MERTON COUNCIL

NHS Merton Clinical Commissioning Group

Wilson Health and Wellbeing Campus Development

Programme Initiation Document

Stage One Business Case

08 June 2017

Version 0.2

right care
right place
right time
right outcome

Document Control

Version Control

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0.1	08/06/2017	Wilson Programme Board	Sue Howson
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0.2	Amendments following Programme Board review	Sue Howson

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Appendices

1 Introduction and Background

1.1 Introduction

1.1.1 This Programme Initiation Document (PID) sets out the details of the next stage of the project to redevelop the Wilson Hospital site in Mitcham.

1.1.2 In preparing this document the assumption has been made, that due to the value of the capital investment that the procurement of the healthcare element of the scheme will proceed on the basis of a NHS Local Finance Investment Trust (LIFT). The funding, procurement and contractual route will be decided following an appraisal carried out by the two NHS property companies, Community Health Partnerships (CHP) and NHS Property Services (NHSPS).

1.1.3 The wellbeing and community elements of the campus is likely to follow an alternative procurement and funding pathway, the development of the ownership and funding models are included within the scope of this programme.

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

1.2 Background

1.2.1 Following the approval of the Strategic Outline Case for the development of a new healthcare facility in Mitcham an options appraisal was undertaken to identify a preferred option for the development. The outcome of this appraisal was that the Wilson Hospital site was the most economically advantageous option, housing all the required services on one site and offering up surplus NHS owned land for disposal. MCCG Governing Body approved this “Economic Case” in January 2015.

1.2.2 Since then, at the instigation of the Health and Well Being Board, further detailed work has been undertaken to develop a joint vision for a new sustainable model of community health and well being in East Merton. The ambition is for the Wilson site to be designed on a campus model providing a location for an integrated health and well being hub in Mitcham, co-designed and co-managed by the community and local clinicians.

1.3 The Case for Change

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

- A younger, more ethnically diverse population;
- In general, the most deprived areas in Merton; and

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

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

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

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

1.3.5 The case for change for the investment in new facilities for East Merton is multifaceted. The high level objectives specific to this investment decision are to:

- Improve the range, integration and quality of health and wellbeing services accessible locally and by doing so improve health and social outcomes for residents;
- Modernise the facilities in the East Merton locality thus avoiding safety and financial risks due to the deteriorating condition of the existing buildings;
- Develop modern, fit for purpose facilities that will facilitate the delivery of more services locally and promote service integration across sectors and organisations; and
- Provide an opportunity to rationalise the community estate and dispose of properties surplus to requirements.

1.4 Programme Aims and Objectives

1.4.1 The development and implementation of the East Merton Model of Health and Wellbeing aims to provide:

- A more locally focussed, person-centred model of care rooted in prevention, health improvement, self care and earlier low cost interventions;
- A preventative approach, integrating health and social care and using community assets as part of the support options;

- An extended health and community campus co-designed and co-managed by the local community and clinicians; and
- A model aligned to the Primary Care Strategy and Sustainable Transformation Programme (STP).

1.4.2 Through a series of workshops held in 2016 a set of principles were developed to inform the development of the services and the site.

- Be adaptive, evolutionary and flexible to deal with the changing nature of our population; with mutuality at the core of the development
- For the community to influence the overall design of the Wilson campus to look for best ways to manage the community offering on the Wilson campus and to explore options and feasibility of ownership models.
- Taking the strength of the community and empowering it to lead and to do more to develop itself
- Enhancing people's independence – financially, mentally and physically
- Rapid and easy access to same day primary care when needed
- Access that is certainly 7 days a week
- To have a community feel and to be seen as a destination in its own right
- Not building a white elephant – deliverability including affordability

Objectives

1.4.3 Detailed objectives for the programme reflect the aims and principles and are divided into six categories: health promotion, clinical, design, sustainability, community and workforce.

Prevention objectives

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

Clinical objectives

- By careful consideration of current and required service provision, design and facilitate the development of integrated services and care pathways that put patients' needs foremost;
- Provide a comprehensive range of clinically appropriate services that can be safely and economically delivered in a primary/community setting;

- Introduce innovative service provision that embraces technology and new ways of working facilitating the delivery of high quality, accessible services;
- Provide an efficient and effective working environment for all staff that acts as an enabler for multidisciplinary working practices and service integration; and
- Ensure that the configuration of services has a strategic and clinical fit within the wider network of health and social care in East Merton.

Design objectives

- Provide purpose built modern facilities that are fit for purpose and provide flexibility to meet the changing health, wellbeing and social care needs of the local population in the short, medium and long-term;
- Design efficiency into the building maximising utilisation and minimising unused space (gross:net ratio);
- Through design facilitate the introduction of innovative service provision that embraces technology and supports new ways of working;
- Reflect best practice in design of healthcare buildings embracing principles set down by the Commission for Architecture and the Built Environment (CABE), design guidance published by the Department of Health and NICE guidance for buildings;
- Reflect the vision of modern health, wellbeing and social care services and also provide a positive and sensitive response to the local environment;
- Embrace the principles of Access for All; and
- Actively facilitate the development of the surplus NHS owned land to provide the most economically beneficial return for the NHS.

Sustainability objectives

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

Community objectives

- Provide a resource to the community that delivers an holistic service embracing both the prevention and treatment of ill health and promotes social well being by offering advice and support in partnership with statutory and voluntary organisations;
- Provide a centre which is integral to the local community by encouraging residents and service users to contribute to the development and evolution of the site and on-going use, for example,

by improving employment opportunities and work experience, supporting community interests e.g. local community group meetings, exhibiting local works of art etc.; and

- Be a 'good neighbour' to the surrounding properties and wider community.

Workforce objectives

- Create employment opportunities for the local population;
- Improve the ability to attract and retain good quality staff;
- Enable 'cross fertilisation' of ideas and practice;
- Improve integration between professions and providers leading to more flexible use of staff; and
- Provide opportunities for broadening the range of skills, expertise and knowledge of staff.
- Create opportunities for volunteering, training and apprenticeships, linked to the wellbeing facilities.

2 Project Definition and Scope

2.1 Introduction

2.1.1 The overall aim of the programme is to deliver a modern campus style development on the Wilson site that facilitates the delivery of a new health and well being model designed to meet the needs of the local population.

2.1.2 This section of the document sets out the scope of the programme and the outputs to be delivered that will ensure successful delivery of this stage of the programme, initiation and stage one business case.

2.1.3 The following sections of the document refer to the governance arrangements and controls that will need to be in place to monitor progress and to manage any risks that impact on successful delivery. Whilst this sets out the scope and deliverables of the joint programme team (MCCG, LBM, CHP, NHSPS and SLHP) it must be remembered that the success of the project is reliant upon the partnership working between all stakeholders.

2.2 Project Scope

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

In Scope

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

- Agreement of the service configuration for the site. This includes the health, wellbeing and community components;
- Production of the Post PID Option Appraisal, confirming the preferred site for the health and wellbeing development and any further development opportunities including disposals;
- Agreement of the funding, procurement approach and contractual arrangements to be adopted for the delivery of the built assets;
- Establishing the ownership model for the wellbeing and community elements of the campus;
- Agreement and establishment of the preferred funding mechanism for the community development of the site;
- Development of either LIFT Stage 1 or an Outline Business Case (OBC) depending on the agreed procurement route;
- Development of the detailed building design;
- Successful completion of the planning process for the new building(s); and
- Submission and approval of the Stage 1 Business Case.

2.2.3 The development of the East Merton Model of Health and Wellbeing, the design, specification and procurement is included within the scope of the programme. As such this will facilitate a close alignment between the development of the services and that of the buildings to ensure that both are developed with common objectives and will reach operational readiness in a timely manner.

Out of Scope

2.2.4 The preparation of business cases for the disposal of any surplus land is outside the scope of this programme and will be the responsibility of the land owner. However, this does not preclude the utilisation of capital receipts in the scheme to improve affordability.

2.3 Expected Benefits

2.3.1 The benefits anticipated from the successful development of a new health and wellbeing campus in East Merton are:

- Reduced health inequalities by enabling greater access to health and wellbeing services for the entire population of East Merton;
- Improved access to specialist services for the population of East Merton;
- Improved self management and independent living;
- Improved health and wellbeing of the population of East Merton;
- Improved quality and scope of care available locally in East Merton;
- Greater value for money from the delivery of health, wellbeing and social care services;

- Improved partnership between health and social care providers, voluntary organisations and agencies in East Merton;
- Greater integration of health and wellbeing services and care pathways that put patients' needs first;
- A modern estate which is cost effective to operate;
- The realisation of revenue savings generated from the disposal of surplus sites and rationalisation of the estate:
- The generation of capital receipts as a result of the disposal of surplus NHS-owned land and the local reinvestment of these funds to improve affordability.

2.4 Constraints

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

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

2.4.3 There is limited continuous funding for ongoing programme management. Alternative solutions are being explored to cash flow this funding.

2.5 Dependencies

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

Internal

2.5.2 The progress of the Land and Property workstream is dependent upon the timely outputs from the Clinical Design and Commissioning and Community Development workstreams. Without the abiity to develop a capacity model for the site they will be unable to proceed with the PPOA.

External

2.5.3 There is a requirement for the service strategy and service demand to be agreed. Without this information being readily available the programme is unable to proceed. The CCG are dependent upon the service providers to source this information.

2.5.4 There is a dependency on Merton Community Services and Mental Health providers to develop an office accommodation strategy so that the Wilson

Hospital site can be vacated within a timetable that will enable development to start.

2.5.5 The retention of any capital money, realised through the disposal of NHS property as a consequence of the programme, is at the discretion of DH.

3 Governance Arrangements

3.1 Introduction

3.1.1 This chapter sets out the programme and project management structure and processes that will be put in place to ensure that the programme is appropriately managed to deliver the anticipated benefits to be realised through the investment in establishing a health and wellbeing campus on the Wilson site.

3.1.2 It sets out the necessary project management controls and the arrangements for management of risk.

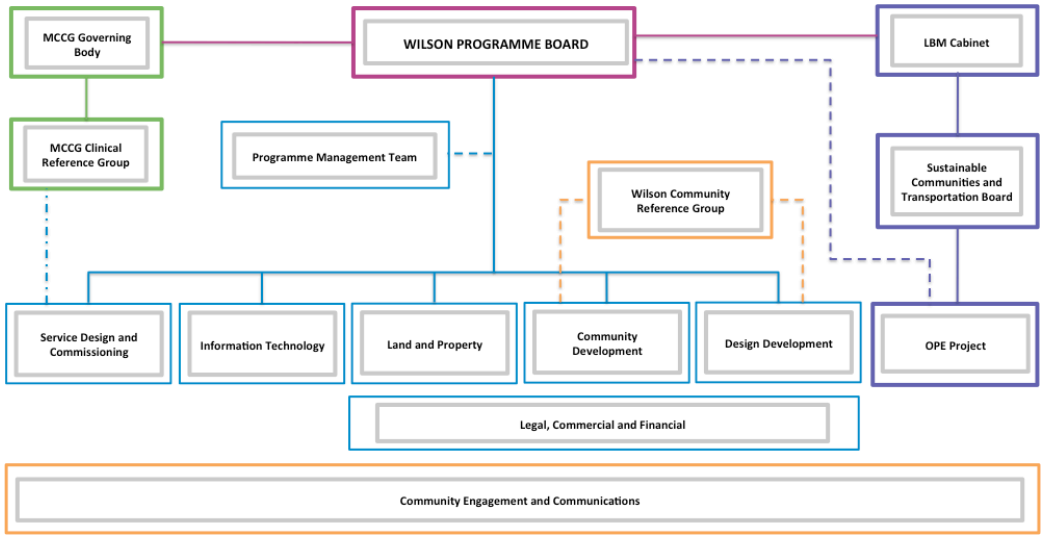
3.1.3 The ultimate decision making forum for decisions within the remit of the CCG will be the MCCG Governing Body and the Cabinet for the London Borough of Merton Council.

3.2 Programme Management Structure

3.2.1 The principles of Managing Successful Programmes (MSP) have been applied to the development of the governance structure for the Wilson Programme.

3.2.2 The figure below provides and overview of the governance structure with a detailed diagram provided at **Appendix A**, which gives an overview of the function of each group.

Figure 1. Programme Structure



Wilson Programme Board

3.2.3 The Wilson Programme Board will take responsibility for overseeing the delivery of the Wilson Health and Wellbeing Campus. It will report to the MCCG Governing Body and LBM Cabinet. Where specific scrutiny is required the MCCG Governing Body may ask that the Programme Board refers to specific sub-committees prior to presentation to the Governing Body e.g. Finance Committee, Clinical Transformation Board.

3.2.4 The Programme Board also reports to the Health and Wellbeing Board on a regular basis.

3.2.5 The Programme Board membership has been drawn from senior executive managers from MCCG, LBM, CHP and NHSPS thus facilitating timely decision making to prevent delays the programme. A scheme of delegation will be agreed to set the parameters within which the Programme Board can operate.

3.2.6 The Programme Board will take responsibility for the strategic direction and overseeing the programme management of all aspects of the projects involved in the development of a health and well being campus on the Wilson Hospital site in Mitcham.

3.2.7 The Wilson Programme Board will have delegated authority from the respective organisations to oversee and ensure delivery of the programme in line with the agreed specification and timescales. Its role is to ensure that resources are made available to deliver the programme and that the programme management arrangements are robust. It will form the main decision making forum and provide direction and advice to the Programme Director on issues outside their level of authority.

3.2.8 The Programme Board will monitor progress against time, budget and quality and authorise actions to address any deviation from the agreed plan. The membership of the Programme Board will be kept under review to ensure that the constitution of the Board is appropriate for the stage of the programme.

3.2.9 . The Programme Board Terms of Reference are attached at **Appendix B**.

Programme Management Team

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

3.2.11 The Programme Director will provide an aggregated progress report to the Programme Board on a monthly basis (Highlight report).

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

Work-streams

3.2.13 The Programme Management Team will delegate the responsibility for key deliverables to work-streams specifically constituted for this purpose. Membership of these work-streams will be chosen specifically to ensure that the requisite expertise is present to deliver the required quality of output.

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

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

3.2.16 **Service Design and Commissioning**. This workstream is responsible for establishing the proposed service configuration for the health services to be provided from the site. This output will inform the development of the Participant's Requirements, which will initiate the commencement of the project.

3.2.17 Once the service configuration is agreed the workstream will be responsible for working with commissioners and providers to design the detail of the service provision, exploring opportunities for the implementation of new models of care and promoting integration and new ways of working. A close working relationship will be required with the Community development workstream to ensure that the health and wellbeing services are designed together and not as separate entities.

3.2.18 It is expected that this group will also work closely with the Information Technology workstream to ensure that IT systems facilitate these new ways of working and that IT does not became a barrier to change.

3.2.19 This workstream will be responsible for ensuring that service specifications are updated to reflect any changes and that this is communicated to commissioning and financial leads as part of the contracting process.

3.2.20 **Information Technology**. This work stream will have the responsibility for the development of the IT Strategy for the site. It will work closely with the Clinical Design and Commissioning and Community Development workstreams to ensure that their requirements for interoperability are planned in from the start.

3.2.21 The group will be responsible for the planning and implementation of the IT systems on the site. This will need to be supported by the preparation of a business case to access the required funds.

3.2.22 Once the development partner has been appointed the workstream will work closely with the developer to ensure that the infrastructure is adequately specified and that installation programmes are aligned.

3.2.23 **Land and Property**. This work-stream will be responsible for developing the plans for the moving of existing staff and services out of their existing accommodation into either the new building or alternative accommodation, as appropriate. The work-stream will also be responsible for the decommissioning and disposal of existing sites as appropriate.

3.2.24 **Community Development**. This workstream is responsible for designing the wellbeing and community aspects of the Wilson campus. This will be achieved through a robust, inclusive engagement plan that seeks the input and expertise of the local community.

3.2.25 This group will also be responsible for identifying and setting up the business model to support the implementation and ongoing funding of the scheme. This will include any initial capital investment and ongoing revenue.

3.2.26 **Design Development**. This work-stream will be responsible for the development of the design of the new building and have as its main deliverables the schedule of accommodation and the full set of 1:50 design drawings. This work-stream will also take the lead on the planning application for the new buildings.

3.2.27 The workstream will be responsible for establishing the engagement mechanisms to ensure appropriate input into the design. This will include users, staff, local community and technical advisers.

3.2.28 They will also be responsible for the development of the equipment schedule, including ICT equipment, identifying equipment for transfer to the new facility, if any, and a definitive list of equipment to be procured.

3.2.29 **Legal, Commercial and Financial**. This work-stream will be responsible for putting together the legal framework within which any new buildings will be developed, including briefing and working with the external legal advisors to be appointed to support the scheme.

3.2.30 It will offer support in the development of a funding model to support the implementation and ongoing funding of the community and voluntary elements of the programme.

3.2.31 It will be responsible for ensuring that the financial aspects of the business cases are completed and are consistent with the CCG's financial strategy and plans. It will also be responsible for putting together the commercial framework within which the new building will be developed, including

briefing and working with the external advisors to be appointed to support the scheme.

3.2.32 **Land and Property**. This work-stream will be responsible for all aspects of the programme relating to the land and property currently in the ownership of NHSPS.

3.2.33 It will develop the plans for the move of existing staff and services out of their current accommodation into either temporary accommodation or alternative permanent locations.

3.2.34 The workstream will be responsible for the development of the Post PID Options Appraisal (PPOA) identifying the most economically advantageous option for the development of the scheme..

3.2.35 The work-stream will also be responsible for ensuring that the site is ready for development. This will include the decommissioning of existing buildings and the disconnection of services to the site.

3.2.36 The disposal of land is outside the remit of this group.

3.2.37 **Community Engagement and Communications**. This work-stream will be responsible for overseeing communications and engagement with key stakeholders and the community as a whole. Its key deliverable will be the development and execution of a Communications strategy and Plan that will provide guidance to the programme as a whole, ensuring that the community development engagement is consistent with the Programme Communication Strategy and Plan.

3.2.38 The work-stream will work with the Programme Management Team to ensure that the content of communications are appropriate, timely and that the most appropriate medium is used. The Group will provide editorial input to all written communications prior to Programme Board sign off.

3.3 Roles and Responsibilities

Senior Responsible Officer – Andrew McMylor

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

3.3.2 The SRO is responsible for ensuring that the project meets its objectives and delivers the anticipated benefits. The SRO is owner of the overall business change and risk management process. The SRO is responsible for ensuring that the programme and the individual projects within it are managed effectively in the context of a clear business focus in terms of

meeting the partner's aims and objectives within the agreed resource and financial parameters.

Programme Director – Sue Howson

3.3.3 The Wilson Programme Director will cover three roles; CHP Project Director, the CCG Project Director, a joint appointment, and the overall Programme Director. The Programme Director will be responsible for:

- Planning and designing the programme in accordance with the programme plan and proactively managing its overall progress:
- Ensuring that programme and project controls are in place to monitor and manage progress against plan, budgets and risks;
- Facilitating the appointment of individuals to the project delivery team;
- Ensuring that there is efficient allocation of resources and skills;
- Initiating additional activities and other management interventions wherever gaps in the programme are identified or issues arise;
- Reporting to the Programme Board on progress and any issues that would be considered detrimental to successful programme delivery.
- The development, and editorial control, of the Stage One and Stage Two business cases sourcing the relevant technical advice and input as required;
- Managing stakeholder relationships and communications (in accordance with the agreed Communication Strategy and Plan);
- Leading on the commercial negotiations for CHP and managing the inputs of external consultants for time, quality and cost;
- The production of the relevant reports for approval at key project milestones; and
- Leading the process to Financial Close for CHP and the CCG, including all approvals.

3.3.4 The Programme Director will report directly to the SRO. They will also report to a director within CHP.

Programme Manager – Caron Hart

3.3.5 The Programme Manager reports to the Programme Director and is responsible for the day to day running of the Programme. This role will also take on the Project Management responsibilities for key aspects of the NHS LIFT development. They will:

- Take responsibility for the management of specific work streams within the programme structure;
- Ensure that all outputs are delivered in line with the agreed project plan;
- Ensure that all programme and project controls are implemented as per protocol;

- Provide regular reports to the Programme Director on progress highlighting any areas for concern;
- Be responsible for ensuring that any decant programmes are robust and receive commissioner and provider sign off;
- Organise and manage the design development process from the client's perspective; and
- Produce documentation, as required to support the development of the business cases and contract schedules at Financial Close.

Finance Lead – Ian Winning

3.3.6 Reports to the Programme Director and is responsible for:

- The collation and interpretation of current CCG commissioning finances;
- Establishing the cost of new commissioning models;
- Analysing and documenting the current costs of occupation and identifying any variances with the proposed costs of the new facility;
- Designing and running the affordability analysis; and
- Supporting commissioners in the development of business cases to support new services or new models of care.

Programme Administration – Kofi Monney

3.3.7 To be responsible for:

- Maintaining a logical electronic filing system for all project documentation;
- Organising meetings, sending invites and ensuring venues are booked and are fit for purpose;
- Assembly and distribution of agendas and papers for all programme and project meetings;
- Taking minutes / action notes as requested;
- Maintaining the Programme Board Action Log.

Communications Officer – Michelle Wallington

The Communications Officer will report to the Programme Director taking responsibility for:

- Development of the Communications Strategy and Plan, and ensuring adherence;
- To deal with all media enquiries;
- The drafting and design of internal and external programme communication; and

- The organising and advertising of any public events specific to the Programme.

3.3.8 In addition to the roles identified above workstream leads will provide project management input and focus to areas of the project where subject matter knowledge and experience is necessary.

3.4 Programme Controls

3.4.1 Programme controls will be established primarily around a comprehensive, regular and effective reporting system. The following table outlines the key areas of project control.

Figure 2 Programme Controls

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

Risk Management

3.4.2 Risk management is an integral part of programme management and is guided by the Wilson Risk Management Strategy, a copy of which is attached at **Appendix C**. The programme will hold its own risk workshop at the start of each stage of the programme to inform the development of a programme specific risk and issues register.

3.4.3 Reporting of significant risks will be managed through the programme reporting mechanisms and will be a standing item on all programme and workstream agendas. If the Programme Board cannot deal with the risk, they will ensure that it is escalated to the appropriate body to manage the risk and provide instruction to the Programme Board.

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

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

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

Reporting

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

Figure 3. Reporting schedule

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

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

Programme

3.4.8 A detailed programme plan will be developed at the outset of the programme and further refined as partners come onboard.

3.4.9 The table below presents a provisional outline timetable for the development of the healthcare scheme from initiation to operation, assuming the procurement route is NHS LIFT. At this stage the programme is indicative and based on a standard timeline produced by CHP. As the programme progresses and development parties are appointed this will be subject to refinement and change.

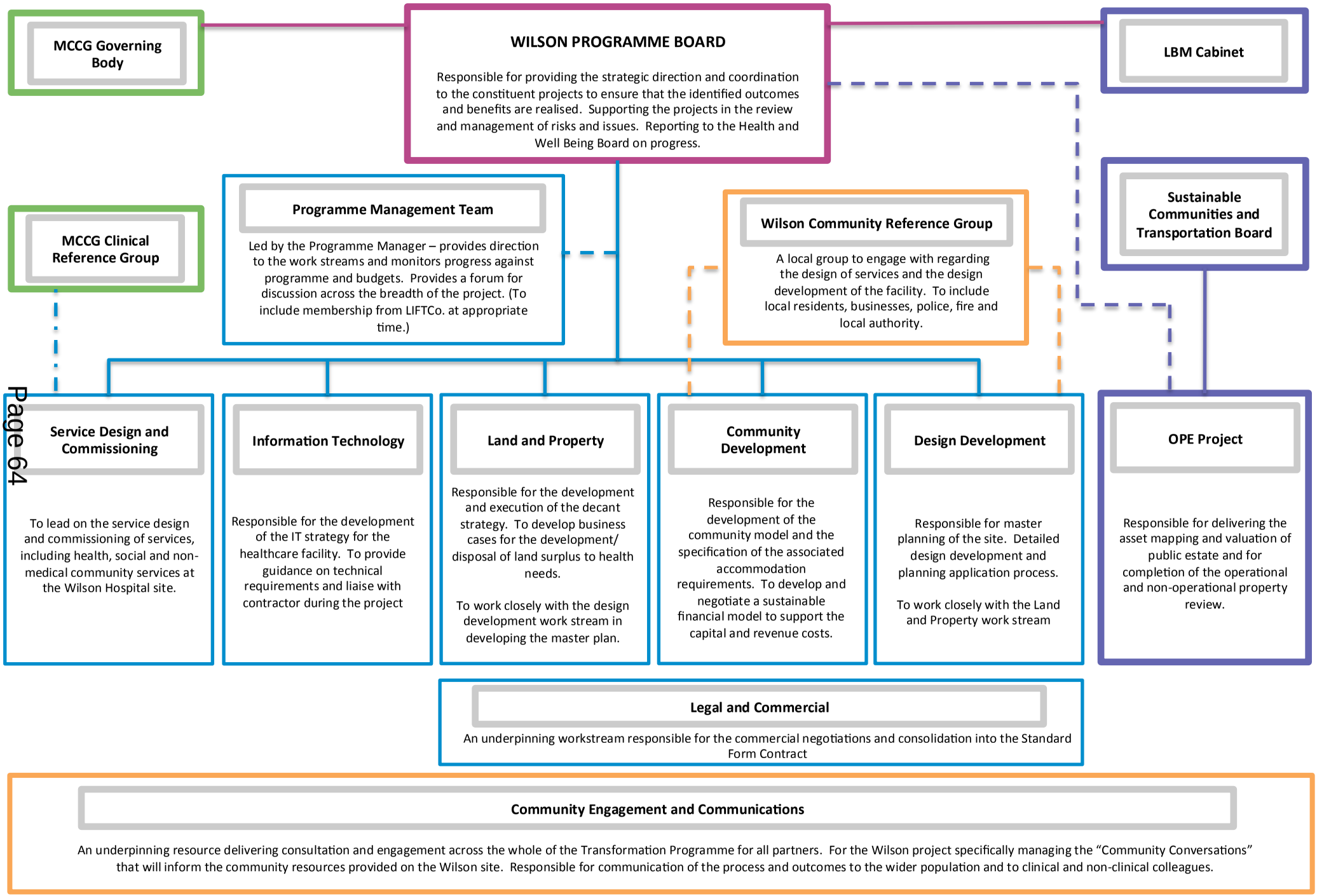
Figure 4. Outline Timetable

Milestone	Timeline
Sign off health and wellbeing service provision	July 2017
Sign off Participant's Requirements	July 2017
Post PID Options Appraisal (PPOA)	August 2017
Instruct New Project	November 2017
Planning Application approved	June 2018
Stage 1 Business Case approved	August 2018
Stage 2 Business Case approved	February 2019
Financial Close	March 2019
Practical Completion and Handover	September 2020
Services Operational	March - April 2021

3.4.10 At this stage we do not have a programme for the community development project as this will be dependent upon the scope of the provision which is currently under consideration. Once established a joint programme will be developed to ensure that milestones are aligned and that operational readiness is achieved to meet the go-live date.

APPENDIX A

Programme Structure


MCCG Governing Body
WILSON PROGRAMME BOARD
Responsible for providing the strategic direction and coordination to the constituent projects to ensure that the identified outcomes and benefits are realised. Supporting the projects in the review and management of risks and issues. Reporting to the Health and Well Being Board on progress.
LBM Cabinet
MCCG Clinical Reference Group
Programme Management Team
Led by the Programme Manager – provides direction to the work streams and monitors progress against programme and budgets. Provides a forum for discussion across the breadth of the project. (To include membership from LIFTCo. at appropriate time.)
Wilson Community Reference Group
A local group to engage with regarding the design of services and the design development of the facility. To include local residents, businesses, police, fire and local authority.
Sustainable Communities and Transportation Board
Service Design and Commissioning
To lead on the service design and commissioning of services, including health, social and non-medical community services at the Wilson Hospital site.
Information Technology
Responsible for the development of the IT strategy for the healthcare facility. To provide guidance on technical requirements and liaise with contractor during the project
Land and Property
Responsible for the development and execution of the decant strategy. To develop business cases for the development/ disposal of land surplus to health needs.
To work closely with the design development work stream in developing the master plan.
Community Development
Responsible for the development of the community model and the specification of the associated accommodation requirements. To develop and negotiate a sustainable financial model to support the capital and revenue costs.
Design Development
Responsible for master planning of the site. Detailed design development and planning application process.
To work closely with the Land and Property work stream
OPE Project
Responsible for delivering the asset mapping and valuation of public estate and for completion of the operational and non-operational property review.
Legal and Commercial
An underpinning workstream responsible for the commercial negotiations and consolidation into the Standard Form Contract
Community Engagement and Communications
An underpinning resource delivering consultation and engagement across the whole of the Transformation Programme for all partners. For the Wilson project specifically managing the "Community Conversations" that will inform the community resources provided on the Wilson site. Responsible for communication of the process and outcomes to the wider population and to clinical and non-clinical colleagues.

APPENDIX B

Programme Board Terms of Reference

Wilson Programme Board

Terms of Reference

Programme Initiation date:

Version No. 3

Date approved by Programme Board: 8 June 2017

Review Date: At Financial Close

Document Control:

The controlled copy of this document is maintained XXXXX. Any copies of this document held outside this environment, in any format, are considered to have passed out of control and should be checked for currency and validity.

1 Introduction

The case for the redevelopment of the Wilson Hospital site was established with the production and approval of a Strategic Outline Case in April 2014. This document set out the health needs of the people of east Merton and used this as a basis to establish the need for a new facility within Mitcham. The aim was to establish local services, tailored to the needs of the population that would not only improve the treatment of ill health but also promote activities that prevent ill health by helping people with lifestyle choices.

Following the approval of the strategic case an appraisal of the development options was undertaken, which concluded that the Wilson Hospital site was the preferred location for the new development.

At the instigation of the Health and Well Being Board further work has been undertaken to develop a joint vision for a new sustainable model of community health and well being in east Merton. The ambition is for the Wilson Centre to be a transformative, innovative and integrated health well being hub in Mitcham, co-designed, co-managed and co-owned by the community and local clinicians.

The local authority have been successful in their bid to join the One Public Estate Programme (OPE) and have been awarded funds to support the Programme and to undertake a wider review of the use of public land and property. The outputs from the work funded by OPE also fall within the remit of this Programme.

2 Authority and Accountability

The Director of Primary Care Transformation has been appointed as the Senior Responsible Officer (SRO) for the Programme.

The Programme Board will be co-chaired by a MCCG non-executive director and the Clinical Lead for the programme.

The Programme Board reports to:

MCCG Clinical Transformation Board on all matters clinical;

MCCG Finance Committee on all matters relating to finance; and

LBM Cabinet

3 Responsibilities of the Programme Board

The role of the Programme Board is to take responsibility for the strategic direction and overseeing the programme management of all aspects of the projects involved in the development of a health and well being hub on the Wilson Hospital site in Mitcham.

The Programme Board is responsible for:

- Providing leadership to the Programme and to actively promote the benefits of the Programme to ensure stakeholder support is secured;

- Ensuring that the strategic integrity of the Programme is maintained and that it remains consistent with the wider strategic intentions at a regional and local level;
- Agreeing the programme objectives and defining the outcomes and benefits to be realised through the successful delivery of the Programme;
- Ensuring that due consideration is given to securing best value with regard to the overall use or disposal of Public land and property;
- Ensuring that effective programme and project management arrangements and controls are in place to promote successful delivery of the Programme;
- To set the scheme of delegation and ensure compliance within the agreed parameters;
- Approving the programme and constituent project budgets;
- Ensuring that there is a system of cost control in place and to receive regular reports on existing and planned expenditure;
- Signing off the project and programme plans and monitoring progress against plan;
- Keeping the Programme scope under control as emergent issues force changes to be considered;
- Reviewing requests for significant variations to scope, programme or expenditure and making the decision whether to accept or reject;
- Ensuring that a robust risk management process is in place and to receive regular reports, escalating to the appropriate authority where necessary;
- Arbitrating on any conflicts within the programme;
- Addressing any issues that have major implications for successful delivery;
- Ensuring that there is a Communication Strategy and Plan in place to promote robust stakeholder engagement and management;
- Signing off the completion of project stages and key deliverables; and
- Ensure that a robust post-project evaluation process is agreed and implemented.

The Programme Board will be responsible for the review and approval of key project documentation. To include, but not limited to:

- Participant's Requirements
- Outline and Full Business Cases for the Community development
- Documents generated in support of the planning application
- NHS LIFT Stage One Business Case
- NHS LIFT Stage Two Business Case
- Specific Schedules with the NHS LIFT Land Retained Agreement (The contract)

4 Membership

The membership of the Programme Board should be as follows:

- MCCG Non-Executive Director – Co-Chair
- MCCG Wilson Clinical Lead – Co-Chair
- MCCG Director of Primary Care Transformation - SRO;
- LB Merton Director of Public Health;
- LB Merton Director of Community and Housing
- MCCG Director of Finance;
- LB Merton Head of Sustainable Communities;
- Merton Voluntary Sector Council Chief Executive
- CHP Developments Director;
- NHSPS Strategic Lead
- Wilson Programme Director;

In attendance

- Wilson Programme Manager
- OPE Regional Programme Manager
- MCCG Finance Lead

5 Attendance and Responsibilities

It is important that there is continuity of attendance at the Programme Board. It is expected that members will attend personally. Deputies may only attend by advance agreement with the Co-Chairs, and should be fully briefed prior to attendance to allow full participation in discussions and decision-making.

The meeting will be deemed quorate when four of the members are present, including one of the co-chairs, the LB Merton Director of Public Health, or appointed deputy, and one MCCG executive.

5.1 Declaration of Interests

Members of the Programme Board must declare if they have any interests, whether pecuniary or non-pecuniary which relates to the matters being discussed. Individuals will declare any such interest that they have to the Chair as soon as they are aware of it, and in any event no later than 28 days after becoming aware.

Should any such interest be declared, the Chair of the Programme Board should exercise discretion as to whether to disqualify that member (voting or non-voting) from taking any further part, or in any way influencing by proxy or otherwise, discussion and/or voting on that matter.

5.2 Confidentiality

Members will be responsible for ensuring the strict confidentiality of all commercially sensitive information.

6 Frequency of Meetings

The Programme Board will meet every six weeks with each meeting scheduled for duration of 90 minutes. A schedule of meeting dates will be provided on an annual basis.

Extraordinary meetings may be called at key milestones when decision-making or sign-off is critical to prevent delays to the programme.

“Virtual” meetings may replace scheduled meetings when it is deemed that there is no benefit in a face-to-face meeting, this will be at the discretion of the Co-chairs.

All agenda items must be forwarded to the Programme Manager seven working days prior to the meeting.

It is assumed that members will have read the papers in advance of the meeting, to allow direct discussion at the meetings.

7 Administration

The Programme Management Office will provide the administrative support to the Programme Board. The duties undertaken will include:

- Agreement of the agenda with the Chairman and ensuring the production and collation of papers.
- Circulation of the agenda and papers no less than five working days in advance of the meeting.
- Taking the minutes and maintaining an action log.
- Gaining sign off of the draft minutes by the Chairman and circulating within five working days of the meeting.
- Ensuring that agreed actions are progressed prior to the next meeting.

8 Review

The membership of the Programme Board will be monitored on an on going basis and amendments made if the membership does not provide adequate breadth of knowledge or experience or if the level of attendance by members is not deemed acceptable.

A formal review of the Programme Board will be instigated at Financial Close in readiness for the construction, mobilisation and operational stages.

APPENDIX C

Risk Management Strategy

MERTON COUNCIL

NHS
Merton
Clinical Commissioning Group

Wilson Programme

Risk Management Strategy

01 June 2017

Version 0.2

1 Introduction

The purpose of this document is to provide a consistent process for the management of risks across the Wilson Campus Development programme. It defines risk management in respect of the standards, processes and procedures to be employed in the identification, analysis, quantification, mitigation, escalation and documentation of risks.

This document describes the process for resolving:

- ***Project Risks*** - risks that can be resolved within a project team.
- ***Programme Board Risks*** - risks that are either of a strategic nature, have a major impact on service operations or project milestones, or require senior stakeholder direction or action.
- ***Programme Risks*** - risks that cannot be managed at the project level or affect multiple projects within a programme

The audience for this document is members of the Wilson Programme Board, Project Team members and all participants in the project work streams.

2 Risk Management Framework

2.1 The Aims

The aim of risk management is to improve the likelihood of the Project or Programme achieving its stated objectives.

The risk management process is designed to:

- Focus the Programme Board and senior management team on the major risks that threaten project delivery and objectives;
- Provide a clear picture of the major risks facing the programme, their nature, potential impact and likelihood;
- Establish a shared and unambiguous understanding of what risks will be tolerated;
- Actively involve all those responsible for planning and delivery of the programme's key deliverables and benefits;
- Embed risk awareness and management in planning and decision making processes; and
- Enable and empower managers to manage those risks within their area of responsibility.

2.2 The Objectives

The objectives of a risk management system is to ensure:

- Early identification and management of risks;
- Proper analysis, evaluation and quantification;
- Clear and consistent assignment of ownership and management;
- Comprehensive identification, definition and evaluation of appropriate mitigation routes;
- Clearly defined policy, standards, processes and procedures; and
- Robust documentation for audit purposes.

A common problem when identifying and scoring risks is the confusion between what is a risk and what is an issue. The following definitions should assist with clarification.

- A risk is something that might happen and needs a mitigation/management plan to either avoid it materialising or minimising the impact.
- An issue is something that has happened and needs to be managed with immediate effect.

3 Risk Management Process

Risk analysis and management are on-going processes incorporated throughout the life of a programme or project and are the responsibility of **all** staff involved with a project or programme. The responsible managers will keep stakeholders informed of risks identified, action taken where appropriate and the success of those actions.

There are three parts to the risk management process:

1. ***Analysis*** - identification, definition, and assessment of probability and impact.
2. ***Management*** - risk mitigation strategy and plan, monitoring and control of actions employed to deal with the threat, and problems identified in analysis.
3. ***Reporting*** - all risks raised will be recorded on the project risk register and will be owned by the Programme Director. Reporting of risks will be carried out on a regular basis in accordance with the agreed Governance structure and terms of reference.

3.1 Risk Analysis

Identification of risks is an ongoing process but gets the best results when done on a group basis at key intervals – such as the initial business case development stage, and again during Project Initiation. The process involves:

- Identification of potential risks that could adversely affect the impact and efficient delivery of project and programme objectives and benefits.
- Assessment of the importance, probability and the impact of each risk
- A decision as to whether the level of risk is acceptable
- Identifying courses of possible actions to be taken to reduce the probability or impact of the risk materialising.

3.2 Mitigation strategy and monitoring

Based upon the level of concern and controllability for each risk, the Risk Owner will decide on the risk mitigation strategy and associated actions i.e. whether to accept, treat, or transfer the risk, and ensure those actions are carried out as required. The Risk Owner at least monthly (more frequently for red and amber/red risks), will review and monitor progress and consider the effect on the overall risk rating and report to the Programme Director so that those changes and updates are reflected in the risk register.

3.3 Contingency planning

Where the risk has a high risk rating (Red) contingency plans will need to be developed to address the consequences of the risk materialising.

3.4 Escalation

Risks will need to be escalated to the next level of seniority (i.e. individual or group) and the escalation recorded in the risk register where:

- The risk is of significant concern (red) – escalate to the Wilson Programme Board or CCG Governing Body;
- The risk is outside the authority, responsibility or control of the risk owner;
- The risk relates to more then one managers area of responsibility; or
- Actions to manage the risk require additional resources or the action requires approval elsewhere

The escalation or transfer of the risk will be authorised by the Programme Board. If action is required in between Programme Board meetings the SRO will take on that responsibility.

3.5 Transfer

When the risk actually happens it becomes an issue and should be transferred to the 'Issues' log. If a risk affects the project but is outside the remit of the Project team or Programme Board it should be transferred to the most appropriate corporate governance body and managed therein. A watching brief within the programme or project will be required.

3.6 Reporting

Up to date risk reports are provided for the Project Team and Programme Board meetings on a timely basis for review with a focus on amber and red/amber risks within the Project Team and amber/red and red risks at the Programme Board.

4 Risk Assessment

4.1 Risk Categories

The risks identified within the risk register are categorised by the type of risk that they pose. In categorising the risks it is important to identify the main cause of the risk, not the impact. For example a design risk around the fit out of the x-ray department is what triggers the risk to be placed on the register, the impact may be financial and affordability but is not the causative factor.

The categories currently utilised are:

- ***Strategic and Political*** – likely to be external to the organisation and difficult to mitigate/manage
- ***Information Technology*** – a risk with the technical aspects of software/hardware compatibility, delivery or equipment
- ***Design and Planning*** – having an impact on the design of the facility or planning approvals with the potential knock on impact on cost or programme.
- ***Procurement*** – mainly related to the timescales for the procurement of services, equipment or property
- ***Funding/Financial/Affordability*** – lack of available funding, increased costs leading to an unaffordable scheme
- ***Capability and Capacity*** – risks associate with the lack of a skilled resource or limited resource.
- ***Construction*** – has an impact on the timescale and potentially cost of the construction of the facility
- ***Clinical Commissioning*** – related to the commissioning of clinical services to be provided within the centre

4.2 Assessment Matrix

The assessment matrix provides a framework for assessing and measuring identified risks, which will be reviewed at various points within the governance structure to ensure appropriate priority and visibility is assigned to it

Whilst risks will occur from various diverse routes, it is essential that the standards for assessing the probability and impact of occurrence of each risk should be subject to the same criteria across the whole project/programme. This will allow the risks to be managed consistently, at the appropriate level and given the appropriate attention and visibility.

Risk evaluation and quantification comprises of scores of three types:

- ***Impact*** – the level of impact on project objectives and business that would arise should the risk materialise;
- ***Probability*** – the likelihood of the risk arising; and
- ***Proximity*** – when the risk is likely to occur. This assists with prioritisation and urgency associated with managing the risk.

The scores and associated descriptions are shown in the figures below.

Figure 1. Scoring Protocol – IMPACT

Impact Rating	Impact Description	Impact on Cost
1 – negligible	It will have little effect on project milestones, timescales or achievement of objectives or benefits	No additional cost
2 – minor	It may delay delivery or quality of one or more deliverables but not delay the overall project or affect achievement of objectives or benefits	No additional cost
3 – moderate	A project milestone is delayed which could extend timescales but is unlikely to materially affect successful delivery of the project objectives and benefits	Additional cost by up to [x]%
4 – major	It is likely to delay the achievement of a number of project milestones or a major milestone which could significantly extend timescales. Successful delivery of the project objectives and benefits could also be materially impacted.	Additional cost by up to [x]% to [x]%
5 - catastrophic	Project objectives no longer achievable or major reduction of benefits due to significant time, cost or quality issues.	Additional cost over [x]%

Figure 2. Scoring Protocol – PROBABILITY

Value	Impact Description
1	*Rare* – it is highly unlikely that this risk would materialise – less than [x]% chance
2	*Unlikely* - it is unlikely that the risk will materialise – less than [x]% chance
3	*Possible* – Could happen – [x]% - [x]% chance
4	*Likely* - Often a risk that is outside your direct control or influence – [x]% - [x]% chance
5	*Almost certain* – 80%+ chance. Often a risk that is outside your direct control or influence.

Figure 3. Scoring Protocol – PROXIMITY

Score	Proximity
1	9 months +
2	6 – 9 months
3	3- 6 months
4	1 – 3 months
5	< 1 month

The impact score multiplied by the probability score give the overall risk score.

Figure 4. RAG rating

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

The risk scores determine the amount and urgency of mitigation action and monitoring required in effectively managing the risk.

The proximity score provides another dimension for prioritising mitigation and focusing resources for effective risk management.

The gross risk score is calculated by:

Impact x Probability x Proximity

The figures below provide guidance on the actions required.

Figure 5. Risk Management – actions

Risk score 15-25 With Proximity 50-125	Close monitoring by Project Board High or very high exposure Urgent need to consider additional mitigation action Contingency plan required
Risk score 8-12 With Proximity 20-50	Close monitoring by Project Director and Work Stream Leads Urgent need to consider additional mitigation action Contingency plan required Exception reporting on increasing severity to red
Risk score 4-6 With Proximity 8-18	Medium exposure Need to consider additional mitigation measures Close monitoring/management by risk owner Review by Project Director and Work Stream Lead
Risk score 1-3 With Proximity 1-6	Low exposure Monthly monitoring by risk owner Could consider relaxation of control to divert resources

4.2.1 Risk Status

The Project Manager updates the risk status depending upon progress with management and resolution.

- ***New*** – a newly reported risk within the month
- ***Open*** – the risk has been assessed, a risk owner identified and is being actively managed

- ***Escalated*** – the risk has been escalated to the Programme Board or other governance body for review and advice
- ***Transferred*** – either the risk has materialised and has been transferred to the issue log, or has been transferred out of the project to another body to manage
- ***Closed*** – the risk has been resolved or its consequences accepted.

4.3 Mitigation Strategy

A risk mitigation strategy seeks to mitigate the risks and safeguard the delivery of the project/programme and its objectives and indeed the investment being made in the scheme. This is achieved through proactive actions that reduce either:

a) The probability of a risk occurring; or

b) The impact of the risk.

The mitigation strategy comprises of 3 approaches to deal with the risk

- ***Acceptance*** - accept the risk but take no pre-emptive action to resolve it (unable to address the risk or not cost effective to do so), but consider contingency plans should the risk materialise.
- ***Manage*** - develop a mitigation plan to reduce probability and or impact
- ***Transfer*** - the risk is moved to another individual, department or function, to manage

The proposed mitigation is summarised on the risk register. Where the risk is deemed to be significant i.e. red, a detailed mitigation action plan and contingency plan (proposed pro-forma at appendix A) will be prepared and presented to the Programme Board. This provides team members, and managers with clarity of the action that is expected from them while the Programme Board, senior management and other governing bodies have the knowledge of the steps being taken on their behalf to reduce the risk.

5 Roles and Responsibilities

5.1 Programme Director

The Programme Director is responsible for ensuring that all risks have been assigned a Risk Owner and are actively being managed. The Programme Director is specifically responsible for:

- Ensuring all Programme/Project risks are identified and captured on the risk register
- Check the assessment (RAG) and mitigation strategy and category for all risks

- Ensure all Risks are assigned with the most appropriate Risk Owner with the authority and responsibility to manage them
- Review any with risks increasing severity (Amber to Red based on pre-mitigation score)
- Escalate risks to the Programme Board for consideration when mitigation is outside the Programme/Project manager's jurisdiction, or additional support outside of the Programme/Project is needed
- Consider if there are new unidentified risks
- Ensure the top 3 risks are reported on the monthly work stream progress reports and the Programme highlight reports

5.2 Programme Board

The Programme Board is accountable for the overall management of the programme/project risks and is required to review the Board level risks as a standing agenda item. They should:

- Review and monitor all Red risks on the register and as a minimum examine in detail all risks with a score of 16 to 25.
- Identify strategic risks and mitigation
- Allocate as necessary resource to support the risk management process
- Agree the overall risk tolerance level (risk appetite)
- Provide direction to the Programme Director as required for management of risks

5.3 All staff

To be alert to possible risks and to raise these with the Programme Director.

Risk ID:		Date Raised	
Risk Owner:		Risk Actionee:	
RAG Status		Proximity:	
Risk Description:			
Impact Description:			
Proposed Mitigation:			
Action		Actionee	Deadline
Contingency Plan:			
Action		Actionee	Deadline

APPENDIX D

Reporting Templates

WILSON CAMPUS DEVELOPMENT

PROGRAMME HIGHLIGHT REPORT

Programme	Wilson Re-development Project
Senior Responsible Officer	
Programme Lead	Sue Howson
Programme Initiation Date	
Programme Purpose	
Programme Stage	

Report Date:	Reporting Period:

Workstream Status	
[Workstream 1]	GREEN
[Workstream 2]	GREEN
	GREEN

Red: to achieve success immediate remedial action is required
Amber: delay possible, or task/milestone not mission critical
Green: on target to succeed

Overall Status of the Wilson Campus Programme	**GREEN**

Current Project Status
(Insert narrative and provide explanation for any deviation from 'GREEN' status i.e. behind on programme and reason, overspend on budget and reason etc.)

Progress Update

(Insert narrative)

Change Control

Description of change requested	Impact			Status
	Cost	Programme	Quality	

Milestones/Tasks

Milestones/Tasks	Target Date	Estimated date of delivery	% Completed	RAG Status
				GREEN
				GREEN
				GREEN
				GREEN
				GREEN

Tasks for next period

(Insert narrative)

-

Key Project Risks and Issues

Description of Risk	Score/ RAG	Mitigation	Owner
xxxx	95	xxxx	

Description of Issue	Impact H/M/L	Management Plan	Owner
xxxxx	H	xxxxxx	