

Sandwell and West Birmingham Hospitals NHS Trust
Midland Metropolitan Hospital Project
Outline Business Case

Appendix 11d – Gateway Review 1 Action Plan

Subject	Gateway Review, Progress Against the Action Plan
Report to	Project Team
Report from	Andrea Bigmore
Date	29.07.10

1. Purpose of the Report

A Gate 1 review was completed for the Acute Hospital Development Project on 21st November 2008. The Trust agreed an action plan on 7th January 2009.

This report presents progress against the action plan at July 2010.

2. Background to the Gateway Review Process

The Office of Government Commerce (OGC) Gateway process examines programmes and projects at critical stages in their life-cycle to provide assurance that they can progress successfully to the next stage.

The Acute Hospital Development is categorised as a high risk project when assessed by the OGC risk potential assessment. Gateway Review is therefore mandatory.

Each review is carried out at a key decision point by a team of experienced people, independent of the project team. The approach is similar to peer review with advice provided directly to the project Senior Responsible Owner (SRO) at the end of the review. Findings are outlined in a report with areas of good practice and recommendations presented for the SRO to consider.

The Gateway Review process looks at the readiness of a project to progress to the next phase at five key stages (or Gates) in the life of the project:

- Gate 1 - Business justification

- Gate 2 - Procurement strategy
- Gate 3 - Investment decision
- Gate 4 - Readiness for service
- Gate 5 - Benefits evaluation

3. Findings of the Review

The findings of the review were favourable with the review team emphasising that they ‘feel that the project is in a good state to move forward’.

The overall status of the project was **Green** and the following areas of good practice have been highlighted:

- Strength of senior management commitment and working relationships at all levels across the key stakeholders
- Agreement and sharing of an integrated approach to an overall vision of care for the community
- Forward planning in a number of areas for the next phase of workstream activity

The team made four recommendations with the Trust advised to take action as required. The action plan in section 4 lists the recommendations and identifies action to be taken.

4. Action Plan

Ref	Recommendation	Action	Lead	Progress in July 2010
1	Reassess in detail the required skills, time, processes and resources for the next and subsequent phases of the project.	<p>Undertake a series of project planning workshops during January 2009 to identify deliverables for the next stage. This will include consideration of time, resource and skill requirements. The outputs will be tested with project advisors prior to agreement of the final project and resource plan.</p> <p>Update the Phase One Project Execution Plan with the outcome of the review process described above.</p>	<p>Andrea Bigmore</p> <p>Andrea Bigmore</p>	<p>These workshops did take place and have been followed by subsequent planning activities for the pre-procurement stage of the project.</p> <p>The advisors were not consulted as this was outside the scope of their tenders.</p> <p>The following outcomes have been achieved:</p> <ul style="list-style-type: none"> • Pre-procurement Stage PEP approved and adopted by the team • Budget to end of project approved and adopted • Detailed project plan to OBC approval approved by the Project Board and approval bodies (SHA & DH). The team is working close to plan with tight processes in place to ensure

				delivery.
2	Formalise a process to quality assure the level of clinical involvement required across the local health community.	<p>Present a paper outlining the sign off process for PPDDs and Operational Policies to the Clinical Board, Project Team and Project Board. Ensure that the approved process demonstrates a good audit trail documenting involvement at each stage.</p> <p>Discuss with Les Williams how we should initiate discussion regarding full LHE clinical involvement. Determine a process of involvement and an approach to evaluation that will be agreed across the programme.</p>	<p>Jayne Dunn</p> <p>Andrea Bigmore</p>	<p>The clinical sign off process was agreed in 2009.</p> <p>The Clinical Executive Team now maintains overview of the clinical design. This group informed, guided and approved the changes made through the value engineering process. Key deliverables will be signed off prior to OJEU.</p> <p>The Strategic Model of Care (SMOC) groups have enabled clinical engagement at LHE / Programme level. The Practice Based Commissioning Groups and Professional Executive Groups (PECs) have reviewed the proposals. Further detail of how clinical involvement has been maintained is presented in the OBC in the section on approach to service reconfiguration.</p>
3	The Project and Programme Teams should liaise to ensure that there is an integrated approach to benefits management and mapping.	<p>Present the Project Benefits Realisation Plan (BRP) to the Towards 2010 Strategy Group to initiate:</p> <ul style="list-style-type: none"> • Review of the project BRP • Development of an agreed joint approach to benefits management and mapping <p>Initiate joint benefits planning.</p>	<p>Les Williams</p> <p>Les Williams</p>	<p>The Benefits Realisation Plan was presented to the RCRH Strategy Group in early 2009. However, the mapping of programme to project benefits was delayed by the RCRH review. This work is now planned for Autumn 2010.</p> <p>The Project Benefits have been updated ensuring that the benefits are focused on acute care pending further work at RCRH Programme level.</p>
4	The Project Team should continue to learn the practical lessons from other similar projects across the UK and be prepared to share their experiences with others.	<p>Plan a programme of Project Team visits to other projects and schemes.</p> <p>Undertake a lessons learned exercise at the end of the following project stages:</p> <ul style="list-style-type: none"> • Outline Business Case • Pre-procurement 	<p>Andrea Bigmore & Richard Kinnersley</p> <p>Andrea Bigmore</p>	<p>A programme of many visits to hospitals and other public buildings has helped the team gather examples of good / bad design solutions. This has informed the development of ITPD Volume Two, Chapter 12.</p> <p>The team has met with colleagues at various project stages to learn practical lessons about:</p>

		<ul style="list-style-type: none"> • Each stage of the Procurement Phase <p>This will support team development as well as provide information for others</p>		<ul style="list-style-type: none"> • Design • The procurement process • Project management • Specialist areas including ICT, arts etc. • Open day post OJEU <p>Members of the team communicate regularly with colleagues in North Bristol, Liverpool, Papworth, Peterborough, Alder Hey and UHB. Relationships are good and the other schemes have been happy to share best practice and their ready developed documents with us.</p> <p>The team completed a lessons learned exercise at OBC approval. This helped with development of the PEP and will provide a source of information to other projects as indicated.</p>
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5. Recommendations

- That the report is noted