

PROJECT INITIATION DOCUMENT

Details	
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Project Name	Phase 2 – Portal Proof of Concept Implementation
Project Reference #	IMT8023
Project Owner	Eve Baker (SRO)
Project Manager	Matt Strellis
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Document Control

Amendment History

Version	Date	Amendment History
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Approval

Name	Role in Project	Signature	Date
Eve Baker	Project Owner (on behalf of the Board)		
Mark Sellman	Programme Manager		

Distribution List

This document has been distributed to the following:

Name	Title	Date of Issue	Version
East Berks Board members	See Section 4 for details		
Mark Sellman	Programme Manager		
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1 Purpose

The purpose of the Project Initiation Documentation (PID) is to define the project, and forms the basis for its management and the assessment of overall success.

The PID is a key document which acts as single source of reference and provides a sound basis for governance and structure of the project. It acts as a baseline against which the Project Board and the Project Manager can monitor progress. It contains the following information:

- the reasons (why) for undertaking the project and the benefits
- the roles and responsibilities of those involved in managing the project
- the project timetable including milestones and key deliverables

The PID should be referred to whenever a major decision is taken about the project and used at the conclusion of the project to measure whether the project was managed successfully and provided acceptable deliverables

Key Definitions

Project

A project is a temporary organisation set up to create one or more deliverables according to a specified Business Case. Each project is unique and not 'business as usual'.

Deliverable

This is what the project is attempting to create. At the end of each project there will be a number of tangible deliverables.

For example: A new Eye Screening Service; a new Surgeon; trained staff

Outcomes

Outcomes are defined as intangible improvements to a service as a result of a change.

For example: We now have the ability to provide specialist treatment locally instead of referring to out-of-area centres.

Benefits

Benefits are defined in measurable terms the improvement to a service as a result of an outcome. Benefits are generally achieved sometime after the project has finished.

For example: The cost of treatment will be reduced by 10% within 6 months; number of patient complaints will be reduced by 25% within 3 months

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2 Glossary of Terms

Term	Description
CCG	Clinical Commissioning Groups
SRO	Senior Responsible Owner
OOH	Out of Hours
UCC	Urgent Care Centre
WIC	Walk in Centre
GP	General Practitioner
M.C.	Medical Centre
H.C.	Healthcare Centre
BHFT	Berkshire Healthcare Foundation Trust
FPFT	Frimley Park NHS Foundation Trust
HWP	Heatherwood and Wexham Park NHS Foundation Trust
RBFT	Royal Berkshire NHS Foundation Trust
SCAS	South Central Ambulance Service NHS Trust
CSCSU	Central Southern Commissioning Support Unit
PID	Project Initialisation document
RBAC	Role Based Access Control
MIG	Medical Interoperability Gateway
ISA	Information Sharing Agreement
PO	Purchase Order
IG	Information Governance
FY	Financial Year
PMO	Project Management Office
IMT	Information Management & Technology
A&E	Accident and Emergency
PoC	Proof of Concept
EoL	End of Life
OBS	Output Based Specification
UAT	User Acceptance Testing
ROI	Return on Investment
N3	New National Network
SME	Subject Matter Expert

3 PROJECT DEFINITION

Aims		
<p>The aim of the overall programme is to improve clinical effectiveness and patient experience by providing clinicians and carers with a comprehensive view of patient medical history irrespective of location.</p> <p>The second phase of the Share Your Care project has two key objectives, firstly to evaluate the benefits associated with extending cross organisational information sharing via a proof of concept portal and secondly, to prepare the partner organisations for a full procurement.</p> <p>A high level plan for the proof of concept build and evaluation has been included in Section 8 of this document and a detailed plan is available on request.</p>		
Background		
The Clinical Commissioning Groups (CCGs) of East Berkshire; Bracknell and Ascot CCG		
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(B&ACCG), Slough CCG (SCCG), and Windsor, Ascot and Maidenhead CCG (WAMCCG) plan to improve clinical effectiveness and the patient experience within the current challenging financial environment, by improving partnership working through improved sharing of patient care records between partner organisations across the health and social community of East Berkshire.

A proposal¹ outlining the scope of this project was submitted and distributed to each of the participating CCG's by the Senior Responsible Owner on the 13th May 2014. This proposal was approved by each CCG Board as follows:

- East Berkshire Federation (10 Apr 2014)
- Bracknell Forest and Ascot CCG (25 Jun 2014)
- Slough CCG (01 Jul 2014)
- Windsor, Ascot and Maidenhead CCG (18 Jun 2014)

This project is an enabler for full record sharing across health and social care organisations and the associated business change involved in making maximum use of the richer clinical and social care data. Full sharing is part of a broader programme of work, defining the scope of which will be a deliverable of this project.

Links to Commissioning Strategy Plan/Operational Plan

This project is in-line with the CCGs five year strategic plan.
 This project is in line with the IM&T strategies for the three CCG's.
 This project is a key enabler for the Collaborative Care for Older Citizens (CCOC) Programme and is listed as a fundamental enabler in the Better Care Fund submissions for all three localities.

The following are participants and members of the board:

:

- Bracknell & Ascot CCG
- Slough CCG
- Windsor Ascot & Maidenhead CCG
- Royal Berkshire Foundation Trust
- Berkshire Health Foundation Trust
- Heatherwood & Wexham Park Foundation Trust
- Frimley Park Foundation Trust
- Bracknell Forest Borough Council
- Slough Borough Council
- Royal Windsor & Maidenhead Borough Council
- South Central Ambulance Service

Support services

- Central Southern CSU
- Patient representatives

¹ East Berkshire Systems Interoperability v06 Final.docx (drafted by CSCSU)

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Scope of the Project

Phase 2 scope is defined as follows:

Proof of Concept Portal Strategy

Frimley Health has an existing portal solution available from Harris Corporation, one of the sectors leading vendors. Although this solution is currently focussed on the needs of Frimley Park Hospital (FPH), one of the sites within Frimley Health NHS FT. the technology is designed for use across the wider health and social care community. The current portal is due to go-live at the end of January 2015 and includes existing FPH data feeds which include: pathology, radiology, ADT, discharge summaries, theatres, etc.

The intention is to utilise and extend this existing portal so that it also meets the needs of out of hospital services. The extended portal will include primary care data via MIG (as per phase 1), community data from RiO and to make this available to the identified teams along the frail and elderly pathway. Following on from this initial build the project team will evaluate inclusion of social care data during the Proof of Concept (POC) evaluation period, and roll out to users not later than 3 months after the initial launch. The ability to include social care data is dependent upon parallel work taking place in Local Authorities to add the NHS number to records as the primary key, and to comply with Information Governance requirements. Using the existing Harris Corporation infrastructure and technology along with the commercial arrangements already in place will help manage an already tight timeline.

Phase 2 is “view only” and does not provide any update facility – the originating organisation remains the owner of the data (irrespective of location). No patient access is provided during this phase. Baseline and reporting data is being developed to ensure that benefits can be measured throughout the evaluation period. It is anticipated that the portal evaluation will:

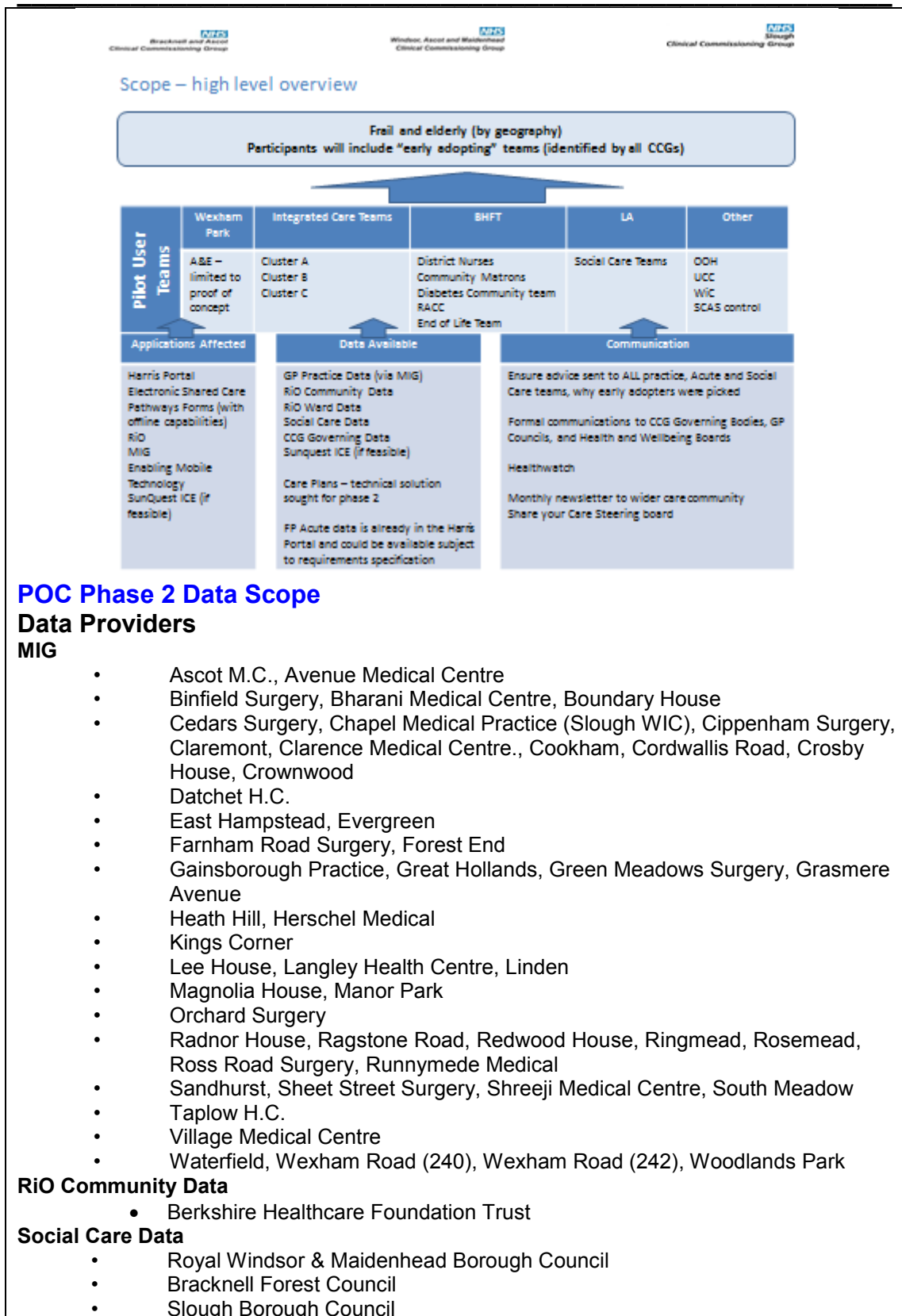
- Prove the principles of shared information and assist in cross organisational engagement
- Create a core group of clinical champion users
- Help define the benefits approach
- Identify technical and cross border issues

The vendor solution identified for the proof of concept is not guaranteed to become the full solution. This will depend on the outcome of the full procurement phase which will take into account organisational strategy, value for money, functionality and the vendors’ ability to work according to a partnership model.

The Proof of concept Teams - Extended Information Sharing

The frail and elderly pathway has been identified as the area of focus for the POC portal. Teams working along the pathway (across the partner organisations) have been identified and are being engaged to better understand their information needs, working practices and current issues.

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POC Phase 2 Data Scope

Data Providers

MIG

- Ascot M.C., Avenue Medical Centre
- Binfield Surgery, Bharani Medical Centre, Boundary House
- Cedars Surgery, Chapel Medical Practice (Slough WIC), Cippenham Surgery, Claremont, Clarence Medical Centre., Cookham, Cordwallis Road, Crosby House, Crownwood
- Datchet H.C.
- East Hampstead, Evergreen
- Farnham Road Surgery, Forest End
- Gainsborough Practice, Great Hollands, Green Meadows Surgery, Grasmere Avenue
- Heath Hill, Herschel Medical
- Kings Corner
- Lee House, Langley Health Centre, Linden
- Magnolia House, Manor Park
- Orchard Surgery
- Radnor House, Ragstone Road, Redwood House, Ringmead, Rosemead, Ross Road Surgery, Runnymede Medical
- Sandhurst, Sheet Street Surgery, Shreeji Medical Centre, South Meadow
- Taplow H.C.
- Village Medical Centre
- Waterfield, Wexham Road (240), Wexham Road (242), Woodlands Park

RiO Community Data

- Berkshire Healthcare Foundation Trust

Social Care Data

- Royal Windsor & Maidenhead Borough Council
- Bracknell Forest Council
- Slough Borough Council

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Data Recipients

- East Berkshire Primary Care Out of Hours (Adastra)
- St Mark's Urgent Care Centre (Adastra)
- Bracknell Urgent Care Centre (Adastra)
- Slough Walk in Centre (EMIS Web)
- Integrated Care Teams – one cluster per CCG
- BHFT – District Nurses, Community Nurses, RACC, Diabetes Community Team, End of Life Team
- FHFT – Frimley Health NHS FT – A&E
- SCAS - South Central Ambulance Service NHS FT

Data Set Scope

MIG

ID	Data Category	Abbreviation	Primary Data Controller	Source
1	Patient demographic and identifying details including: <ul style="list-style-type: none"> • NHS number • Patient name • Patient address • Date of Birth • Gender 	Demographics	The registered practice	GP System
2	Practice details including: <ul style="list-style-type: none"> • Practice name • Practice Code • Usual GP • Registered GP 	GP details	The registered practice	GP System
3	Summary <ul style="list-style-type: none"> • Current Problems • Current Medication • Allergies and Adverse Reactions • Recent Tests 	Summary	The registered practice	GP System
4	Problems <ul style="list-style-type: none"> • Current Problems • Past Problems 	Problems	The registered practice	GP System
5	Diagnosis <ul style="list-style-type: none"> • Current Diagnosis • Past Diagnosis 	Diagnosis	The registered practice	GP System
6	Risks and Warnings <ul style="list-style-type: none"> • Allergies • Contraindications 	Risks and Warnings	The registered practice	GP System
7	Medications <ul style="list-style-type: none"> • Current Medication • Past Medication • Medication Issues 	Medication	The registered practice	GP System
8	Investigations <ul style="list-style-type: none"> • Recent Tests • Biochemistry • ECG • Haematology • Imaging • Microbiology • Cytology • Others 	Investigations	The registered practice	GP System

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	<ul style="list-style-type: none"> Physiology Urinalysis 			
9	Examinations <ul style="list-style-type: none"> Blood Pressure 	Examinations	The registered practice	GP System
10	Procedures <ul style="list-style-type: none"> Operations Immunisations 	Procedures	The registered practice	GP System
11	Events <ul style="list-style-type: none"> Encounters, Referrals, Admissions 	Events	The registered practice	GP System

BHFT RiO

ID	Data Category	Abbreviation	Primary Data Controller	Source Application	Persistent or Temporary
1	Patients admission details <ul style="list-style-type: none"> Admission date/time Specialty Visit Description Ward Description Bed Number Bed Description Consulting Doctor Details 	Admissions	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
2	Patients Alerts details <ul style="list-style-type: none"> Alert type Comments Alert Date Alert Resolution Date 	Alerts	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
3	Patients Allergies details <ul style="list-style-type: none"> Reaction Type Substance Reaction Severity Reaction Date Resolution Date 	Allergies	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
4	Patients Appointments details <ul style="list-style-type: none"> Referral number Appointment date/time Cancellation date/time Actual Appointment date/time Appointment Type Outcome Clinic/Location details Consulting Doctor details 	Appointments	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
5	Patients Care Plans details <ul style="list-style-type: none"> Care Plan Type Care Plan description Care Plan start date 	Care Plans	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT)	Temporary

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	<ul style="list-style-type: none"> Care Plan end date 			hosted RiO system)	
6	Patients Care Plan Problems details <ul style="list-style-type: none"> Care Plan Problem description Care Plan Problem start date Care Plan Problem end date 	Care Plan Problems	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
7	Patients Care Plan Interventions details <ul style="list-style-type: none"> Care Plan Problem Intervention description Care Plan Problem Intervention goal 	Care Plan Interventions	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
8	Patients Diagnosis details <ul style="list-style-type: none"> Diagnosis Description Diagnosis start date Diagnosis end date 	Diagnosis	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
9	Patients Discharges details <ul style="list-style-type: none"> Discharge date/time Discharge reason Discharge from Service team 	Discharges	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
10	Patients Referrals details <ul style="list-style-type: none"> Referral source Referral Reason Referral initiated date Speciality Team referred to Care setting Referring GP Referring organisation code Other Referral reason Referral urgency 	Referrals	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary
11	Patients Progress Notes details <ul style="list-style-type: none"> Note type Note type description Sub Note type Sub Note type description Speciality Author Notes date/time Note text Note entered in error Current note 	Progress Notes	Berkshire Health Foundation Trust	BHFT Community RiO West database (created from extracts of BT hosted RiO system)	Temporary

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Information Sharing Agreements

During Phase 1 of the project, the Berkshire Provision of Care Information Sharing Agreement was set up, structured around a core agreement, which sets out the terms and statutory responsibilities expected of its signatories. Where a signatory of the agreement is BOTH a consumer and provider of the data, and for data providers, a schedule 'D' which describes the data willing to be shared by the provider organisation will need to be agreed. For Phase 2 the following will need to be agreed:

Sharing of BHFT RiO

BHFT have signed the core agreement, therefore a schedule 'D' will need to be produced based on the dataset defined above and signed by BHFT Caldicott guardian

Social Care Data

Bracknell County Council, Slough County Council & Royal Borough Windsor & Maidenhead County Council have not signed the core agreement. Once the social care dataset is defined ALL Social care data providers will need to sign the core agreement, and where data is being provided, a schedule 'D'.

Consuming Data

SCAS - South Central Ambulance Service NHS FT have not signed the core agreement

Exclusions

1. GP to GP federated working, e.g. a practice using SystmOne can view a practice using the EMIS system via the MIG (or any other 3rd party software). This is part of the overall requirement for integrated working but falls outside the scope of the Integrated Care Record programme scope (including this project).
2. Heatherwood and Wexham Acute hospital data streaming into the provider portal
3. User Organisation Change Management Engagement
4. Improving Organisations Digital Maturity Status
5. Collaboratively resourcing separate projects that are exclusive to Frimley Park Hospital
6. Financial and 'Share Your Care' project team resourcing of participating organisations computer networks resolution, if required.

Constraints

- Data sharing agreements need to be agreed and signed before any information can be enabled.
- Harris Corporation will require a signed contract and PO raised prior to starting any work.
- Portal hosted on Frimley Park Hospital Trust network

Assumptions

- Patient implied consent throughout the data sharing process.
- CSCSU will provide project management services for the project.
- CSCSU will provide communications support for the project.
- The timescales for delivery are based on the assumption that stakeholder organisations and suppliers will be able to make available key individuals (clinicians and managerial staff) for interviews and meetings in a timely manner, and to provide the information required by each of the Phases
- The project timeline should be compatible with, and give due consideration to, other programmes of work taking place within the three CCGs.

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- The chosen solution is to be compliant with CCG, County Council, CSCSU and NHS corporate and IM&T policies and standards.
- Any work carried out is to be carried out in a manner that is compliant with relevant CCG, County Council, CSCSU and NHS corporate and IM&T policies and standards.
- The data sharing agreements already developed by the CSCSU will be adopted with minimal commercial changes.
- Funds will be made available in a timely manner in order that the appropriate vendors can be engaged.
- Staff at the participating organisation locations will be made available to input data (against test patients) as required.
- Clinicians at the recipient locations will be made available to test (User Acceptance Test) the solution.
- All parties supplying and receiving data are IG level 2 compliant

Stakeholders

Stakeholder name or group	How affected or How affect
GP Practices	<ul style="list-style-type: none"> • Need to enable data sharing from their system (post successful UAT and sign off). Once enabled their data will automatically be made available to the OOH centres, Acute Depts, & Community Clinical staff. • GP's need to inform patients that their data is being shared with OOH.
OOH centres	<ul style="list-style-type: none"> • Primary care information is available to view (post successful UAT and sign off). Clinical staff needs to be aware that this is now available.
Acute Trusts	<ul style="list-style-type: none"> • FPFT will need to sign a Schedule 'D' as their acute data is currently available via the Harris Portal • FPFT will need to provide resources for scoping and implementation tasks
Community Trusts	<ul style="list-style-type: none"> • BHFT will need to sign a Schedule 'D' as they will be providing data from their RiO system. • BHFT will need to provide resources for scoping and training exercises
Local Authorities	<ul style="list-style-type: none"> • Social care data into a clinical portal is not known to have been achieved elsewhere. Therefore, providing the right key SME's at the right time to assist in scoping will be a major key to success. • IG and appropriate consent model may affect timelines to inclusion • The 3 UA's will need to work collaboratively
Patients	<ul style="list-style-type: none"> • Implied consent is assumed for data sharing. Patients will have the option to opt out after discussions with their GP.

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				Consent to view is requested at the point of access (OOH/WIC) with the patient in attendance.	
Equality/Health Impact Assessment (EIA)					
	Health	Service		Staff	
Race	N/A	N/A		N/A	
Gender	N/A	N/A		N/A	
Age	N/A	N/A		N/A	
Disability	N/A	N/A		N/A	
Sexuality	N/A	N/A		N/A	
Other	N/A	N/A		N/A	
Dependencies/Links to Other Programmes or Projects					
Linked programmes or projects			How linked?		
East Berkshire Data Interoperability Programme.			This PID relates to a project which is a subset of the overall programme. Not dependent on other phases.		
GP to GP federated working			The hub and spoke model will use the MIG to facilitate information exchange between GP practices. Although part of the overall interoperability concept using the same technology (the MIG) this is a different project. There is a possibility that two hub sites may need to use the Adastra system located at East Berkshire Primary Care OOH (under investigation). If this link is confirmed then this project will become a dependency of the federated working project.		
WAM Extended Hours Project			The extended hours project has a dependency on this project, namely the signing of the sharing agreements and the MIG/Adastra (at East Berkshire Primary Care) configuration.		
Frail/Elderly Care Pathway Transition Team			This programme is recognised as a key enabler to the Collaborative Care for Older Citizens Programme		
Expected Timescales and Costs					
Timescale	Start Date	12 Jan 2015	End Date	31 Mar 2015	
Cost	<p>During June and July 2014 the three CCGs approved £177k funding for Phase 1 of the Share Your Care project. To complete Phase 2 of the project a further £278k funding is required, bringing total expenditure in 2014/15 to £455k.</p> <p>This expenditure is capital in nature and so will not have an impact on the revenue expenditure in the current year. In subsequent years the cost implications for CCGs are an increase in capital charges of approximately £100k per annum for five years, c. £33k per CCG, assuming a depreciation period of five years and a 3.5% average cost of capital.</p> <p>See Additional Comments (below) for a full breakdown of the funding</p>				

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	and costs.
Tolerances for the Project	
Time	<ul style="list-style-type: none"> • Baseline date unaffected = Green • Baseline go live date moved but mitigating actions expected to resolve issues and bring back to baseline date = Amber • Baseline go live date moved and mitigating actions unable to resolve issues and bring back to baseline date = Red
Cost	+6% increase in cost (to complete) = Amber >=10% increase in cost (to complete) = Red
Scope	Once approved by the Board any scope changes will be managed via change control. This includes scope changes that do not affect time and cost.
Other	The go-live date of 06 Apr 2015 is for the first tranche of functionality, i.e. MIG and agreed RiO data. It is planned that Social Care data will be included in the Proof of Concept not later than 3 months after Tranche 1 goes live.
Corporate Reporting Arrangements	
<ul style="list-style-type: none"> • Highlight (status) reports will be sent to the CSCSU East Berkshire programme manager (via the CSCSU IMT PMO) who will consolidate all projects across the geography. These highlight reports will be made available each Monday before 10:00. • Weekly highlight reports (as above) will be provided to the Senior Responsible Officer (SRO) and the Senior Users. • A consolidated monthly status update will be provided by the CSCSU Head of IM&T Planning & Programmes for review with the three CCG's. This customer review is a standing agenda item at the monthly IM&T Programme Board.. • A monthly highlight (status) report will be made available to the Share Your Care Programme Board as an input document to the monthly meetings, and will be circulated to all CCG Operational leadership Meetings (OLT) 	
Operational Arrangements	
<ul style="list-style-type: none"> • Project manager weekly highlight (status) reports (along with risks/issues and an updated plan) will be submitted to the Integrated Care Records programme manager. These will be reviewed each Friday before COB to ensure all risks are mitigated where possible. 	
Financial Report	
<p>During June and July 2014 the three Clinical Commissioning Groups (CCGs) in East Berkshire approved £177k funding for phase 1 of the Share Your Care project.</p> <p>In September 2014 a submission for £2.5m of funding (covering phases 1, 2 and 3) was made to the Digital Care Fund (DCF). This funding was multi-year covering FY 14-15, Phases 1 and 2, preparation for Phase 3 (£0.66m) and FY 15-16, Phase 3 (£1.84m). The terms of the bid are that any funding received would be on the basis of match funding, with 50% provided by DCF and 50% by the bidders. The Chief Finance Officer for the three CCGs confirmed that funding of £330k (50% of FY 14-15) was earmarked if the DCF application was successful. Funding for Phase 3 will be subject to a cross health system Business Case which will establish a reasonable split of costs relative to anticipated benefits.</p> <p>In November 2014 all organisations that did not receive funding were informed in writing with all remaining projects put forward to treasury for final approval. The Share Your Care project is currently with treasury for approval. Verbal confirmation has been received stating funds will be allocated to the project, however the exact amount of funds to be made available has not been confirmed. As one of the requirements of DCF funding is that it is spent in the year it is allocated this is putting severe time pressures on the project.</p>	

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Given the above funding position, the project has continued working at risk, i.e. above the approved £177k. The financial commitment following approval of this PID but excluding DCF funding is:

- Actual: January 2015, £66k – giving a year to date total of £243k
- Forecast: End March 2015, £278k – giving an outturn forecast total of £455k

This outturn is £203k less than foreseen at the time of the DCF bid due the reduced cost of the proposed versus the anticipated solution.

The expenditure above the approved level of £177k has not exposed the CCGs to any in year revenue budget pressures as the expenditure is capital in nature.

Given the proximity to FY 14-15 year end a decision must be made on the source of capital funding for this project and it is therefore proposed that, in the event DCF funding does not materialise, that we commit CCG capital for this purpose.

Irrespective of the source of capital the cost implications for CCGs are an increase in capital charges of approximately £100k per annum for five years, c. £33k per CCG, assuming a depreciation period of five years and a 3.5% average cost of capital.

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4 Business Case

Link to Corporate Strategy	
<p>This project is in-line with the CCGs five year strategic plan. This project is in line with the IM&T strategies for the three CCG's. This project is a key enabler for the Collaborative Care for Older Citizens (CCOC) Programme and is listed in the Better Care Fund submissions for all three localities.</p>	
Reasons	
<p>A key component of the CCG's plans to improve clinical effectiveness and the patient experience within challenging financial constraints, will be improving partnership working along integrated care pathways. This will require improved sharing of care records between partner organisations, and a change from the current situation of most health and social care records sitting in unconnected "information silos". This view is supported by initial work undertaken developing the CCGs IM&T Strategies, which indicates that sharing electronic records should be seen as an early strategic IM&T priority.</p> <p>A CSCSU proposal was submitted to each of the CCG Boards and was approved prior to the project commencing and moving to phase I.</p> <ul style="list-style-type: none"> • East Berkshire Federation (10 Apr 2014) • Bracknell Forest and Ascot CCG (25 Jun 2014) • Slough CCG (01 Jul 2014) • Windsor, Ascot and Maidenhead CCG (18 Jun 2014) 	
Business Options	
Option 1	Do nothing
Option 2	Add MIG data to Harris Portal (Quick win - sharing primary care data with OOH/UCC/WIC/Acute teams/Community Teams)
Option 3	As Option 2 but including RiO community data
Option 4	As Option 3 but including social care data
Recommended Option	
Option 3, but include social care data via change control to de-risk potential timeline, scope and client/patient consent issues	
Reasons for Selecting the Recommended Option	
Lowers risk and allows for faster return on benefits realisation i.e. quick wins.	
Expected Benefits	
<p>Benefits associated with the overall programme include:</p> <ul style="list-style-type: none"> • Enabling "the patient only having to tell their story once" • More informed clinical decision making –"right information, right place, right time" • Time saving by health and social care professionals • Fewer unscheduled conveyances to A&E and A&E attendances; • Fewer unscheduled and emergency admissions to secondary care; • Fewer admissions from care homes; • Reduced the number of patients at the end of life not dying in the place of their choice; • Improved discharges and reduced excess bed days; • Reductions in inappropriate referrals to outpatients and for repeat and otherwise unnecessary diagnostics tests; and • Improved medication management <p>Non quantifiable benefits associated with this project are</p> <ul style="list-style-type: none"> • Improved patient care and better decision support (a more complete dataset available at the point of care). • Improved patient safety (a more complete dataset will help reduce errors). 	

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- Improved patient experience (duplication of activities reduced).
- Improved clinical experience and efficiency improvements (reduction in moving hard copy patient records, faster access to information, reduced duplication of effort, better decision making).

Phase 2 is an enabler that will allow the CCGs to realise quantifiable benefits from FY 2015/16 onwards. These benefits will be fully documented as part of the Phase 3 Business Case.

Expected Dis-benefits

None identified to date

Key Risks

Funding of the full procurement in Phase 3 by the participating organisations not agreed

- Business Case identifying profile of benefits not yet developed

No matched funding from the Digital Care Fund

- Increased requirement for capital funds.

Availability of staff to provide input into the strategy and scope.

- Poor quality document resulting in decision delays or scope creep.
- Frimley Park unable to resource effectively, due to other commitments
- Mitigate by providing an acceptable notice period and clear objectives/timelines.

Social care data sharing not approved.

- Mitigate by using agreements that have been commercially agreed in other geographies.

Expected Timescales

Option 2 completion	31 Mar 2015
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Option 3 completion	31 Mar 2015
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Option 4 completion	30 Jun 2015
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Expected Costs

Total Management Costs	£261k CSCSU – programme & project management, clinical transformation, legal, communications
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Total Delivery Costs	£164k Vendors – software and services
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Recurring costs	Fixed 6 month Proof of concept period running from 01/04/2015 - No renewal. CSCSU costs are planned for FY Mar 16 of £30k
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Funding Arrangements

Source	Amount
Bracknell and Ascot CCG Slough CCG Windsor, Ascot and Maidenhead CCG	£455k- the combined cost of phase 1 and 2 will be funded from CCG Capital allocations. This has been supported by the CCG IM&T Steering Committee.
Digital Care Fund	Funding for phases 1 and 2 has still not been confirmed (as of 06.02.15). NHS England has yet to confirm tech funding for Phase 3 as a decision to release funding is with the Treasury. Further funding may become available for phase 3 of the project.

Return on Investment (ROI)

ROI is available for the overall programme. No ROI has been calculated for the phase I project. This is seen as an enabler project with non-quantifiable benefits relating to patient care, patient experience and improved clinical decision support.

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5 Project Management Team Structure

Project Board

Name	Role	Job Title and contact details	Representing
Eve Baker	Chair, Senior Responsible Owner	Deputy Chief Officer	WAM CCG
Mark Sellman	Senior Supplier , Vice Chair	Programme Manager	CSCSU
Priya Kumar	Senior User	Clinical Lead	Slough CCG
Monica Nuvoloni	Senior User	Clinical Lead	B&A CCG
Rishi Mannan	Senior User	Clinical Lead, CCIO	WAM CCG
Catherine Mullins	Member	Head Wellbeing Development	RBWM
Gareth McKelvey	Member	Business Analyst	RBWM
Sandie Slater	Member	IT Manager	Bracknell Forest
John Macdonald	Member	Programme Manager	CSCSU
Brian Dayson	Member	Head of IT Strategy	HWPB
Glen Griffiths	Member		Bracknell CCG
Martin Sykes	Member	FPA	
Patrick Rogan	Member	CEO	BPC OOH
Jennie Ford	Member	Practice Manager	B&A CCG
Rachel Procter	Member	Practice Manager	WAM CCG
Ivan Brownlees	Member	Patient Representative	Patients
Nigel Foster	Member		East Berks CCG
Christina Gradowski	Member	Head Corporate Affairs	East Berks CCG
Mark Davison	Member		BHFT
Matt Strellis	Member	Project Manager	CSCSU
Andrew Fenton	Member	Programme Manager	CSCSU
Vince Weldon	Member		SCAS
Alan Sinclair	Member	Head Adult Services	Slough Council
Alexander Cowen	Member	Service Manager	Slough Council
Mike Wooldridge	Member	Programme Manager	Slough Council
Patrick Worthington	Member	Head Adult services	RBW&M Council
Mike Robinson	Member	Head of IT	RBFT
Alex Gild	Member	Director of Finance	BHFT

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Gordon Dixon	Member	Interim Associate Director of Commissioning Support	East Berks CCG
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Project Assurance

Name	Job Title and contact details	Appointed by
Mark Sellman	Programme Manager (Senior Supplier) mark.sellman@nhs.net	CSCSU quality review prior to distribution to customer
Andrew Fenton	Associate Director of Business Support andrew.fenton@nhs.net	CSCSU quality review prior to distribution to customer

Project Manager and Support

Role	Name	Contact details
Project Manager	Matt Strellis	matt.strellis@nhs.net
Programme Mgr	John Macdonald	john.macdonald13@nhs.net
Project Support	CSCSU PMO	cscsu.pmo@nhs.net

Team Leaders/Team Members

Role	Name	Job Title and contact details	Responsible for
Technical Lead	Dushyant Bhardwaj	Technical Architect dushyant.bhardwaj@nhs.net	
Business Change Lead	Clare Eddy	Business Analyst clare.eddy@nhs.net	
Senior User	Rishi Mannan Monica Nuvoloni Priya Kumar	Clinical Lead - WAM rishi.mannan@nhs.net Clinical Lead - B&A CCG monicanuvoloni@nhs.net Clinical Lead - Slough CCG priya.kumar1@nhs.net	

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6 PROJECT PRODUCT DESCRIPTION

List of Major Deliverables for Phase 2
<ul style="list-style-type: none"> • Vendor contracts • User requirements approved by Clinical leads • MIG configuration into Portal • RiO community data into Portal • Social Care Data into Portal • User Acceptance Test (UAT) Plan • Output Based Specification (OBS) for Phase 3 Procurement
List of External Deliverables
N/A
Acceptance Criteria
Work packages are to be issued with clear acceptance criteria agreed between the project manager and the recipient of the work package.
References to any standards
N/A
Project Level Quality Tolerances
As defined earlier in this document
Exception Process

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7 Project Approach

Deliverable Name	How the Deliverable will be provided	Source – internal or external	Go Live approach
Sharing agreement(s)	N/A	CSCSU	N/A
Vendor contracts	N/A	CSU/Vendor	N/A
Portal configuration	N/A	Vendor	N/A
User Acceptance Test (UAT) Plan	N/A	CSCSU	N/A
Interoperability Strategy	N/A	CSCSU	N/A

To help control the delivery of this project a number of sub groups (workstreams) will be created. These groups will consist of members from across all participating organisations and will provide feedback and recommendations into the Board. The sub groups identified are:

Benefits & Finance

- To provide the “big picture” - list National data sharing initiatives and map programme deliverables and other known initiatives (outside this programme) against these.
- To identify quantifiable and qualitative benefits for the overall programme and the immediate next phase.
- To ensure that identified benefits can be mapped back to those presented to the Tech Fund panel.
- To provide clear, easy to understand benefits messages to be used in communications to the wider team.
- To identify (at a high level) areas of care (or on-going initiatives) that would benefit from data sharing², e.g. OOH having access to primary care data, urgent care having access to primary care data and pathology results, etc.

² Being able to link an area of care (and locations where that care is provided) to the information required to provide a more effective service will allow the team to develop a phased approach.

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Communications

- To ensure that clear and consistent communication is maintained with all programme participants.
- To articulate the vision statement, identify the intended audience(s), the message(s) and the frequency and method of communication.

Information Governance

- To track the IG compliance (level 2) within each organisation.
- To ensure clarity regarding information sharing restrictions within each organisation.

Procurement

- To define the draft requirements/scope for the overall Data Interoperability Programme.
 - Each organisation/participant to document their requirements.
 - Consolidation of requirements.
- To determine the scope of a Proof of concept.
- To create an Output Based Specification (OBS) that can be used to inform the business case and any future procurement process (based on the draft requirements and workshop feedback).
- To fully understand the procurement process (legal, submission documents required, budget, assessment team, scoring mechanism, etc.).

Technical Compliance

- To document the technical systems (within each organisation) that will act as a potential information source.
- To document the message schemas available from each of the source systems.
- To track the adoption of the NHS number within each organisation.
- To track the availability of an N3 connection within each organisation.

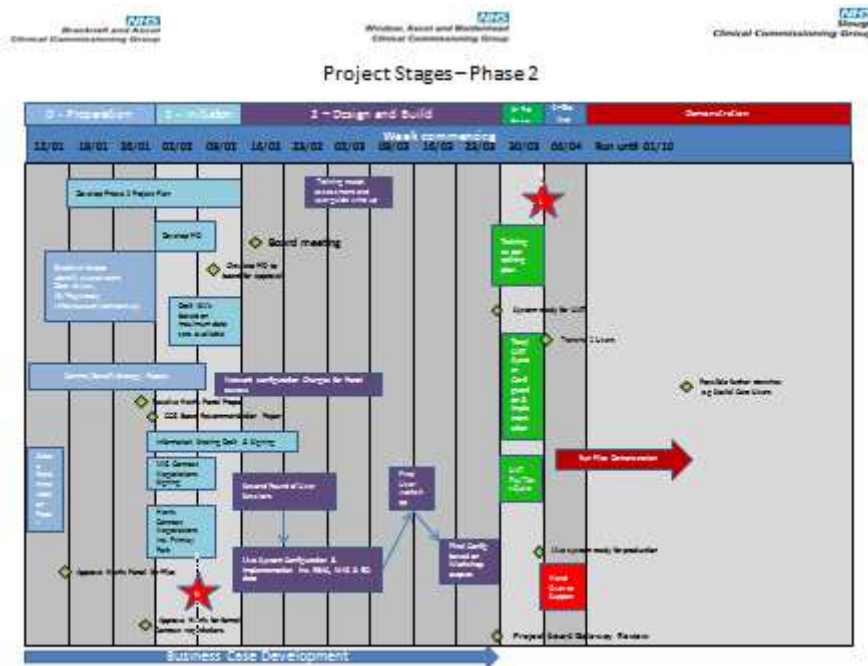
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8 Project Plan

A detailed project plan will be managed by the project manager. Full details can be made available to the Board on request.

The detailed plan provides baseline dates and drives the forecast dates based on what actually happens during the project. Baseline and forecast dates are reported to the SRO and the clinical leads on a weekly basis.

A high level critical path diagram is included below based on the detailed plan:



Milestones

Milestone	Start	Finish
Stage 0 Preparation	12-Jan-15	02-Feb-15
Project Initialisation Document	02-Feb-15	11-Feb-15
Project Plan	02-Feb-15	16-Feb-15
Portal Vendor Proposal Negotiations	29-Jan-15	11-Feb-15
Harris Portal Go No go	11-Feb-15	11-Feb-15
Tech Fund 2/CCG Board Self-funding decision	11-Feb-15	09-Mar-15
Design and build Stage	16-Feb-15	30-03-15
Technical Tasks Complete	16-Feb-15	11-Mar-15
User Sessions	16-Feb-15	11-Mar-15
Final Portal Build	19-Mar-15	30-Mar-15
Stage 3 Pre-Go live UAT	30-Mar-15	06-Apr-15
GO LIVE & Start of Demonstration	06-Apr-15	01-Oct-15

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No changes have been made (to the standard template) after this point.

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Appendix A

Monitoring and Control Procedure

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Controls

The purpose of this section is to identify all the control points that should be in place at the start, during and at the end of the project. This section should describe the controls appropriate to the project.

Milestones

Within the Commissioning Support Unit, the project life cycle has been divided into three phases:

1. Initiation Phase
2. Delivery Phase
3. Closure Phase

The Delivery Phase will be broken down into the following Milestones:

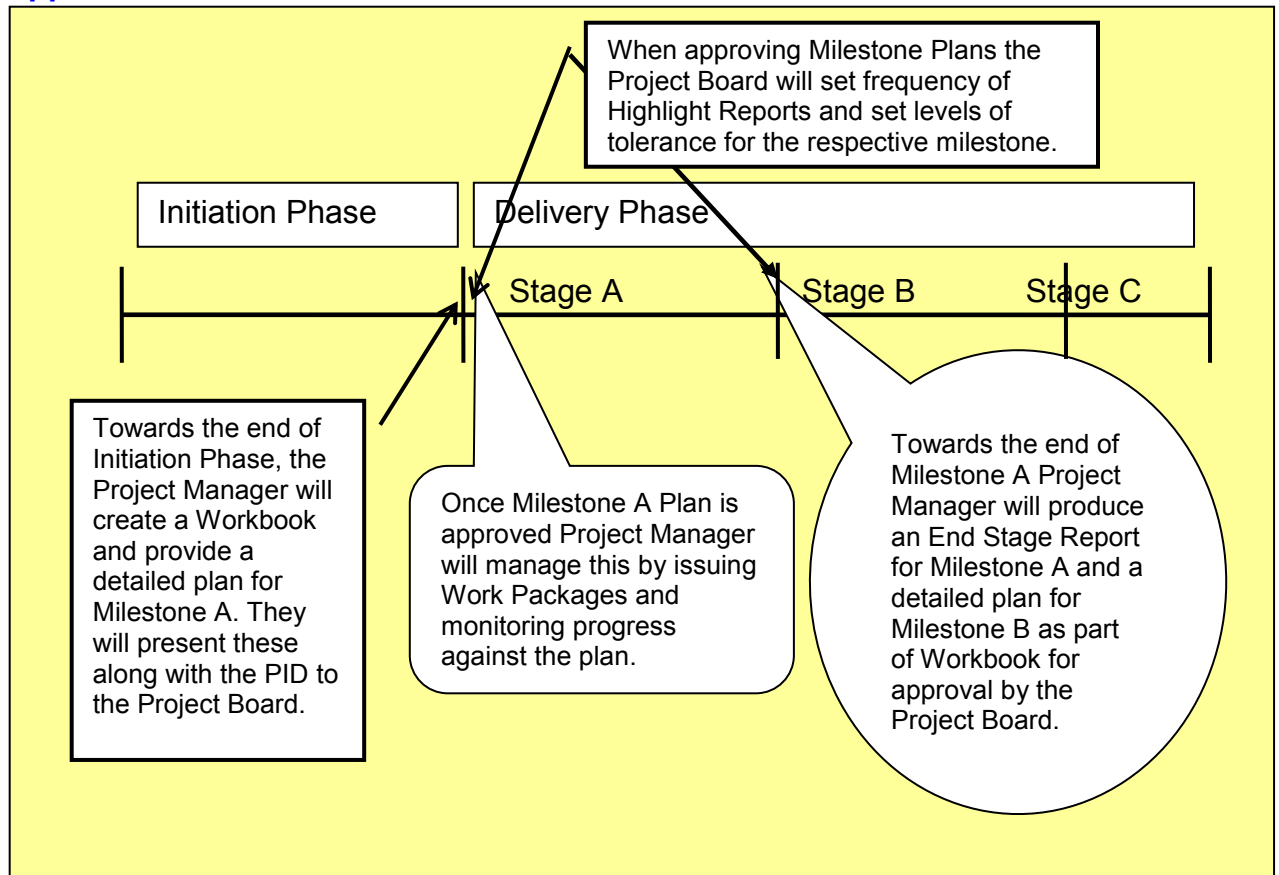
Milestone Name	Expected time-scales	Expected costs	Actual time-scales and costs
The reason for breaking the project into the following milestone(s) is: #			
Milestone 1 Description			
Milestone 2 Description			

The time-scales and funding allocated to the project are as follows:

Expected cost for the project is:	£#
Expected timescale for the project is	# weeks
Cost tolerance	+£ -£
Time tolerance	# weeks

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Approval of Milestone Plans



Towards the end of the Initiation Phase, the Project Manager will plan the first milestone in detail. In order to get commitment from both the user and supplier teams, it is essential that the Project Manager consults with them to plan this and all subsequent milestones before presenting the respective plans to the Project Board.

Each Milestone Plan will contain:

- Deliverables to be completed
- Time and costs required for the development of the deliverables
- Resources required to create the deliverables
- Resources required to test or review the deliverables
- Proposed tolerances and reporting arrangements

On approval of the Milestone Plan by the Project Board, the Project Manager will be responsible for managing the day-to-day element of the project.

By approving a Milestone Plan, the Project Board are agreeing to the following:

- Approval of the budget and time for the stage (Executive)
- Approval of the quality of for the deliverables (Senior User)
- Commitment of the resources of the group or an individual who are going to create the deliverables (Senior Supplier)

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-
- Commitment of the resources of the group or an individual who are going to check the quality of the deliverables (Senior User)

Additionally, when approving a Milestone Plan, the Project Board should:

- Set the frequency and contents of the Highlight Reports.
- Set levels of tolerance for time, cost and scope.

Milestone Assessment

Towards the end of each milestone, the Project Manager will present to the Project Board an End Stage Report. The End Stage Report should be compared with the respective Milestone Plan and report on:

- Forecast against actual for time and costs for the deliverables
- Audit of any deviation from plan outside of Project Manager's tolerance
- Results of quality checks and reviews
- Summary of issues status
- Summary of risks status

Along with the End Stage Report, the Project Manager will present a detailed plan for the next milestone.

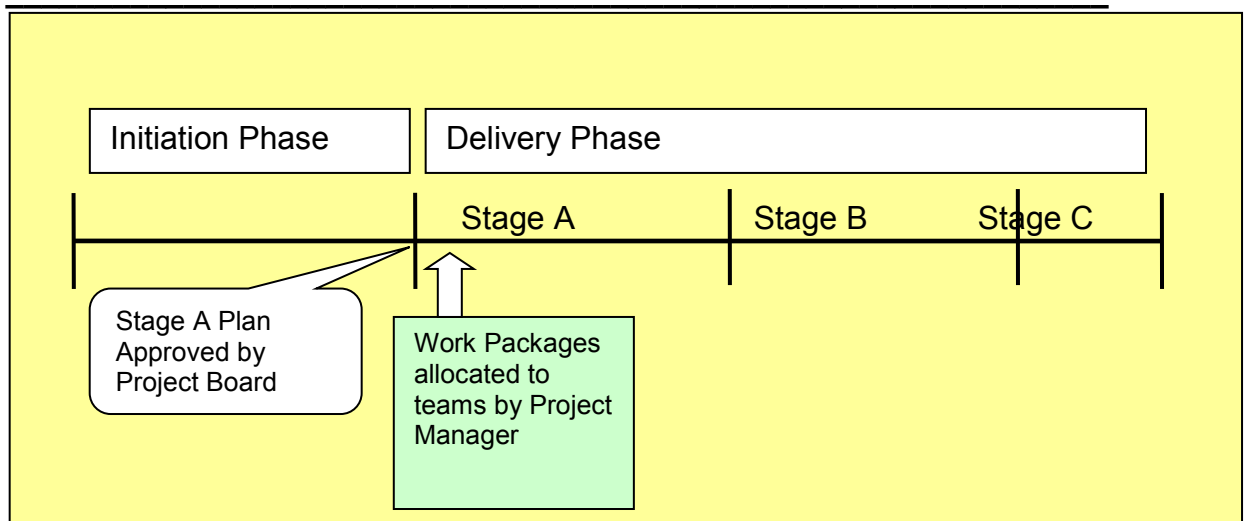
Planning the milestone will require the Business Case, Project Plan and the Risk Register to be updated. If, as a result of this plan, if it is forecast that the project's tolerances in terms of time and cost are forecast to exceed, then the Project Owner will present an Exception Report to the Corporate or Programme Board for decision making. Depending on their decision, the Project Owner will approve the plan, change the direction of the project or request the Project Manager to prematurely close the project.

In addition to the revised documents mentioned above, a number of other elements contained within the PID may also change, e.g. Project Management Team Structure and Project Approach. In order to accommodate any changes, the Project Manager will update the version of the PID.

Allocation of Work and Day to Day Management

Once the Milestone Plan has been approved, the Project Manager is responsible for authorising and allocating work to individual team members or Team Leaders. This is done in the form of a Comprehensive Work Package which forms part of the Workbook.

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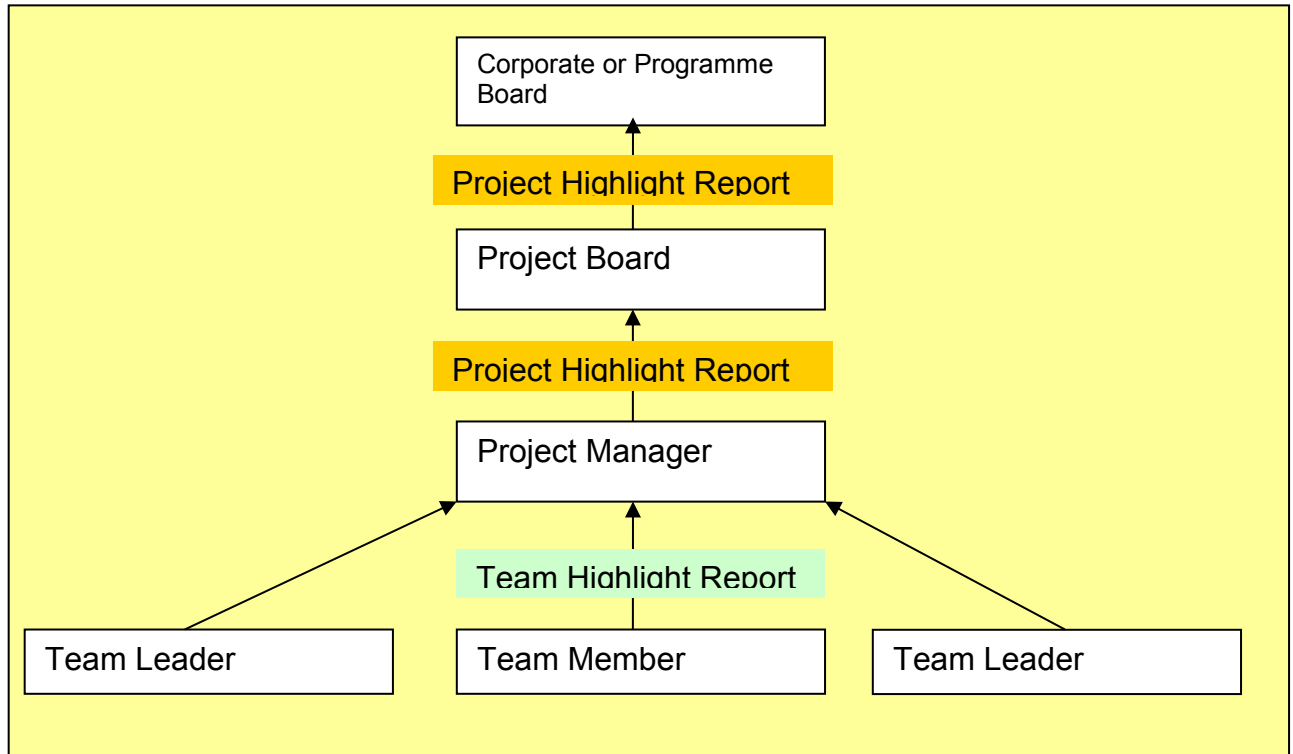


Comprehensive Work Packages will be produced by the Project Manager in consultation with the Team Leader or an individual doing the work.

Once the Team accept the work, they may produce a Team Plan before proceeding with the work. Depending on the project management experience of the Team Leader, it may be necessary for the Project Manager to view or even approve the Team Plan but this would be agreed between the Team Leader and the Project Manager when the Comprehensive Work Package is developed.

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Reporting Arrangements



During the delivery of the Comprehensive Work Packages, Team Leaders or individuals will provide a Team Highlight Report for the Project Manager. The frequency and contents of the reports will be agreed between the Team Leaders and the Project Manager in the Comprehensive Work Package. The reports can either be formal or informal depending on the complexity and risk of the Comprehensive Work Package.

Project Board and Project Manager should seek to avoid large meetings involving all teams. To allow the members of the Project Board to manage by exception (i.e. meet when a decision needs to be made), the Project Manager will produce regular Project Highlight Reports summarising the work of the teams and include any key risks and issues. The frequency and contents of the reports will be confirmed by the Project Board when authorising the respective Milestone Plan.

Project Manager must also review the Communications Plan (see Workbook) to see if there are any additional Project Highlight Reports required for other stakeholders

It may be necessary for the Project Owner to submit Project Highlight Report to Corporate or Programme Board. The frequency and contents of the reports will be decided by the Corporate or Programme Board.

However, regular reports alone will still not guarantee that the work is being carried out to a required standard. It is important that teams producing the deliverables are encouraged to test them according to the quality criteria defined in the Comprehensive Work Package.

Where possible, users can be involved in testing the deliverables while they are being produced. Regardless of what level of testing is performed during production, users must test the entire deliverable when it is completed.

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In addition, Project Board may delegate assurance responsibilities to their Project Assurance to make sure nothing is being hidden from them.

Monitoring Progress

When the Project Manager receives Team Highlight Reports, they should update the Milestone Plan with actual values for both cost and time. Comparing the actual values with the initial forecast will enable the Project Manager to judge whether the project is within tolerance.

As well as updating the Milestone Plan, the Project Manager should also...

- Review the Issue Register – these will include requests for change and off-specifications or general problems/concerns. Any key open issues should be reported to the Project Board.
- Review the Risk Register – as the project progresses, the risks facing the project will change and they should be reviewed on a regular basis. Any key open risks should be reported to the Project Board.
- Manage the Lessons Log.
- Review the Quality Register to ensure all the deliverables being created are fit for purpose.

All the above are part of the Workbook. This enables the Project Manager to maintain all the information in a central place.

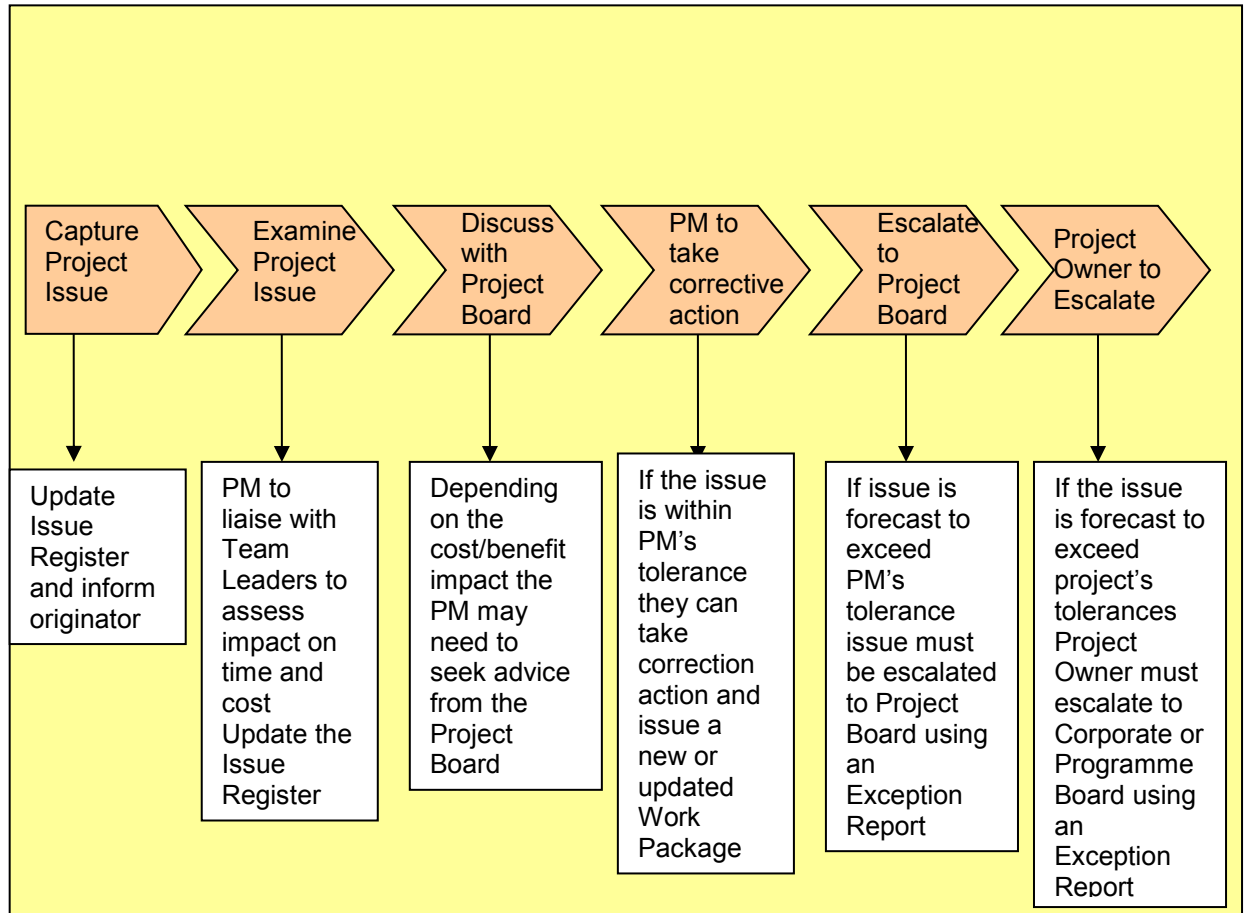
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Appendix B

Issue and Change Control Procedure

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Issue and Change Control Procedure



Regardless of how well the project has been planned, there are number of issues that may arise. These include:

- Request for Change (these are additional features which were not originally specified – these may come from users or suppliers)
- Off-specification (failed quality requirement)
- Problem or concern

It is important to assess whether an issue is a Request for Change or an Off-specification. To confirm the type of issue, it is essential to review the quality criteria of the deliverable specified in the Comprehensive Work Package. If it is a Request for Change, the client may need to pay for it. However, if it an Off-specification the supplier must pay to rectify the problem.

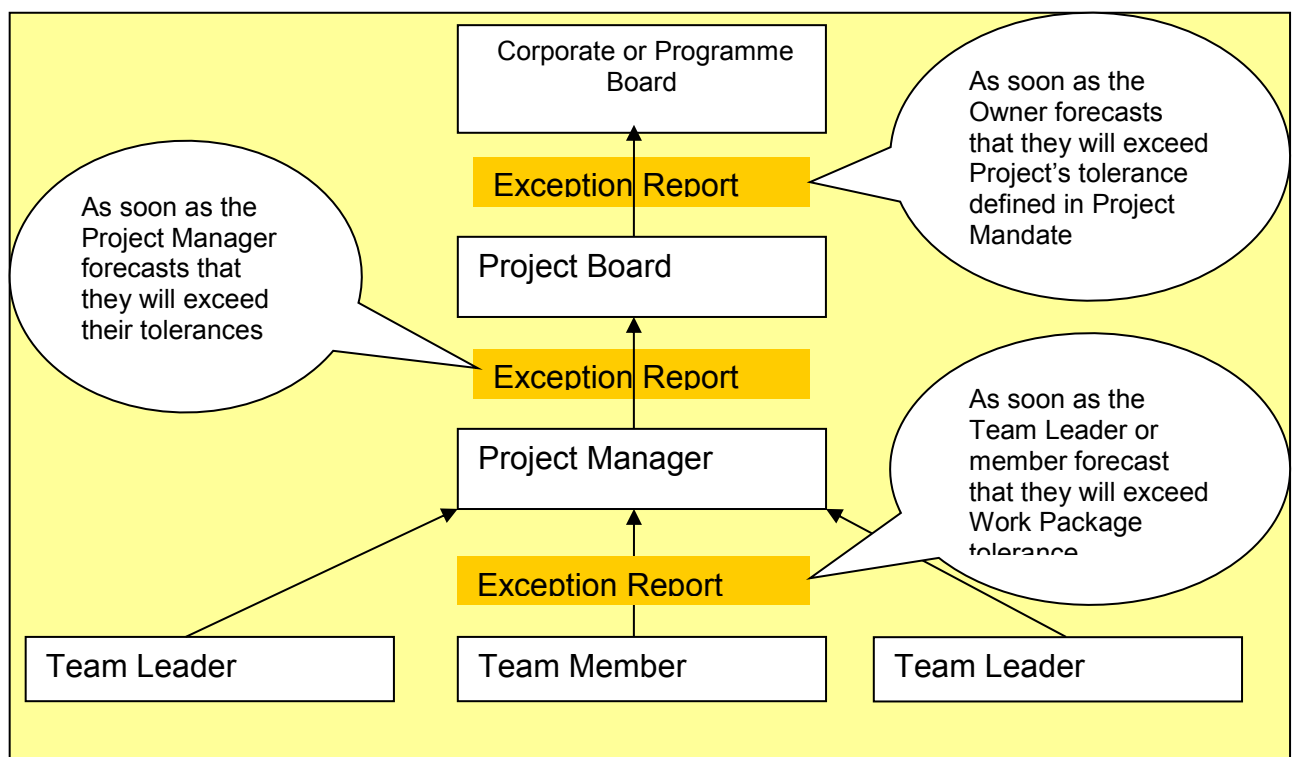
A request for change can emanate from within the Project Team, from an internal or external stakeholder, and even from the Corporate or Programme Board. It is vital that proposals for change are properly and formally considered. Project failure is often found to be caused by unmanaged changes to the requirements of a project leading to loss of control of costs, time or quality. These may come to the Project Team either verbally or as an e-mail. The originator must be sent a Change Request Form to ensure their needs are understood completely.

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When a Change Request Form is received, the Project Manager must assess the impact of the change proposed in terms of time, costs, risks, benefits, resources, deliverable quality and the interaction with other deliverables or work streams of the project. The Project Manager, in consultation with the originator of the request, should also consider the options for making the change. If possible, these should be weighed in a cost/benefit analysis so that a positive recommendation can be made to the appropriate decision making level.

It is important for the purposes of project control and audit that a record of the decision and the individual responsible for is retained.

Escalation Procedure



Everyone involved in Projects should regularly review their work. As soon as the Team Leader forecasts that they are going to exceed their tolerance, they should raise an Exception Report to the Project Manager. If the issue is within the Project Manager's tolerance, they will take corrective action. Alternatively, if the issue forecasts to exceed Stage tolerances, the Project Manager will raise an Exception Report to the Project Board.

If the issue is within the project's tolerance, Project Board will instruct the Project Manager. If the issue forecasts to exceed project's tolerances, Project Owner will raise an Exception Report to the Corporate or Programme Board.

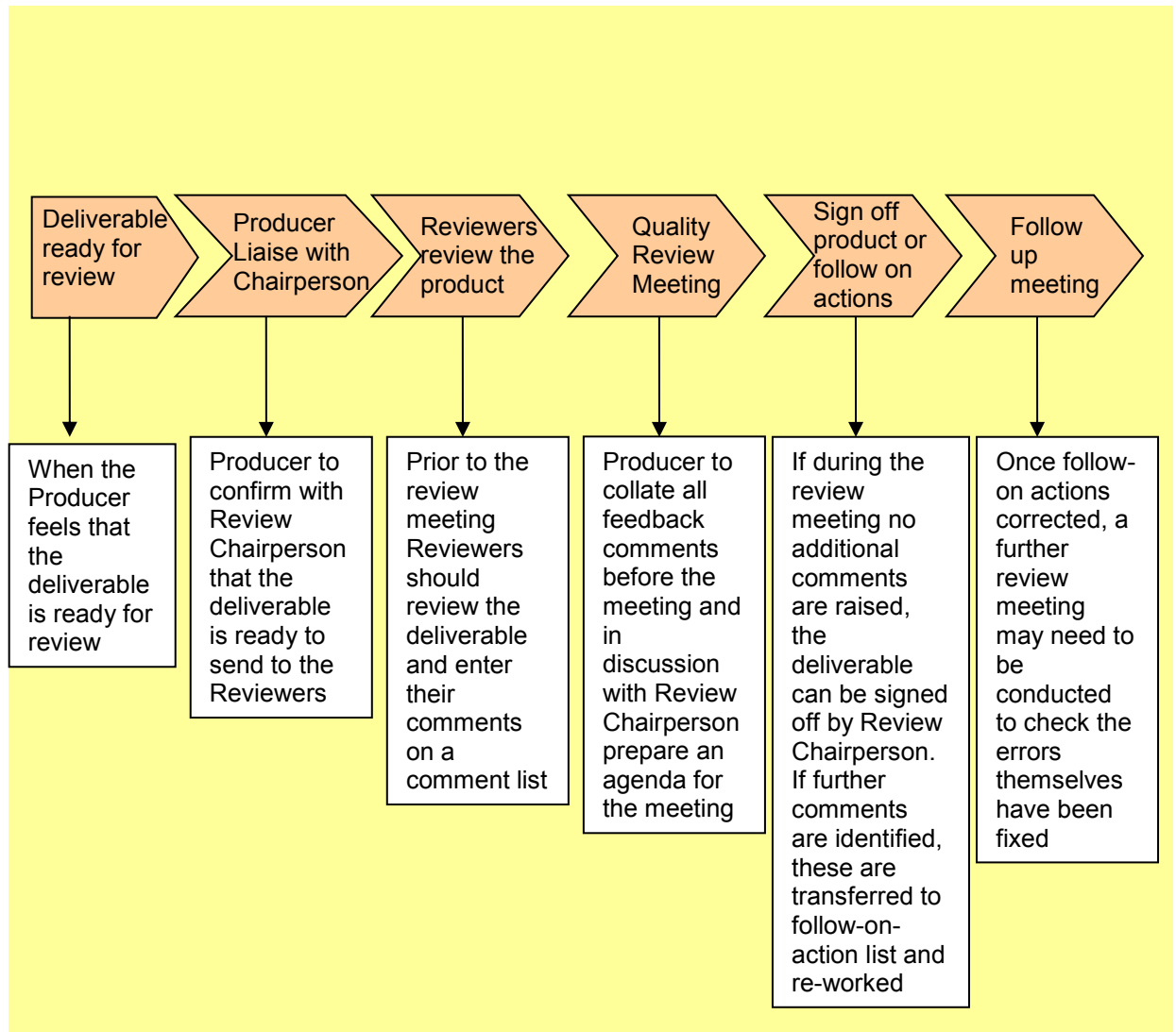
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Appendix C

Quality Review Procedure

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There are number of deliverables that are produced in the project whose quality requirements are subjective. These include document (e.g. strategies, user guides, architect plans), web sites and videos. In order to make sure these deliverables are fit for purpose, it is necessary to Quality Review them rather than a simple quality check.



For each deliverable to be Quality Reviewed, the following roles need to be identified:

- Review Chairperson – this person should be independent, have the required expertise in the subject matter and have the ability to chair meetings. Ideally this person could be someone who is not connected with the project. It is not necessary for the Project Owner or the Senior User to chair a Quality Review.
- Reviewers – these individuals are identified from the user committee, preferably those that were involved in the specifying the quality requirements. Skills of the reviewers must reflect those identified in the Work Package and consists of representatives of all those who will be impacted by the end deliverable.

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- Producer – this is the person who produced the deliverable or is responsible of its creation. It is not necessary for the individual and their line manager to be present at the Quality Review meeting
- Administrator – this will be the person who will take notes and record any follow on actions. Ideally this would be the Project Support. In small reviews, the Producer or the Review Chairperson can take notes

The identity of the Review Chairperson and Reviewers will be presented by the Project Manager to the Project Board in the respective Milestone Plan. By approving the plan, the Project Board are agreeing to these names.

The review process will take the following approach:

- Once the Producer has completed the deliverable to be reviewed, they will liaise with the Review Chairperson.
- It is expected the Review Chairperson will review the deliverable and highlight any areas of concerns to the producer so that it can be corrected.
- Once the initial corrections (if any) are corrected, the Review Chairperson will confirm that the deliverable is ready for review.
- Depending on the type and size of the review, either the Producer or the Administrator will distribute the deliverable to the Reviewers for review. The Reviewers must also be sent a Structured Comments List for their comments and feedback.
- The deliverable must be sent in a reasonable time to allow the Reviewers time to review the deliverable before the Quality Review meeting.
- Reviewers can ‘track-change’ the deliverable (e.g. a document) with their comments and return the hardcopy to the Producer
- Alternatively the Reviews may enter their comments onto the comments list and return to the Producer.
- The Producer will collate the comments and in discussion with the Review Chairperson prepare an agenda for the review meeting.
- In small reviews, it may not be necessary to organise a review meeting. However in medium to high risk deliverables, it is advisable to hold a quality review meeting. This allows the quality review team to discuss comments ‘face to face’ rather than sending our several iterations of the deliverable to the Reviewers.
- During the quality review meeting items raised by the Reviewers will be discussed and if all participants are in agreement the deliverable can be amended and signed off by the Review Chairperson.

Once the deliverable has been approved, it must be base-lined. Any further changes must go through Issue and Change Control approach.

- If there are any out-standing items from the review meeting, these must be transferred onto the follow-on-actions list.
- In agreement with the Review Chairperson, the Producer will amend the deliverable accordingly.
- A second review meeting may then be held to approve the deliverable. However, if the corrections are minor, the Reviewers may feel it appropriate for the Review Chairperson to sign-off the deliverable without their input.
- If at any time during the review process, the Review Chairperson forecasts that it will deviate outside agreed timescales, they must inform the Project Manager immediately using an Exception Report.

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Appendix D

Version Control and Document Storage Procedure

Document Management Arrangements

Storage of Hardcopy Documents
Storage of Electronic Documents
Retrieval and Security Arrangements
Storage of Deliverables
Approach to Version Control

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Appendix E

Job Descriptions of Project Roles

Project Role:	Project Owner	
Role Overview:		
<p>The Project Owner is ultimately responsible for the project, supported by the Senior User(s) and Senior Supplier(s). The Project Owner's role is to ensure that the project is focused throughout its life on achieving its objectives and providing a deliverable that will achieve the forecast benefits. The Project Owner has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of the business, user and supplier. Throughout the project, the Project Owner is responsible for the Business Case.</p> <p>The Project Board is not a democracy controlled by votes. The Project Owner is the ultimate decision maker and is supported in the decision making by the Senior User(s) and Senior Supplier(s).</p>		
Role Responsibilities		
<p>In addition to the Project Board's collective responsibilities, the Project Owner will:</p> <ul style="list-style-type: none"> • Chair the Project Board meetings • Design and appoint the project management team (in particular the Project Manager) • Oversee the development of the Business Case, ensuring that the project is aligned with corporate strategies (and presenting the Business Case to Corporate or Programme Board for approval where required) • Secure the funding for the project • Approve any additional supplier contracts (if the relationship between the user and supplier is a commercial one) • Hold the Senior User(s) to account for realising the benefits defined in the Business Case, and the specification of the quality of the deliverables • Hold the Senior Supplier(s) to account for delivering the quality of the deliverables • Transfer responsibility for post-project benefits reviews to Corporate or Programme Board • Monitor and control the progress of the project at a strategic level, in particular reviewing the Business Case regularly • Escalate issues/risks to Corporate or Programme Board if project tolerance is 		
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<p>forecast to be exceeded</p> <ul style="list-style-type: none"> • Ensure that risks associated with the Business Case are identified, assessed and controlled • Make decisions on escalated issues, with particular focus on continued business justification • Ensure overall business assurance of the project – that it remains on target to provide the deliverables that will achieve the expected business benefits. <p>ADDITIONAL NOTES</p> <p><i>Project Board meetings are expected to be on an 'exception basis' only; Regular Highlight Reports will be circulated.</i></p>
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Project Role:	Senior User
Role Overview:	
<p>The Senior User(s) is responsible for specifying the needs of those who will use the project's deliverables, for user liaison with the project management team, and for monitoring that the solution will meet those needs within the constraints of the Business Case in terms of quality, functionality and ease of use.</p> <p>The role represents the interests of all those who will use or operate the project's deliverables (including operations and maintenance), those who will be impacted by the deliverables. The Senior User role commits user resources and monitors deliverables against requirements. This role may require more than one person to cover all the user interests. For the sake of effectiveness, the role should not be split between too many people.</p> <p>The Senior User(s) specifies the benefits and is held to account by demonstrating to Corporate or Programme Board that the forecast benefits which were the basis of project approval have in fact been realised. This is likely to involve a commitment beyond the end of the life of the project.</p>	
Role Responsibilities	
<p>In addition to the Project Board's collective responsibilities, the Senior User will:</p> <ul style="list-style-type: none"> • Provide the customer's quality expectations and define acceptance criteria for the project • Ensure that the desired outcome of the project is specified • Ensure that the project produces deliverables that will deliver the desired outcomes, and meet user requirements • Ensure that the expected benefits (derived from the project's outcomes) are realised • Provide a statement of actual versus forecast benefits at the benefits reviews • Resolve user requirements and priority conflicts • Ensure that any user resources required for the project (e.g. to undertake user quality inspections and deliverable approval) are made available • Make decisions on escalated issues, with particular focus on safeguarding the expected benefits • Brief and advise user management on all matters concerning the project 	

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- Maintain business performance stability during transition from the project to business as usual
- Provide the user view on follow-on action recommendations
- Undertake Project Assurance from the user perspective (user assurance) and, where appropriate, delegate user Project Assurance activities

ADDITIONAL NOTES

**A nominated Senior Supplier for attendance at Project Board at all times. Deputy attendance is acceptable.*

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Project Role:	Senior Supplier
Role Overview:	
<p>The Senior Supplier represents the interests of those designing, developing, facilitating, procuring and implementing the project's deliverables. This role is accountable for the quality of deliverables produced by the supplier(s) and is responsible for the technical integrity of the project. If necessary, more than one person may be required to represent the suppliers. Depending on the particular customer/supplier environment, the customer may also wish to appoint an independent person or group to carry out assurance on the supplier's deliverables (for example, if the relationship between the customer and supplier is a commercial one).</p>	
Role Responsibilities	
<p>In addition to the Project Board's collective responsibilities, the Senior Supplier will:</p> <ul style="list-style-type: none"> • Assess and confirm the viability of the project approach • Ensure that proposals for designing and developing the deliverables are realistic • Advise on the selection of design, development and acceptance methods • Ensure that the supplier resources required for the project are made available • Make decisions on escalated issues, with particular focus on safeguarding the integrity of the complete solution • Resolve supplier requirements and priority conflicts • Brief non-technical management on supplier aspects of the project • Undertake Project Assurance from the supplier perspective (supplier assurance) and, where appropriate, delegate supplier Project Assurance activities 	
ADDITIONAL NOTES	
<p><i>*A nominated Senior Supplier for attendance at Project Board at all times. Deputy attendance is acceptable.</i></p>	

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Project Role:	Project Manager
Role Overview:	
<p>The Project Manager has the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraints laid down by them.</p> <p>The Project Manager's prime responsibility is to ensure that the project produces the required deliverables within the specified tolerances of time, cost, quality and scope.</p>	
Role Responsibilities	
<ul style="list-style-type: none"> • Prepare the following document and get approval from the Project Board:- <ul style="list-style-type: none"> ○ Project Initiation Document including its components ○ Workbook including its components ○ Milestone Plans • Prepare the following document:- <ul style="list-style-type: none"> ○ Comprehensive Work Packages • Prepare the following reports:- <ul style="list-style-type: none"> ○ Highlight Reports ○ Exception Reports ○ End Milestone Reports ○ End Project Report ○ Lessons Report • Maintain the following records:- <ul style="list-style-type: none"> ○ Issue Register ○ Risk Register ○ Quality Register ○ Lessons Log • Liaise with PMO to ensure that work is neither overlooked nor duplicated by related projects • Liaise with any external suppliers or account managers • Ensure the behavioural expectations of team members are established • Lead and motivate the Team Leaders and Team Members • Manage the information flows between the teams and Project Board. • Manage the production of the required deliverables, taking responsibility for overall progress and use of resources and initiating corrective action where necessary 	
ADDITIONAL NOTES	

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Project Role:	Project Support
Role Overview:	
The Project Support provides advice on project management tools, guidance & administrative services and is responsible for Configuration Management.	
Role Responsibilities	
<ul style="list-style-type: none"> • Set up and maintain project files • Establish document control procedures • Collect actuals data and forecasts • Update plans • Administer or assist the quality review process • Administer or assist Project Board meetings • Assist with the compilation of reports • Maintain the following records:- <ul style="list-style-type: none"> ○ Quality Register ○ Configuration Item Records ○ Any other registers/logs delegated by the Project Manager • Administer the configuration management procedure:- <ul style="list-style-type: none"> ○ Administer the receipt, identification, versions, storage, and issue of all project deliverables ○ Provide information on the status of all deliverables ○ Archive superseded copies of the documents ○ Ensure the security and preservation of the master copies of all documents ○ Maintain a record of all copies issued ○ Notify holders of any changes to their copies ○ Number, record, store and distribute Issue Reports ○ Conduct configuration audits 	
ADDITIONAL NOTES	

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Project Role:	Project Assurance
Role Overview:	
<p>Project Assurance covers the primary stakeholder interests – business, user and supplier.</p> <p>The Project Board's primary function in this role is to monitor all aspects of the project's performance and deliverables independently of the Project Manager.</p>	
Role Responsibilities	
<p>Verification that the project remains consistent with, and continues to meet, a business need and that no change to the external environment affects the validity of the project:</p> <ul style="list-style-type: none"> • Maintenance of thorough liaison throughout the project between the supplier and the customer • User needs and expectations are being met or managed • Risks are being controlled • Adherence to the Business Case • Constant reassessment of the value-for-money solution • Fit with the overall programme or company strategy • The right people are being involved • An acceptable solution is being developed • The project remains viable • The scope of the project is not 'creeping upwards' unnoticed • Focus on the business need is maintained • Internal and external communications are working • Applicable standards are being used • Any legislative constraints are being observed • The needs of specialist interests (for example, security) are being observed • Adherence to quality assurance standards. <p>ADDITIONAL NOTES <i>[Type any additional notes if needed.]</i></p>	

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Project Role:	Team Manager
Role Overview:	
<p>Team Manager is responsible for producing deliverables as outlined in the Comprehensive Work Package and managing a team of specialists to do it.</p> <ul style="list-style-type: none"> • Should report the status of the Comprehensive Work Package as often as agreed to the Project Manager using a Team Highlight Report • Reports to and takes direction from the Project Manager 	
Role Responsibilities	
<ul style="list-style-type: none"> • Receive authorisation from the Project Manager to create the deliverables (via Comprehensive Work Package) • Prepare plans for the team's work. • Manage the team • Monitor progress in terms of time, cost, quality and risk. • If the delivery of the work is on track provide Team Highlight Reports to the Project Manager at a frequency agreed in the Comprehensive Work Package • Ensure evaluation of any issues that arise in the team's work takes place • Advise the Project Manager of any deviations from the Team Plan in the form of an Exception Report, with recommendations for corrective action • Advise the Project Manager of any risks that may affect the delivery of the Comprehensive Work Package in the format agreed with the Project Manager. • Prepare any information required by Project Assurance <p>ADDITIONAL NOTES</p>	

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Appendix F

Health Check

Before the project moves into the delivery phase, it is essential that the following checks have been carried out:

No	Type of check	Tick if done
1	Have lessons from previous similar projects been identified, Lessons Log populated and, where appropriate, have they been applied?	
2	Does the Project Initiation Documentation correctly represent the project as defined in the Project Mandate or the Project Brief?	
3	Does it show a viable, achievable project that is in line with corporate strategy, or overall programme needs?	
4	Have the benefits been defined?	
5	Are all the benefits measurable?	
6	Have the key risks been identified?	
7	Has the Risk Register been populated with Risk Owner, risk assessment and mitigation?	
8	Has the Benefits Review Plan been populated with the benefits benefit owners and method of measuring?	
9	Have all the roles been considered?	
10	Is the project organisation structure complete, with names and titles?	
11	Is the project organisation structure backed up by agreed and signed job definitions?	
12	Are the relationships and lines of authority clear?	
13	Have all the key deliverables been defined?	
14	Are the Acceptance Criteria defined measurable?	
15	Have the milestones been identified and the reason for their selection noted and a Project Plan showing Milestones and key deliverables complete?	
16	Do the controls cover the needs of the Project Board, Project Manager and Team Leaders?	
17	Does it clearly show a control, reporting and direction regime which is implementable, and appropriate to the scale, business risk and business importance of the project?	
18	Does the project organisation structure say to whom the Project Board will report to?	
19	Do the controls satisfy any delegated assurance requirements?	
20	Has the Issue Register populated?	
21	Have the key stakeholders been identified, analysed and a Communications Plan populated?	
22	Has the Project Initiation Documentation approved?	

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