relevant Project Manager and the Programme Manager, advising the Programme Director accordingly. The Risks and Issues Logs will be available on Project Place. For the Construction Project it is a requirement of the contract to proactively manage risk and hold joint workshops

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[7] HMSO (2005) *Managing successful projects with PRINCE 2* HMSO: London

with the P21 contractor on a monthly basis. Decisions and risks will be elevated to the next reporting level if these exceed agreed tolerances or if a project risk is considered to have a significant impact on another work stream in the programme. The following definitions will be adopted throughout the programme:

- Programme Risk: *"A risk affecting two or more projects."*

- Project Risk: *"Uncertainty of outcome (positive opportunity or negative threat)",* a Project Risk can be escalated to the Programme Level Risk Log if it can not be managed effectively at the Project Level.

- Issue: *"A risk (identified or not) which has emerged or an important question/problem that must be settled"* Issues include proposed changes and requests for information, all of which should be captured in the Issues Log.

1.3   Risk Categorisation

The following Risk Categories will be used:

- Patients – Risks impacting on patient care.

- Staff – Risks impacting on staff.

- Performance – Risks impacting on the Trust's operational capability.

- Finance – Risks to the achievement of the Programme Business case financial objectives.

- Environmental/Building – Risks impacting on the infrastructure or the environment.

- Reputational – Risks relating to the reputation of the Trust to all of its Stakeholders.

E   TERMS OF REFERENCE

1   Programme Board.

West Hertfordshire Hospitals NHS Trust: DaHF Programme Board	
Purpose of the Team	To provide Leadership and authority for the DaHF programme in support of the DaHF Senior Responsible Owner (Graham Ramsey) ensuring that the DaFH programme delivers to the approved Business Case.
Terms of Reference	
1.	To ensure that the DaHF programme delivers to the approved Business Case.
2.	To set clear direction and key milestones for the programme.
3.	To champion the DaHF programme both internal and external to the West Herts NHS trust.
4.	To agree the terms of reference for the DaHF Programme organisation including levels of authority, responsibility delegated to the Construction, Service Delivery and Change Control Boards
5.	To approve DaHF Programme Board level plans.
6.	To authorise commitment of resources for the DaHF Programme.
7.	To oversee the communications and consultation processes, ensuring all stakeholders are fully appraised of action.
8.	To appraise the Trust Board and SHA of progress on a monthly basis and ministers when necessary.
9.	To manage DaHF Programme Board level risks and issues.
10.	
Proposed Membership	
Core Membership Chair of the Group Patient Representation	Lindasy MacIntyre Chair Graham Russell Andrew Parker or Gareth Jones Phil Bradley Tony Divers Russel Harrison Gareth Jones Mike Ormiston Mahdi Hasan Jean Hackman Phil Annal
Decision Making	Decisions will be agreed at a meeting which is deemed quorate and

	any such decision will be documented fully and circulated within two working days to all members.
Circulation of Papers	Any agenda and papers will be circulated at least one week prior to the meeting. Agenda items need to be with the chair/administrator to the group within two weeks prior to the meeting.
Action Notes of Meetings	Action notes will be circulated within one week of the date of the meeting.
Accountability	To the Trust Board through the SRO.
Key relationships	The DaHF Programme Board reports to the Trust Board, therefore timing of the meeting should be 1 week prior to the Trust Board meetings. The Service Design, Internal Change Control and Construction Delivery Boards all report to the Programme Board and their timing should enable the raising of issues to the Programme Board to enable timely decisions.
Confidentiality	Meetings will be held in private but will not be exempt from Freedom of Information Act.
Regulation and Control	Each representative will ensure that decisions taken can be accounted for within their original standing orders and SFIs. Each representative will ensure that the risk and quality implications of decisions are fully considered.
Amendments to Terms of Reference	Any amendments to the TOR will be made via the Chair of the Group and will need to be approved by a quorate meeting.
Life Span of the Board	The DaHF Delivery Groups are expected to exist for the duration of the DaHF programme with a review of progress and membership at critical milestones.
Author/Title/Date	

2   Service Delivery Board

West Hertfordshire Hospitals NHS Trust - DaHF Service Delivery Board	
Purpose of the Team	To focus on specific services to ensure implementation of the 'Delivering a Healthy Future' programme and to deliver achievement of all planned benefits.
Terms of Reference	
1.	To define the model of care for individual services.
2.	To ensure the safe and efficient reconfiguration / relocation of services in accordance with the DaHF Business Case.
3.	To map the benefits of DaHF relevant to specific services and ensure their delivery.
4.	To highlight the impact of group decisions on all other services and functions. Eg: IT, Workforce, FM, Therapies, Clinical Governance & Infection Control.
5.	To oversee 'task & finish' groups and ensure the prompt delivery of service redesign work where this is required. Note: the extent of this will vary between different working groups.
6.	To inform the Programme Board of any variation from the DaHF Business Case that may affect achievement of benefits and / or building plans.
7.	To consult widely and regularly with colleagues responsible for delivering services, and those services directly affected by them throughout the delivery process and highlight where wider communication is required.
8.	To ensure that all relevant documentation is in place to support the reconfiguration of services eg clinical guidelines, staff documentation, patient information etc
9.	To evaluate and advise on detailed building plans relating to the service both for DaHF and the subsequent PFI scheme.

10.	To act as advocates for DaHF and promote a culture of continuous quality improvement.
Proposed Membership	
Core Membership Chair of the Group Patient Representation	The membership of each DaHF Delivery Group is outlined in the attached Excel file. There will be a separate DaHF Delivery Group for each of the areas listed below: <table><tr><td>• AAU</td><td>• Endoscopy</td></tr><tr><td>• Diagnostics</td><td>• Childrens</td></tr><tr><td>• Pharmacy</td><td>• Helen Donald Unit</td></tr><tr><td>• Critical Care</td><td>• Facilities Management</td></tr><tr><td>• Cardiology</td><td>• IT</td></tr><tr><td>• PMOK</td><td>Workforce</td></tr><tr><td>• Theatres</td><td></td></tr></table>
Decision Making	Decisions will be agreed at a meeting which is deemed quorate and any such decision will be documented fully and circulated within two working days to all members.
Circulation of Papers	Any agenda and papers will be circulated at least one week prior to the meeting. Agenda items need to be with the chair/administrator to the group within two weeks prior to the meeting.
Action Notes of Meetings	Action notes will be circulated within one week of the date of the meeting.
Accountability	The DaHF Delivery Groups will be accountable to the Programme Board and the chair of the group will be responsible for reporting progress and issues on a fortnightly basis. The DaHF Delivery Groups will also report progress to all Divisional Board meetings and the DaHF Service Delivery Team. Finally, each DaHF Delivery Group will be aligned with a Divisional Board whose role will be to facilitate achievement of that group's objectives.
Key relationships	WHHT Divisional Boards WHHT Programme Board

	West Herts Conclave Meeting Patient and User Groups
Confidentiality	Meetings will be held in private but will not be exempt from Freedom of Information Act.
Regulation and Control	Each representative will ensure that decisions taken can be accounted for within their original standing orders and SFIs. Each representative will ensure that the risk and quality implications of decisions are fully considered.
Amendments to Terms of Reference	Any amendments to the TOR will be made via the Chair of the Group and will need to be approved by a quorate meeting.
Life Span of the Board	The DaHF Delivery Groups are expected to exist for the duration of the DaHF programme with a review of progress and membership at critical milestones.
Author/Title/Date	West Hertfordshire Hospitals NHS Trust 1st November 2007 v0.1

3   Construction Board

West Hertfordshire Hospitals NHS Trust: Construction Delivery Board	
Purpose of the Team	To provide Leadership and authority for the Construction Project to ensure delivery of the Construction Project outputs to meet the requirements of the DaHF Programme.
Terms of Reference	
1.	To ensure that the Construction Project delivers to the approved contract (time, cost, quality).
2.	To ensure that the approved contract meets the requirements of the

	DaHF Programme.
3.	To agree Construction Project Governance including processes, levels of authority, responsibilities and reporting.
4.	To monitor Construction Project progress and report to the DaHF Programme Board.
5.	To manage Construction Project Risks and Issues.
6.	To monitor and report the Construction Project finances.
7.	To confirm delivery of all approved outputs to meet the needs of the DaHF Programme at Project Closure.
8.	To ensure that an End of Project Report and Post Project Review is delivered.
Proposed Membership	
Core Membership Chair of the Group Patient Representation	Lindsay MacIntyre Chair Anne Farthing Tim Pearce Paul Mosley Phil Bargent Phil Annal Amy Mole Sec
Decision Making	Decisions will be agreed at a meeting which is deemed quorate.
Circulation of Papers	Any agenda and papers will be circulated at least 2 days prior to the meeting. Agenda items need to be with the chair/administrator to the group within 3 days prior to the meeting.
Action Notes of Meetings	Action notes will be circulated within 2 days of the date of the meeting.
Accountability	To the DaHF Programme Board
Key relationships	Medicinq Osborne Facilities Management Construction Progress Meeting Construction Risk Meeting Construction Change management meeting

Confidentiality	Meetings will be held in private but will not be exempt from Freedom of Information Act.
Regulation and Control	Each representative will ensure that decisions taken can be accounted for within their original standing orders and SFIs. Each representative will ensure that the risk and quality implications of decisions are fully considered.
Amendments to Terms of Reference	Any amendments to the TOR will be made via the Chair of the Group and will need to be approved by a quorate meeting.
Life Span of the Board	The DaHF Delivery Groups are expected to exist for the duration of the DaHF programme with a review of progress and membership at critical milestones.
Author/Title/Date	

F INDIVIDUAL ROLES AND RESPONSIBILITIES

1 Roles and Appointments

Role	Individual
Senior Responsible Owner	Graham Ramsey
Programme Director	Lindsay MacIntyre
Programme Finance Manager	Phil Bradley
Programme Business Case Manager	Tim Pearce
Programme Manager	Phil Annal
Programme and Project Support	Amy Mole
Service Delivery Project Manager	Esther Moors
Divisional Board Medicine Clinical Support Surgery Womens and Childrens Estates & Facilities	 Simon Green Sue Catnach Sally Tucker Tony Divers Elaine Odlam Russell Grippen Kate Jones Malcom Padwick
IHUG Chair AAU Cardiology PMoK Step Down Endoscopy Helen Donald Radiology Pharmacy Outpatients Pathology Critical Care Theatres	 David Gaunt John Bayliss Tracy Moran Tbc Alastair King Simon Green Tbc Sally Tucker Tbc Tbc Tom Stambach Michael Ormiston

CED	Tbc
Library Service & Post Grad	Tbc
Front of House	Paul Mosley
Facilities	Paul Mosley
IT	Anne Reily
IHUG Planning Support Members	
IHUG HR members	
Equipment Project Manager	Claire Galvin
Construction Project Manager	Anne Farthing
Cost Manager	Steve Woodward
Construction Project Interface Manager	Matt Stephenson
Construction Project AAU delivery Manager	Phil Bargent
Construction Project Refurbishment delivery Manager	John Dealey

2   Senior Responsible Owner

- Provide clear leadership and direction for the DaHF programme.

- Secure investment required to set up and run the programme and fund the transition activities so that the desired benefits are realised.

- Ensure delivery of the Programme Objectives.

3   Programme Director

- Be accountable for the programme's governance arrangements by ensuring the programme, including its investment, is established and managed according to appropriate requirements and quality.

- Being responsible for the programme brief and business case.

- Ensure that all communications between stakeholders are effective.

- Manage key strategic risks.

- Maintain alignment between the trust's business needs and the programmes deliverables.

4 Programme Manager

- Co-ordinate the terms of reference for the Programme organisation meetings.

- Define the project's governance framework.

- Ensure that all of the components of the programme are working together.

- Advise on resource for the programme.

- Ensure that the delivery of new products from the projects meet requirements and is to the appropriate level of quality.

- Manage communications between stakeholders.

- Manage the dependencies and interfaces with the parts of the programme.

- Manage risks to the programme.

- Manage the change request and configuration management process.

- Report on progress to the Programme Director.

- Maintain a lessons learnt log.

5 Programme and Project Office Support

- Assist the Project and Programme Managers to prepare a Configuration Management plan.

- Manage the configuration of documents within the programme utilising Project Place and the Trust's 'G:' Drive.

- Take meeting minutes for the following meetings:

  - Programme board.

  - Construction board.

  - Core team meeting.

- Attend Internal change control board and change management meeting with Medicinq Osborne to provide support for managing the CCM system.

- Manage the RFA log

- Manage the Risk and Issues logs for the Programme and Project Managers including updating risks and actions on the mitigation tasks.

- Operate a central filing system for the Programme.

- Operate Configuration Management system.

- Responsibility updating the programme and project schedules.

- Produce reports from CCM.

- Manage the MO information required schedule.

6   Service Delivery Project Manager

- Co-ordinate the terms of reference for the IHUGs.

- Manage the production of the required Project outputs.

- Lead the project team.

- Liaise with the Equipment, Construction and Hemel Hempstead Project Team Leaders.

- Manage Project Risk and Issues including the development of contingency plans.

- Manage Requests for Action.

- Manage the change request and configuration management process.

- Report on progress to the Programme Manager.

7   Divisional Board Directors

- Lead and direct the work required to achieve the manpower savings described in the DaHF Business Case.

- Lead the clinical delivery of the Service to be provided.

8   IHUG Chair

- Define the model of care for individual services, consistent with the framework specified by the Service Design Board.

- Ensure the safe and efficient reconfiguration / relocation of services in accordance with the DaHF Business Case.

- Map the benefits of DaHF relevant to specific services and ensure their delivery.

- Highlight the impact of group decisions on all other services and functions.

- Ensure appropriate arrangements are in place to deliver service redesign work and oversee 'task & finish' groups where this is required.

- Inform the Service Design Board of any variation from the DaHF Business Case that may affect achievement of benefits and / or building plans.

- Ensure that all relevant documentation is in place to support the reconfiguration of services.

- Evaluate and advise on detailed building plans relating to the service both for DaHF and the subsequent PFI scheme.

9   Equipment Project Manager

- Manage the production of the required Project outputs.

- Lead the project team.

- Liaise with the Service Delivery, Construction and Hemel Hempstead Project Team Leaders.

- Manage Project Risk and Issues including the development of contingency plans.

- Manage Requests for Action.

- Manage the change request and configuration management process.

- Report on progress to the Programme Manager.

10   Hemel Hempstead Transition Project Manager.

- Manage the production of the required Project outputs.

- Lead the project team.

- Liaise with the Service Delivery, Construction and Hemel Hempstead Project Team Leaders.

- Manage Project Risk and Issues including the development of contingency plans.

- Manage Requests for Action.

- Manage the change request and configuration management process.

- Report on progress to the Programme Manager.

11   Construction Project Manager

- Establish sign off procedures for drawings and change control.

- Co ordinate the terms of reference for Delivery project board, Risk workshop, Client progress meeting, Change management meeting with Medicinq Osborne.

- Manage the production of the required Project outputs.

- Lead the project team.

- Liaise with the Service Delivery, Equipment and Hemel Hempstead Project Team Leaders.

- Plan and monitor the P21 project and contract administration.

- Manage Project Risk and Issues including the development of contingency plans.

- Manage Requests for Action.

- Manage the change request and configuration management process.

- Report on progress to the Programme Manager.

12   Construction Project Cost Manager

- Apply Value Management techniques at the outset of the programme/project to minimise un necessary cost.

- Manage estimating and cost planning activities, including taking ownership of and presenting the final cost plan.

- Advise the Project Manager in relation to the NEC 3 contract especially in relation to compensation events.

- Ensure that post-contract cost variances and change control processes are managed effectively.

- Ensure that cost checking and valuation work is managed effectively.

- Ensure the production of monthly post-contract cost reports and present these to the client.

- Ensure that final accounts are negotiated and agreed.

- Take a lead role in interfacing with the client and other consultants, at all project stages.

- Where appropriate, leading a cost management team, ensuring that they deliver on all of the above accountabilities.

13 Construction Project Interface Manager

- Drawing sign off and archiving process for the project.

- Manage Trust resource in obtaining user approval of drawings in line with the Medicinq Osborne project plan.

- Develop detailed interface plans with the AAU and Refurbishment delivery managers, Facilities and Estates, users and Business Change managers.

14 Construction Project AAU delivery manager.

- Drawing sign off for the AAU.

- Interface with the Trust and Medicinq Osborne regarding, Procurement of new equipment and Commissioning of areas.

- Manage the interface between local user groups one issues regarding equipment procurement.

- Ensure equipment is available in accordance with Medicinq Osborne project plan.

- Provide Commissioning Team with overall targets.

15 Construction Project Watford Refurbishment delivery manager.

- Drawing sign off for the refurbishment works areas.

- Interface with the Trust and Medicinq Osborne regarding, Procurement of new equipment, Decommissioning of areas and Commissioning of areas.

- Manage the interface between local user groups one issues regarding equipment procurement.