PROJECT INITIATION DOCUMENT (PID)

Project: **Divisional Relocation & SPA+ (SPA, MSK & Podiatry)**

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Approvals:

This document requires the following approvals.
Signed approval forms should be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
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Vicki Arnold	Associate Director-Informatics	23/06/2014	0.3
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Duncan Kingham	Operational Manager - MSK Service Physiotherapy	23/06/2014	0.3
Amanda Cadge	Podiatry Clinical and Professional Lead	23/06/2014	0.3
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Karen Goode	Relocation Manager	23/06/2014	0.3
David Arthurs	Capital Project Manager	23/06/2014	0.3
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Sue Hyde	General Manager-Community Services	23/06/2014	0.3
Barry Thurston	Call Centre Technical Specialist	**23/06/2014**	**0.3**
Liza Walsh	Associate Director of Nursing	23/06/2014	0.3
Chris Heward	ESR Senior Business Partner	23/06/2014	0.3
Rachel Morris	Senior Human Resources Manager	23/06/2014	0.3
David Disley-Jones	Communications Manager	23/06/2014	0.3
Steve Elvin	Project Manager-Central Midlands CSU	23/06/2014	0.3
TBC	BCHC Staff side		
Victoria Clarke	Corporate Business & Finance Manager	23/06/2014	0.3

Contents

1. Project Definition

1.1. Purpose of document

The purpose of this document is to define the Accommodation move and service redesign for the SPA, MSK and Podiatry services citizen facing portals, specifically the scope of what is to be delivered, how it is to be implemented, and the measures for assessments of its overall success. Included as part of accommodation requirements is a seating establishment for the Regional Capacity Management Team.

1.2. Background

The relocation of Birmingham Community Health Care services supports the Trust Corporate & Social Responsibility and Sustainability Development strategy through the rationalisation of the BCHC estate. The adults and communities division houses multiple services throughout the Birmingham area and through previous government lead amalgamation strategies, many of the services although integrated through business processes were split in locality.

Existing public access facilities at each service fail to meet stakeholders aspirations of providing a good quality service to the citizens because they are split between buildings and functioning in operating silos. Customer experience varies depending on which service and through which channel (i.e. phone, fax, mail, internet).

The enhanced Single Point of Access Centre (SPA+) proposal focuses on the delivery of an integrated public access strategy for appointment booking, referral and clinical triage portals, which aims to modernise the way in which BCHC interacts with the public and health care professional referrers. This will help to ensure a consistent, friendly, efficient and professional response to those seeking access to the BCHC services.

The telephone is the primary means for contacting Podiatry, MSK and SPA services, and staff appropriately supported by customer information and service information could handle the majority of queries for a number of services through the planned enhanced SPA+ Centre.

The SPA+ Centre will enable an enhanced experience for Citizens & Health Care Professionals by:

- Exploiting existing Automatic Call Distribution technology to broaden the access options, i.e. email messaging, online referrals and telephone. The VoIP solution supported by informatics offers a range of call centre telephony solutions that can be exploited to support the SPA+ Centre.

- Process harmonisation to improve efficiency, i.e. better use of resources, expert knowledge and shared knowledge.

- Using new technology to provide a central resource, enabling customer facing services access to a wealth of knowledge.

- Will support the proposed Combined Access Point for a pan Birmingham single point of contact for BCHC and external services (i.e. Mental Health, Birmingham City Council, etc.)

The Regional Capacity Management Team form part of the Central Midlands Commissioning Support Unit. The service covers both acute and primary care capacity optimisation and works closely with the BCHC Urgent Care Bureau and Capacity Management Team.

1.3. Project Scope

Scope

- The physical relocation of the following services:

Service	Team	Current Location
Single Point of Access (SPA)	Urgent Care Bureau	Ward 3 Moseley Hall Hospital
	IMT Referral Management Centre	Ward 3 Moseley Hall Hospital
	TeleMonitoring Team	Ward 3 Moseley Hall Hospital
	Capacity Management Team	Ward 3 Moseley Hall Hospital
	Advanced Nurse Practitioners	Ward 3 Moseley Hall Hospital
Podiatry	Booking and Referral Team	Waterlinks House
	Clinical and Management Team	Waterlinks House
Musculoskeletal	MSK Tier 1	Ward 3 Moseley Hall Hospital
	MSK Tier 2	Richmond Centre
	Clinical and Management Team	Ward 3 Moseley Hall Hospital

- Identification of desk utilisation
- Provision of desks and telephony support for the Regional Capacity Management Team
- Staff consultation process
- Design of Phase 1 relocation offices
- Agreement on new premises and lease sign off
- Minor Works programme
- IT Infrastructure
- Current service Telephony solution migration
- Enhanced Single Point of Access design (Citizen and HCP Portals)
- Customer Relationship Management (CRM) interface design
- Service reconfiguration
- Service migration
- Training (CRM)
- Communications strategy for SPA+ to citizens and HCPs

The services provided by BCHC will require a phased implementation before a fully realised SPA+ Centre can be implemented. The phased implementation to include:

Phase 1 – completed by November 2014

- Relocation of services as detailed in table above.
- Migration and use of existing software and hardware equipment.
- Migration of current telephony design and configuration (SPA & MSK-Moseley Hall)
- Design of telephony solution on VOIP using basic functionality (Podiatry & MSK-Richmond)
- IT Infrastructure
- Telephony Solution (ISDN line installation)

Phase 2 – completed by February 2015

- Development of Enhanced SPA+ model.
- Development of Knowledge management.
- Harmonisation of pathways.
- Service reconfiguration to support SPA+ model.
- Implementation of Call Centre technologies to support SPA+ model.

1.4. Dependencies

- Allocated estates management, design and minor works project management to ensure the transitional change of relocation
- Allocated Informatics project management for delivery to IT Infrastructure to support service relocation
- Allocated Informatics project management for delivery to VoIP phase 1 migration
- The appointment of a customer services champion and call centre infrastructure specialist to fulfil the major change phase 2 section
- Allocated human resources lead for BCHC staff consultation
- Service lead commitment and support to relocation plan
- Business decisions impacting project progress need to be resolved within a working week. Wherever possible, these key decisions will be highlighted and planned in advance
- Business Intelligence data is available for the scoping exercises required in phase 1 and 2
- Finances are available to support the phase 1 and phase 2 work streams

1.5. Assumptions

The following assumptions are associated with the proposal.

- All BCHC staff have been trained by an accredited BCHC training service.
- All stakeholders are represented and commitment is gained

1.6. Project Objectives and/or Desired Outcomes

Phase 1

Objectives	Deliverables	Success Criteria
• To relocate SPA, MSK and Podiatry Services into a single location. • Avoid business disruption during the relocation of staff, supporting equipment and telephony. • Clear Ward 3, Moseley Hall Hospital to provide new business opportunities for Specialist Divisions. • Staff consultation on relocation. • Review and reduce current storage facilities used within current service locations	• 85 seats to accommodate current service models. • 2 small management break out rooms in new location. • To support approx. 220,000 incoming and 85,000 outgoing telephone calls per annum. • Flexibility for reconfiguration to support phase 2 projects. • Contingency planning in place to support business continuity. • Support to relocated staff on transition and environmental change. • The new location will be accessible between 0800-2200hrs each day including bank holidays. • Existing telephony provision replicated on VoIP solution. • IT infrastructure to support services.	• No loss to citizen or HCP access to services on relocation period. • Staff consultation is completed by an agreed framework. • The IT infrastructure allows full access to previous provisioned services.

Phase 2

Objectives	Deliverables	Success Criteria
• To deliver real change by working together • Document combined pathways for all A&C services through business change controls. Must contain both citizen and HCP access points to access booking services, referral management, clinical triage and sign posting. • Promote and develop a one-stop telephone number for the citizens BCHC provides for Adult services. • Design call centre environment utilising innovative telephone solution to support automated call distribution. • Delivery a centre of excellence for customer service with a one-stop shop for Adults services in the BCHC area catchment area. • Maximised pathways for customer resolution.	• Develop estimated staffing projections and forecasts utilising the Erlang C tools. • Define the Enterprise vision for the BCHC enhanced SPA+. • Analyse cost parameters and service level options. • Establish back office administration functions for referral management. • Optimize existing (post phase 1) office location to support a call centre and referral management environment. • Contingency planning in place to support business continuity. • Support staffing levels and rota design to promote 7 day working models. • Design model to support Combined Access Point strategy. • Design customer contact processes, scripts and protocols from existing services. • Define the Call centre agent workstation and desktop requirements. • Develop HR and performance management programmes for recruitment, selection, training and retention. • Develop Customer Relation management applications and pathways. • Define the Start-up Technology Architecture. • Identify and map all customer contact portals to support the redesign process.	• No loss to citizen or HCP access to services on system transition period. • Technology solution fits with existing BCHC VoIP Telephony infrastructure. • Measurement of first call resolutions to citizens and HCPs. • Reduction of FTE on call centre based units. • Transparent SLA's and supporting KPI measurement tools. • Forecasting tools on demand and capacity management to deal with merging business opportunities, winter pressures and staff retention issues. • Customer satisfaction measurement based on PALs recorded data.

2. Benefits

Formal Benefits Realisation will be carried out by the Trust to ensure all objectives have been met. Project Assurance will ensure that the project is delivered to the required quality expectations and presented to the Project Board for formal sign-off at the end of each stage. This section highlights the key immediate and potential benefits of the project that will be delivered.

Benefits Information				
Key Success Measure				
Benefit Category	ID	What will be changed	Measure	Target
1. Patient Experience	B01	A true single point of access for citizens to access BCHC Adults and Communities services.	Patient satisfaction survey	Apr 2015
	B02	Shorter response time for BCHC citizens to contact booking office and referral lines.	Telephony KPI measurements.	Dec 2015
	B03	The Single Point of Access for A&C services supports the BCHC and national Complete Care package to citizens.	Patient satisfaction survey	Apr 2015
2. Direct Cost Saving	B04	Economies of scale generated through the integration of service contact points.	FTE evaluation on MSK, SPA and Podiatry administrative functions.	Mar 2015
	B05	Reduction in in patient length of stay	DTOC measurements	Apr 2015
	B06	Reduction of estate utilisation of excessive properties	Measured through Estate Rationalisation programme.	Apr 2015
3. Resource Release	B07	Reduction on consolidated resources on front line calls will support extended operating hours towards a 7 day working model within existing or reduced FTE	Cost of increased service provision against current costing.	Apr 2015
	B08	The single locational positioning of staff will allow the reduction in management and supervisory roles over the administrative services.	FTE evaluation on MSK, SPA and Podiatry manager/supervisory functions.	Apr 2015
4. Cost Avoidance	B09	Structured forecasting models for call centre service.	Reduction of bank/agency staff to back-fill roles.	Apr 2015
	B10	Multi skilled staff in one centralised time can offer immediate cover for staff on sick/annual leave.	Reduction of bank/agency staff to back-fill roles.	Apr 2015
The Benefits Case				
This project will affect the following dimensions of quality				

	What improvements will be achieved	How will we measure success	Category
	Increased access to booking and referral lines.	Patient satisfaction survey. Performance scorecard measure of referral to PAS entry time.	**Timely**
	Centralisation of administrative functions within services will enhance communications and process standardisation.	Performance scorecard measure of referral to PAS entry time.	**Efficient**
	Reduced BCHC estate requirements for services	Reported as part of Estates rationalisation programme.	
	Increased call volumes and within specified KPIs.	Telephony reporting measures.	**Effective**
	Increased access to booking and referral lines.	Patient satisfaction survey.	**Patient Centred**
	Access to services 7 days a week	Patient satisfaction survey.	
	Access to all services within same timescales (0800-2200hrs)	Patient satisfaction survey. Telephony Analysis	**Equitable**
	Removal of locality stigma with staff	Morale and reputation review.	

Safe: Avoiding injuries to patients from the care that is intended to help them
Effective: Improving clinical decision making, supporting multidisciplinary care and supporting clinical audit. Definitive action through administrative processes to support service portal pathways.
Timely: Enabling the processing of data to support clinical pathways
Efficient: Avoiding waste, releasing time to care or supportive roles to pathways, and reducing unnecessary expenditure
Equitable: Providing care that does not vary in quality because of personal characteristics, circumstances, time constraints or location
Patient Centred: Providing care that is respectful of, and responsive to individual patient preferences, needs, and values. The provides enhanced services for citizens to access services.

2.1. Measurement of benefits

Each stage of deployment will be benchmarked against projected benefits in financial, efficiency or reputational basis through the following systems:
- Business Intelligence taken from iPM PAS, RiO, PALs complaints systems, VoiP Telephony data, Bank/agency usage.

2.2. Assumptions

The Key assumptions for the project are noted below.

Work stream Area	Assumption
All	Resources identified as being critical to the project can be made available from the Trust, for training and implementation tasks. The plan assumes that there is constant Trust resourcing from the PID sign off, through to the transition to services.
Resources	Clinicians and service leads will be engaged with as necessary to support the project
Resources	Project facilities and accommodation will be provided as of when needed for the respective project teams
Technical Readiness	The Trust local Networks are capable of supporting the solution by Go Live date.
Technical Readiness	VoiP Telephony solution and ISDN lines are commissioned by Go Live date.
Technical Readiness	A suitably trained and qualified BCHC first-line helpdesk environment will be available to provide on-going support for the solution.
Training	All training facilities and materials will be provided in sufficient time for all training activities
Installation, Configuration and Integration	The supplier is not responsible for approving or recommending the clinical content within the solution. Any change to clinical content, clinical practice or guidance is the responsibility of the BCHC Trust. Requirements identified to be incorporated into the system will be agreed at Project level. No new functionality will be included unless they have been through the approval process within the Project Structure.

3. Deployment Work streams

The management approach for this project will be structured as follows. The work streams will be discussed further in this section.

Phase 1
- Technical Readiness
  - Hardware procurement
  - IT Installation
  - Telephony Infrastructure
  - N3 network connectivity
- Physical environment
  - Accommodation layout and design
  - Lease sign of on accommodation
  - Minor works
- Workforce
  - Consultation
  - ESR update
- Communication strategy
  - Strategy aim and objectives
  - Key Messages
  - Stakeholder engagement

Phase 2

- Technical Readiness
  - o Call centre solution
  - o Knowledge based solutions
- Process Pathways
  - o Document current business processes
  - o Transformation processing
- Physical environment
  - o Accommodation layout and design for call centre environment and administrative back office functions (referral management)
- Workforce
  - o Consultation (if needed)
  - o Training on pathways and technology
- Communication strategy
  - o Strategy aim and objectives
  - o Key Messages
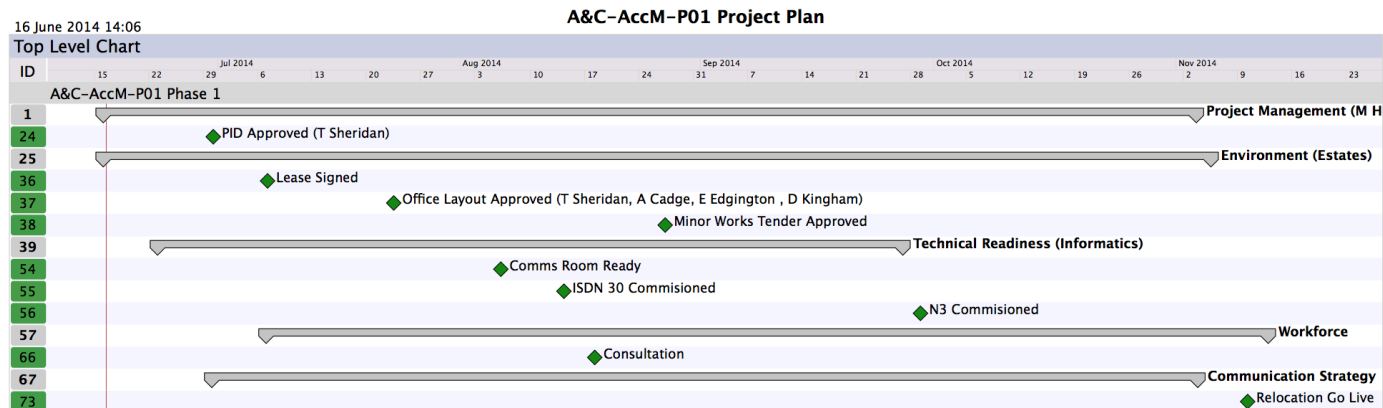 - o Stakeholder engagement

3.1. Project Support and Planning
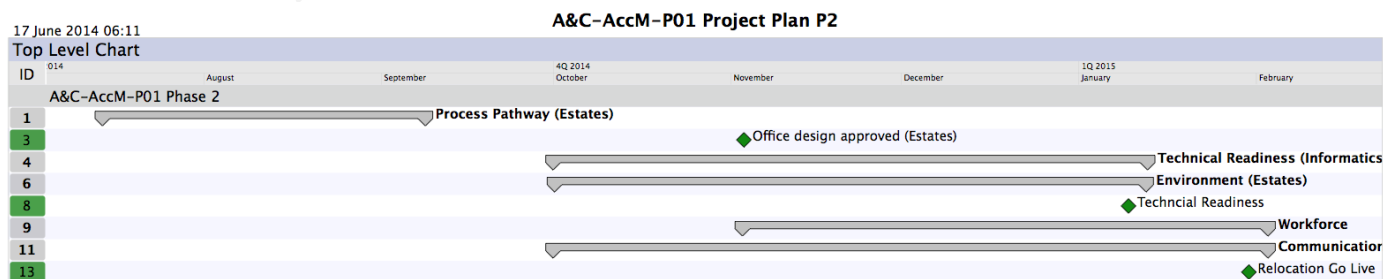
3.1.1. Project Planning Approach

Go live dates are shown in the following table.

3.1.2. Project Plan GANT overview

Phase 1

Phase 2

3.1.3. Project Initiation Approach

The project will be managed by the nominated Project Lead and supported by the Project Manager using PRINCE2 methodology

Project Organisation

BCHC Roles and Resources

Resource Workstream	Role Identified	Description	Resource name
Planning	Project Lead	Responsible for the day to day management of the project team and the project delivery.	Michael Hitchins
Environment	Senior Supplier	Management of all accommodation layout, minor works, contracts, relocation logistics	Stephen Bedward Karen Goode One
Technical Enablement	Senior Supplier	Management of all integration activity for the IT equipment, network and VoIP Telephony solutions.	Gerard Kilgallon Gareth Morris Scott Bell Barry Thurston
Workforce	Senior Supplier	Facilitate and supply consultation framework to BCHC employees affected by relocation. Integrate service changes with ESR.	Rachel Morris Chris Heward
Communication Strategy	Senior User	Facilitate the communication to stakeholders, teams and citizens the changes being applied through the project.	Emma Edgington Duncan Kingham Amanda Cadge

3.1.4. Stakeholder Engagement and Communications

It is essential that proper communications are present in order to ensure that Stakeholders are engaged at the appropriate time and continue to be informed of progress and developments.

4. Project Management

4.1. Project Governance

The Project Lead and Steering Group will agree what levels of issues/risks can be resolved at local level and what issues require escalation.

4.1.1. Steering Group

Principal Role	Name	Org	Position	Status
Project Sponsor	Tracey Sheridan	BCHC	Associate Director-A&C	**Member**
Senior User	Susan Hyde	BCHC	General Manager-Community Services	**Member**
Senior Supplier	Gerard Kilgallon	BCHC	Informatics Business & Project Manager	**Member**
Work Stream Lead	Gareth Morris	BCHC	Project Manager-Informatics	Attendee
Senior User	Emma Edgington	BCHC	Capacity Manager	**Member**
Senior User	Duncan Kingham	BCHC	Operational Manager - MSK Service Physiotherapy	**Member**
Senior User	Amanda Cadge	BCHC	Podiatry Clinical and Professional Lead	**Member**
Senior Supplier	Stephen Bedward	BCHC	Strategic Asset Manager	**Member**
Work Stream Lead	Karen Goode	BCHC	Relocation Manager	Attendee
Work Stream Lead	David Arthurs	BCHC	Capital Project Manager	Attendee
Senior Supplier	Rachel Morris	BCHC	Senior Human Resources Manager	**Member**
Project Lead	Michael Hitchins	BCHC	Project Manager (A&C)	**Member**
Senior User	Staff Side			**Member**
Work Stream Lead	Scott Bell	BCHC	VoIP Project Lead (Informatics)	Attendee
Work Stream Lead	Chris Heward	BCHC	ESR Senior Business Partner	Attendee
Senior User	Steve Elvin	Midlands CSU	Project Manager	**Member**
Senior Supplier	David Disley-Jones	BCHC	Communications Manager	**Member**
Senior Supplier	Victoria Clarke	BCHC	Corporate Business & Finance Manager	**Member**

The project board has overall responsibility for the project, including:

- Monitoring project status and resolving issues/risks that cannot be resolved at Project level.

- Agreeing changes to agreed milestones.

- Agreeing changes to local project costs beyond tolerance levels.

- Agreeing requests for additional services.

Project Management

The Trust Project Lead for the Project will have the following responsibilities:

- Monitoring project status and resolving issues/risks that cannot be resolved at Project Team level
- Escalating issues/risks to the Sponsor.
- Ensuring necessary resources for the project are available and committing to project resources at each stage of the plan
- Reviewing each completed Stage and approval to proceed to the next stage by signing End Stage reports

4.1.2. Decision Makers

The following table summarises the proposed decision-making process for activities within the project.

Actions	Steering Group	Project Team
Approving Project Plans & PID	Approves	Proposes
Agreeing Changes to Interim Milestones	Approves	Proposes
Agreeing End of Stage criteria have been met and Approval to Proceed	Approves	Approves
Agreeing Changes to go-live date (extending or bringing back)	Approves	Proposes
Agreeing Changes to local Project Costs	Approves	Approves

4.1.3. Project Delivery Tolerances

Timescales for any activity in the project plan will be adhered to ± two-week tolerance level. Any deviation or likelihood of deviation, to the project timescales that exceeds this tolerance should be communicated to the Trust Steering Group by means of a Status Report and resolved where possible to stay on schedule.

If not resolved within the outlined project tolerances then the Project Lead should report to the Programme Manager by means of an Exception Report. A change request may then be required for additional resources, budget and change in schedule or method of delivery. However, every effort will be made to achieve initial deployment delivery within the agreed timeframe.

4.2. Quality Plan and Management

Quality Management aims to ensure that the defined quality objectives are met, stakeholders' and sponsor's expectations are fulfilled and each individual and team apply the approved quality principles, standards and methods in a consistent manner.

The Steering Group will agree an approach to how Quality will be assessed and maintained throughout the Project.

4.2.1. Process

Statements should be completed against the following topics:

- Decide overall Project Assurance approach (Project Structure, assessment of documentation etc.)
- Agree expectations and Acceptance Criteria (i.e. the project's overall success factors for the delivery)
- Agree the approach for the control of changes
- Agree the use of any existing Quality structures or systems within the Trust or related Quality Standards that are adhered to
- Establish any Data Quality assurance needs for each of the project outputs or documents.
- Identify Quality role responsibilities
- Agree that the content of the above constitutes a Quality Plan
- Manage stage boundaries

5. Other

5.1. Risk & Issue Management Approach

Risks and Issues should be determined, documented and managed.

Risks and issues will be raised, escalated and managed as follows:

- Risks and Issues will be owned by individual members of the relevant work streams
- Risks and Issues will be maintained and itemised as a part of the joint project monthly highlight report
- Risk owners will give updates on any of their risks and issues where applicable at the weekly Operations Group meetings (formal standing agenda item for meeting). New risks and issues are raised through this meeting and allocated to individuals for resolution/escalation by email. It is recommended that during the project cycle project members have access to risk and issues reports for transparency and timeliness in updating information
- If the risk or issue cannot be resolved by the Project Team, it is escalated to the Project Manager
- If the Project Manager cannot resolve the risk or issue then it is escalated through to the Project Board

5.2. Risk & Issue Management RAG definitions

Overall statuses of a project will be measured based on a combination of elements ranging from Risk, Issue and work package delivery elements.

	RED	AMBER	GREEN
Overall Status	Any of the work streams are forecast to deliver more than 2 weeks late and/or over 15% of the agreed budget	Threat that any of the work streams will not complete on time or within the agreed budget	All work streams are due to complete on time and within the agreed budget
Timescale Status	Project is forecast to deliver more than 2 weeks late	Threat that the project delivery date will not be met	Project is due to deliver within the agreed timescale
Budget/Costs Status	Forecast overspend of the agreed budget of over 15%	Threat that the project will not deliver within the agreed budget	Project is due to deliver within the agreed budget
Benefit Status	None of the forecast benefits for the project are achievable within the constraints of the current project plan and budget	Some of the forecast project benefits may not be realised within the constraints of the current project plan and budget	All forecast project benefits are on track for realisation
Risk Status	The majority of risks associated with the proposal have a high likelihood of occurrence	A significant number of the risks associated with the proposal have a high likelihood of occurrence	Few or no risks associated with the proposal have a high likelihood of occurrence

	RED	AMBER	GREEN
Work Package (Deliverable) Status	Work packages are forecast to deliver more than 2 weeks late and/or over 15% of the agreed budget	Threat that any of the work packages will not complete on time or within the agreed budget	All work packages are due to complete on time and within the agreed budget

5.2.1. Consequence scoring (C)

Project Domain	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Executive Support	The project is fully supported.	Minor levels of concerns on the delivery, budget or quality of the project objectives.	Medium levels of concerns on the delivery, budget or quality of the project objectives.	High levels of concerns on the delivery, budget or quality of the project objectives.	A loss of executive support for the project/executive project lead leaves organisation.
Scope	Insignificant scope creep	Low levels of scope change within project tolerances.	Activities are missing from scope.	A significant level of scope change is required affecting budget and objectives.	Scope has changed from Project PID and is no longer viable to deliver.
Cost Management	Insignificant cost increase	<5% over project budget.	5-10% over project budget.	10-25% over budget.	>25% over budget.
Change Management	Insignificant activity on change management	Low levels of change requests but are within change request governance allowances.	Medium levels of change request which are nearing the boundaries of acceptance.	Excessive change management requests changing the project complexity	Change requests/no change governance exists within project framework.
Stakeholders	All stakeholders are engaged			Reduced lack of engagement form stakeholders on project delivery and objectives.	Stakeholder support lost, project objectives unable to be completed.
Communication	Communication plan in place	Minor communication issues but correctable at project/communication owner level.	High levels of concern on communications to stakeholders/clients. Lack of communication, or wrong message being sent.	Significant concerns on communications to stakeholders/clients. Lack of communication, or wrong message being sent.	No communication plan is place, or communication failure to stakeholders/and or clients has occurred having a direct affect of project quality.
Resources	Short term low staffing that may have a reduced impact on the project/project delivery of quality.	Low staffing levels that reduce the project objectives.	Late delivery of project objectives due to lack of staff.	Uncertain delivery of project objectives due to lack of staff.	No delivery of project objectives benefits at a high risk, or significant impact to the quality of the objective delivery
Design	Insignificant Design issues.	Minor design issues; can be corrected at project level.	High levels of concern on design.	Significant concerns on design, urgent review required.	Design fails peer review and not fir for purpose.
Technical	Insignificant technical issues	Minor slippage in delivery of technology solutions.	High levels concerns on technology delivery to support project objectives	Significant concerns on technology delivery to support project objectives.	Technology solution is not fit for purpose, or cannot be delivered on time to support the project objectives.
Integration	Insignificant integration issues with business processes.	Some integration issues.	Concerns on business integration models with project objectives.	Significant concerns on the integration of the product with current business processes.	Project objectives do not integrate with current business and impacts project objectives.
Decision and Issue resolution	Insignificant issues on strategic/operational resolutions.	Potential issues on strategic/operational resolutions causing delays in project delivery.	Medium issues on no strategic/operational resolutions causing delays in project delivery.	High level of issues on no strategic/operational resolutions causing delays in project delivery.	Issues on no strategic/operational resolutions causing delays in project delivery. Now has significant caused a stoppage to the

					project delivery.
External	Insignificant issues from external factors.	Potential rising external factors that may have an impact on any part of the project.	A medium probability of external factors that may have an impact on any part of the project.	A high probability of external factors that may have an impact on any part of the project.	Changes to legislation impact directly on the delivery of the product, its obojectives and goverance.
Project Management	Insignificant project management concerns.	Project Management delays generating project delivery delays.	Concerns on project management approach and delivery.	Significant concerns on project management delivery.	Failure to follow project management metholdogy.
User Acceptance	Insignificant user acceptance.	Minor quality concerns on users interfacing with the product	High quality concerns on users interfacing with the product	Significant quality concerns on users interfacing with the product	Users reject the prototype model delivered.
Commercial	The product delivery has insignificant concerns.	Minor concerns on commercial interests.	High concerns on commercial interests.	Significant concerns on commercial interests.	The project has caused negative publicity and or damages commissioner relationships.

5.2.2. Likelihood scoring (L)

The frequency-based scoring is appropriate in most circumstances and is easier to identify.   It should be used whenever it is possible to identify a frequency.

Likelihood Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency	This will probably never happen/recur.	Do not expect it to happen/recur but it is possible it may do so.	Might happen or recur occasionally.	Will probably happen/recur but it is not a persisting issue.	Will undoubtedly happen/recur, possible frequently.

5.2.3. Risk scoring

Severity	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

Score	Risk rating	Report to	Action required by
1-3	Low Risk	Project Manager Project Board	Project Manager
4-6	Moderate Risk	Project Board	Project Board
8-12	High Risk	Project Board	Project Board
15-25	Extreme Risk	Project Board Steering Group Divisional Director	Transformational Programme Board Divisional Director

5.3. Appendices

The accompanying project plan is a live, active and working document, which was accurate at the time of issue of this PID. Later changes will not be reflected here but are available through Trust Project Support Office.

5.3.1. Appendix A-Role Descriptions

Project Sponsor

- Ultimately responsible for the project
- Supported in the Steering Group by the Senior User and Senior Supplier
- Owns the Business Case
- Balances the demands of the User, Supplier and Business
- Responsibilities include:
    - o Approve Project Board
    - o Ensuring tolerance is set in the Project Brief
    - o Approving End Project Report and Lessons Learned Report
    - o Organising and chairing Project Board meetings
    - o Acts as communication channel to the Programme
    - o Ensuring business assurance is met - i.e. that the project is delivered in time and on budget, meeting the Business Case
    - o Informing the project of any Programme influences

Project Supplier

- Member of the Steering Group along with Project Executive and Senior User
- Needs to achieve the results required by the Senior User
- Ensures that the designs and proposals are realistic within the cost and time parameters for which the Project Executive is accountable
- Represents the interests of those designing, developing, procuring, implementing and possibly those maintaining and operating the supplier products

Project Lead

- Responsible for ensuring that the project produces the required products to the required quality standard
- Responsible for the product producing a result which is capable of achieving the benefits defined in the Business Case
- Has the authority to run the project on a day to day basis
- Ensures the products meet requirements outlined in the Business Case
- Responsibilities include:
    - o Manage product delivery and production
    - o Manage risks and ensure contingency plans
    - o Liaise with Programme Management, Project Assurance, Suppliers and related projects as necessary
    - o Be responsible for Change and Configuration Management
    - o Report to Project Board via Highlight Reports and End Stage Assessments
    - o Create Lessons Learned Report and End Project Report

Project Support

- Provides advice on project management tools, guidance & administrative services
- Can be responsible for Configuration Management
- Specific responsibilities:
  - Administration of:
    - Change control
    - Project files
    - Quality Review process
    - Project Board meetings
    - Compilation of reports
  - Advice:
    - Specialist skills (i.e. risk analysis or estimating)
    - Tool expertise (i.e. planning tools etc.)
- In a formal capacity Project Support may be referred to as the Project Support Office, where:
  - Filing is centralised
  - It includes roles such as Configuration Librarian, clerical support, consultants and the Project Controls.
  - There is a large Programme with many projects to support
  - It is acting as Quality Review scribe
  - It updates plans with actuals
  - Co-ordinates standards

Team Manager/Work Stream lead

Team Manager is responsible for producing products as outlined in the Work Package and managing a team of specialists to do it.

- Should report the status of the Work Package as often as agreed within the Work Package
- Chosen with consideration of geographical location or specialist knowledge
- Reports to and takes direction from the Project Manager
- Responsibilities:
  - Prepare plans for the team's work.
  - Receive authorisation from the Project Manager to create products (via Work Package)
  - Manage the team
  - Advise the Project Lead/Programme Manager of any deviations from the Project Plan, with recommendations for corrective action
  - Ensure evaluation of any issues that arise in the team's work takes place
  - Prepare regular Project Assurances
  - Arrange and lead team Checkpoint Report
  - Ensure all risks are raised with the Project Manager and entered into the Risk Log

Senior User

- Is responsible for promoting and maintaining focus on the desired project outcome
- Should re-evaluate the priority of a Project Issue after impact analysis
- Can be asked by the Project Manager to canvas the Project Board for agreement to implement a Project Issue
- Is accountable for any products supplied by the Users (i.e. defined requirements)
- Is responsible for:
  - o Providing User resources
  - o Ensuring that the solution will meet User needs within the constraints of the Business Case
  - o Ensuring the products and outcomes provide the expected User benefits
  - o Project Assurance from a User perspective
- May be represented in some cases by more than one person