APPENDIX 8

General Hospitals Division

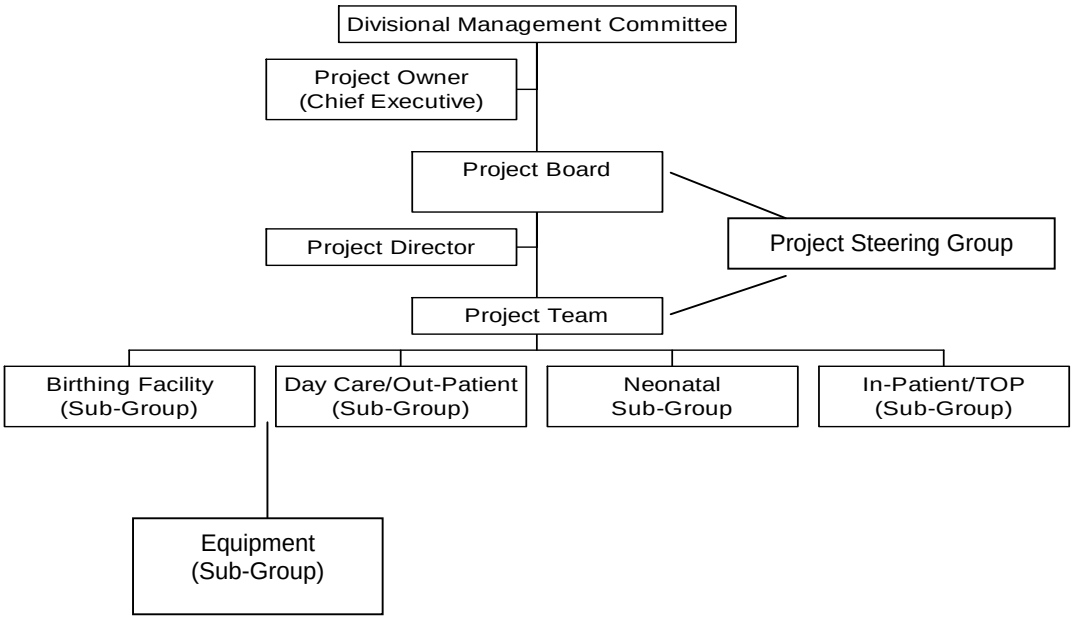
NEW MATERNITY UNIT
PROJECT MANAGEMENT

1. This paper sets out a revised project management structure to take forward the PFI / PPP Project for a new Maternity Unit on the Crosshouse Hospital site. The key objectives of the project are :

- To ensure the provision of appropriate facilities for the delivery of modern maternity services
- To minimise clinical risk and create a safe, secure environment for mothers and their babies
- To respond to changing trends in care provision and the increasing expectations of women and their families
- Focused investment to improve integration of services and service delivery
- To achieve better use of limited financial resources

The undernoted structure is based on the use of the Projects in a Controlled Environment (PRINCE) methodology and the appropriate allocation of funding and decision making authority to allow the establishment of the management structure to support the day to day activity of the project.

2. **MANAGEMENT ORGANISATION**



3. **ROLES AND RESPONSIBILITIES**

3.1 **Divisional Management Committee**

The Divisional Management Committee shall undertake the role of Investment Decision-Maker to monitor cost and progress of the project at regular meetings, normally on the basis of exception reporting.

3.2 **Project Owner (Chief Executive)**

The Divisional Chief Executive is accountable and responsible to the NHS Board, with the undernoted key responsibilities :

- Defines the project objectives within agreed timescales, cost and quality contraints to meet business objectives.
- To establish an appropriate structure and communication process
- Defines project ownership and management
- Authorises major changes to scope of the project
- Removes major obstacles

3.3 **Project Board**

KEY RESPONSIBILITIES :

- To represent the wider ownership interests of the project
- Responsible to ensure that all aspects of project management are in line with strategic plans and business
- Receive reports from Project Director
- Review progress and participate in decision making / recommendation of action as necessary to Project Owner
- Ensures communication extensively - internally and externally
- Ensure the Project Director maintains strategy for successful delivery of project

3.4 **Project Director**

KEY RESPONSIBILITIES :

- Managing the General Hospitals Division interests in the project including co-ordination of users' interest and the production of the documentation for the contractors
- Preparation and maintenance of a procurement process and timetable for the successful completion of the project
- Ensure the linkage of projects does not impact on the overall project objectives
- Report on project performance to the Project Board
- Provide effective leadership to Project Steering Group and Project Teams
- Act as the point of contact in dealings with advisers, contractors and other external organisations involved in the capital project and communicating decisions and directions on behalf of the General Hospitals Division

3.5 **Project Steering Group**

The core membership of the Project Steering Group will be :

Project Director	: Mr A Hood
Project Accountant	: Mr SH Sanderson
Estates Development Manager	: Mr PW Rimmer
Consultant Representative	: Dr C H Baird
Midwifery Representative	: Miss A Cunningham
Clinical Project Co-ordinator	: Mrs R Ralston
Partnership Representative	: Sister A Cooper
Legal Advisers	: MacRoberts
Financial Advisers	: Quayle Munro Ltd
Technical Advisers	: Currie & Brown

The group will co-opt other representatives, as and when appropriate.

The Project Steering Group will act as an executive group of the Project Team and be responsible for the management and co-ordination of the whole span of the project, reporting to both the Project Team and Project Board.

KEY RESPONSIBILITIES :

- Identify actions, decisions, and approvals required from the General Hospitals Division
- Lead and direct the work of the Project Team towards the successful delivery of the project objectives
- Monitor performance, control costs, timescales, quality and provide advice on when, and what action is needed as a result
- Ensure communication mechanisms exist internally and externally with outside organisations
- Report progress regularly through the Project Director to the Project Board
- Produce the project procurement process and timetable and ensure delivery against target dates
- Ensure that procedures are in place to handle any changes that are requested to the project or the timetable

3.6 **Project Team**

REMIT : To represent the end users of the service in the establishment in a systematic way; the Clinical Service Specification / Output Specifications to ensure the final design solution meets the service requirements.

This requires consultation with both clinical staff and those responsible for operating the various ancillary services.

KEY RESPONSIBILITIES :

- To generate ideas for the future delivery of services
- Identify key processes and requirements
- Define Clinical Service Specification / Output Specifications, which is endorsed and accepted by them
- Support implementation and success of project
- Define equipment for transfer, replacement or new

The membership will comprise representatives of each of the relevant service departments, in each case authorised to define their department's needs and to review and agree how those needs are to be met. It will also include representations from finance to consider the implications of the end users' requirements for the financial viability of the project, partnership representations, users and other interested parties.

3.7 **Sub-Groups**

The clinical sub-groups, membership and remit are defined as follows :

REMIT

To review systematically the provision of services currently provided to identify the patient pathway and determine where action may be needed to facilitate changes in clinical practice, advances in treatment and "family-centred" clinical design to meet the needs of future maternity services.

PRELIMINARY MEMBERSHIP LIST

Birthing Facilities (Delivery Suite, Theatres, HDU, Acute Admissions)
(Sr M Andres/Dr G Irvine)

- ❑ 2 / 3 Obstetricians
- ❑ 4 / 5 Midwives
- ❑ Anaesthetist
- ❑ Paediatrician
- ❑ Representative from AHP's
- ❑ Representative from Laboratories
- ❑ Control of Infection Nurse / Advisor
- ❑ Representative from Medical Physics
- ❑ Partnership Representative
- ❑ Lay Representative

Neonatal Unit (Sr A Hoyle / Dr S Kinmond)

- ❑ Paediatricians
- ❑ Midwives
- ❑ Representative from AHP's
- ❑ Radiographer
- ❑ Dietitian
- ❑ Control of Infection Nurse / Advisor
- ❑ Representative from Medical Physics
- ❑ Representative from Laboratories
- ❑ Lay Representative

In-patient Facilities (Antenatal, Postnatal, Early Pregnancy)
(Dr E Melrose / Sr S Rose)

- ❑ 2 / 3 Obstetricians
- ❑ 4 / 5 Midwives
- ❑ Control of Infection Nurse / Advisor
- ❑ Representative from AHP's
- ❑ Representative from Medical Records
- ❑ Representative from Hotel Services
- ❑ Partnership Representative
- ❑ Lay Representative

Day Case / Out-patient Facilities (Clinics, Antenatal Assessment, EPAS, Ultrasound, TOP)
(Dr S Prigg/Ms A Cunningham)

- ❑ 2 / 3 Obstetricians
- ❑ 4 / 5 Midwives
- ❑ Control of Infection Control Nurse / Advisor
- ❑ Representative from AHP's
- ❑ Representative from Ultrasound
- ❑ Representative from Medical Records
- ❑ Representative from Hotel Services
- ❑ Partnership Representative
- ❑ Lay Representative

NOTE : *The above Preliminary Membership List is indicative and co-chairs should finalise the core membership and co-opting arrangements.*