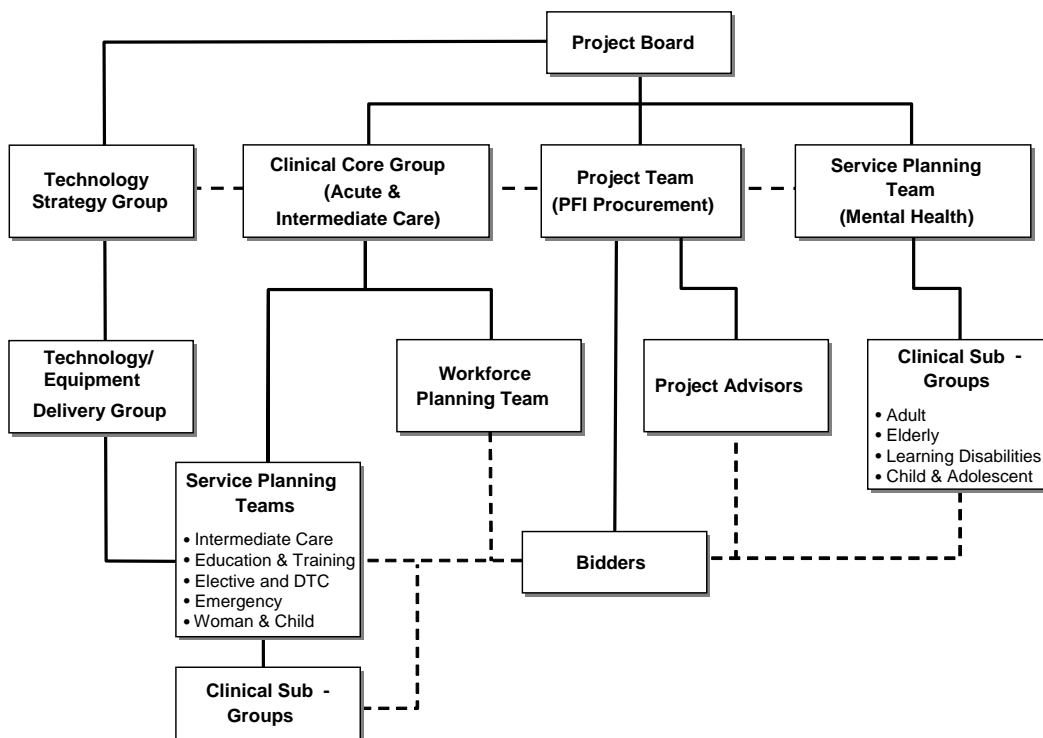


## APPENDIX B – PROJECT MANAGEMENT STRUCTURE

### 1. Introduction

1.1. The management of the project has been structured in accordance with the recommendations in the Capital Investment Manual amended to take into account the multiple NHS partners to the project. See the figure below.



1.2. The number of persons directly involved in the project on a full time basis has been expanded to reflect the increase in workload during the Full Business Case stage and the need to manage the changes in service provision and the workforce that will occur as a consequence of the health investment plan.

1.3. The interface between the Bidders, the service planning teams and sub-groups will be managed by the project team to ensure:

- The flow of information is managed.
- Detailed records are kept of all decisions taken.
- The bidding process adheres to the procurement timetable.
- Bidders have access to the groups best placed to deal with the issues they raise.
- Where appropriate information arising from a bidders enquiry is shared with all other bidders.
- The competition aspects of the procurement process are maintained.

### 2. The Project Board

2.1. The Project Board's over-riding aim is to take forward, develop and implement the new model of care for health services in the Greater Peterborough area. The Project Board is accountable to the Stakeholders and has two prime responsibilities:

- Managerial responsibility for the delivery of the full business case needed to secure the procurement of the facilities through the private finance initiative.
  - Managerial responsibility for the health system development aspects of the project.
- 2.2. The Project Board includes representatives from all stakeholder organisations and representative voluntary organisations. Current membership is:

- Peterborough City Council
- Greater Peterborough Primary Care Partnership
- Lincolnshire South West PCT
- East Cambridgeshire and Fenland PCT
- Cambridgeshire and Peterborough Mental Health Partnership NHS Trust
- Peterborough Hospitals NHS Trust

### **3. Project Team**

- 3.1. The main objective of the Project Team is the management of the business case and PFI procurement process. The core project team members are:

- Project Director
- Assistant Project Director
- Assistant Project Director (Mental Health)
- PCT Modernisation Manager
- Project Clinician
- Equipment Manager
- General Manager (Facilities)
- Project Accountant
- Project Administrator

### **4. Clinical Core Group**

- 4.1. The Clinical Core Group is responsible for all clinical issues, including
- Providing guidance and leadership on behalf of the Project Board in relation to all issues regarding the planning of clinical services as part of the delivery of the Health Investment Plan.
  - Resolving points of disagreement between Service Planning Teams wherever Teams are unable to jointly agree on solutions.
  - Monitoring the progress and quality of outputs prepared by Service Planning Teams.

- 4.2. Membership of the Clinical Core Group comprises:

- Medical Director (PHT)
- Nursing Director (PHT)
- Director of HR (PHT)
- Director of Organisational Development (PHT)
- Modernisation Manager (PCT)
- General Manager Surgery (PHT)
- General Manager Clinical Support (PHT)

- Manager Nutrition/Dietetics
- Health Scientist
- Project Clinician (Mental Health)
- Project Clinician (Acute Hospital)

## 5. Mental Health Service Planning Team

- 5.1. The mental health service planning team comprises members from each of the services to be accommodated in the new mental health facility. These are:
- Adult acute inpatients
  - Older Persons Mental Health inpatients
  - Learning disabilities
- 5.2. The role of the service planning team is to provide specialist planning guidance and support to the project. The specific tasks of the group is:
- To define the model of care for the services within the New Build.
  - To prepare output specifications (utilising delegated sub-groups) for all of the facilities that are required to deliver the services, ensuring all statutory and DoH requirements are met.
  - To consult widely and regularly with all stakeholders, including staff, users, carers, and commissioners throughout the planning process.
  - To assist in the development of project documentation.
  - To evaluate the proposals prepared by bidders during the PFI procurement process.
  - To ensure the necessary workforce development takes place to support the models of care within the new unit.

## 6. Service Planning Teams

- 6.1. There are five service-planning teams each covering a related group of services. These are:
- Elective and DTC services
  - Emergency Services
  - Intermediate Care
  - Woman and Child Services
  - Education and Training
- 6.2. The role of the service planning teams is to provide specialist planning guidance and support to the Trust. The specific tasks of the groups are:
- To define the model of care for the service consistent with the framework specified by the Clinical Core Group.
  - To provide evidence to the Clinical Core Group for any proposed variations from the specified framework.
  - To prepare output specifications (mainly on a delegated basis to sub-groups) for all of the facilities required to deliver the service.
  - To consult widely and regularly with colleagues responsible for delivering the service and those services directly affected by them throughout the planning process.

- To evaluate and advise on detailed plans relating to the service prepared by bidders during the PFI procurement process.

## **7. Clinical Sub-Groups**

- 7.1. Reporting to each service planning team are sub-groups representing the individual services covered by the service planning team. These sub-groups are responsible for:
- The development of a model of care for their service that is compliant with the service planning teams' requirements.
  - Defining the functional content of the department.
  - Developing the operational policies and clinical output specifications required for the PFI procurement process.

## **8. Technology Strategy Group**

- 8.1. This is a joint group with representatives from the local PCTs, the trusts and the local authority. The function of the group is to provide specialist advice and support to the GPHIP at a strategic level on the technology requirements of the project. The groups specific tasks include:
- To ensure future procurements and developments are in line with national strategies and systems.
  - To issue guidance to all service planning teams in relation to technology within the whole health system.
  - To review technology and equipment requirements relating to agreed models of care and administration processes specified by the clinical core group.

## **9. Technology and Equipment Service Delivery Group**

- 9.1. The technology and equipment service delivery group is responsible for the application of technology and the provision of equipment at the service user level based on the strategies and priorities set by the technology strategy group. The group is specifically responsible for the preparation of output specifications for technology and equipment and the development of the equipment replacement programme.

## **10. Workforce Planning Team**

- 10.1. The workforce planning team is responsible for the workforce developments required to support the new models of care. The includes:
- Establishing the baseline position of PHT and how that relates to expected and forecast staffing requirements.
  - Defining the skill mix and staffing numbers required to provide the services within the new facilities.
  - Identifying the training needs required to support the new ways of working.

## **11. Project Staff**

- 11.1. The Trusts have brought together a project team of six full time staff with the wide range of knowledge and experience necessary to complete the project. Collectively the team has experience in health planning, service planning, finance, HR, capital projects and PFI. Several team members have been involved with the project since its inception in 1993, providing considerable continuity and knowledge of the organisations and their strategic plans.

- 11.2. The Project Team is supported by a number of part-time secondees and range of managers from the local NHS organisations who either provide direct support or act as link points to key service areas.

## 12. Advisors

- 12.1. A team of advisors was appointed in 2001 for the duration of the project. The appointments were subject to a rigorous selection process to ensure the team has the knowledge, experience and resources to support the Trusts during the whole of the project. The team of advisors are:
- Financial – PricewaterhouseCoopers.
  - Legal – Eversheds.
  - Architects – Watkins Gray International.
  - Health Planning – Secta Consulting.
  - Lead Technical Advisors – Integrated Building Services:
    - Building Services – Integrated Building Services,
    - Quantity Surveyors – Davis Langdon & Everest.
    - Structural and Civil – Stirling Maynard & Partners.
    - Equipment – DD Associates.
    - FM Advisors – Davis Langdon & Everest.
  - Transport Planning – Atkins.

## 13. Bidder Support

- 13.1. Each Bidder will have a project team member nominated as their liaison officer. This person will be the contact point for the Bidder and provide the following support:
- Act as the single point of contact for all general enquiries from the Bidder.
  - Organise and manage the formal Trust/Bidder meetings during the procurement process.
  - Monitor Bidder progress during bid preparation.
  - Organise and manage ad-hoc meetings between the Bidder and Trust staff and advisors.
  - Provide information and support to the bidder.
  - Ensuring the requirements of the bidding process and the release of information are followed.
- 13.2. During the FITN stage each Bidder will be nominated an assistant project director to act as their liaison officer.