
Breast Care Services Review Project

Project Initiation Document

Project Name	Breast Care Service Review
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Version Number	1

Project Vision

To design and deliver a breast care service for Bristol, North Somerset and South Gloucestershire, that positions Bristol and Weston Breast Care services at the forefront of breast care practice, development and research and makes best use of available resource.

Author	Eva Nabeta
Sponsor	Helen England

Contents

1	Document Control	3
2	Acknowledgement	3
3	Background	4
4	Project Definition	6
5	Business case for Breast Care Service Review Project	11
6	Project Organisation	16
7	Communication	25
8	Project Plan	29
9	Project Quality control	31
10	Project Controls	33

Appendices

Appendix A Risk Log

Appendix B Configuration Management Plan

Appendix C Glossary of Terms

1 Document Control

1.1 Document Approval

Approved By	Organisation	Role	Date

1.2 Document History

Reviewer	Version No	Status	Summary of Review	Issue Date	New Version
Julie Fabian	0.1	Rev	Initial Review Content	2-Jun-09	0.2
Helen England Julie Fabian Eva Nabeta	0.2	Rev	Revised Content	3-Jun-09	0.2
Helen England	0.3	Rev	Revised Content	8-Jun-09	0.4

1.3 Distribution

This document will be distributed to all members of the Breast Care Services Review Project Board.

2 Acknowledgement

This Project Initiation Document has been written with stakeholders' contributions, including: Helen England, Daphne Havercroft, Simon Cawthorn, Kathryn Hall, Angela Raffle, Simon Sethi, Alan Lawler, Jonathan Sheffield, Tony Jones, and David Powell.

This document has been reviewed via external project assurance.

3 Background

3.1 Purpose

This document has been produced to the basic information needed to manage the second phase of the Breast Care Services Review project.

When approved by the Project Board, this Project Initiation Document will provide the baseline for the project. The ongoing viability of the project will be monitored against this document and it will be referred to whenever a major decision is taken. This document will be also used at the completion of the project to measure whether it was managed successfully and delivered acceptable results.

3.2 Project Context

The goal of the Breast Care Services Review project is to propose an evidence based revised breast care service model that will provide significant improvements which will benefit patients and deliver good clinical outcomes. The proposal will include a recommendation for the location of services. The review will cover Bristol, North Somerset and South Gloucestershire.

This project is being progressed as part of the Bristol Health Service Plan (BHSP). Therefore, the original business reasons for this project fall within the BHSP's objective to modernise health services and hospital facilities in Bristol, North Somerset and South Gloucestershire.

3.3 Historical Development

This project was launched at a stakeholder's event on 22 April 2008 after the former project to centralise breast care services was discontinued. Following the April launch, progress was slow due to limited project management support. In addition, concerns were expressed about the level of patient and public involvement, with representatives feeling their perspectives were not being adequately reflected. Consequently, the Steering Group for the project made a decision in December 2008 to request the development of an exception report to review how best to get the project on track and to undertake a comprehensive piece of stakeholder engagement with an independent facilitator. This approach was constructive and culminated in a successful Breast Care Services Review Stakeholders Meeting on 6 April 2009. An outline clinical model based on a hub and spoke principle was

presented, discussed and accepted by the wide range of stakeholders present.

The hub and spoke model can be described as a model that integrates screening, diagnostics, pathology and surgery at a single site. The hub will focus on providing a service for symptomatic patients and high risk cases with the spokes providing local access for breast care and dealing with lower risk assessment as well as diagnostics and screening. The clinical pathway will be integrated with clinical teams working together to provide seamless, high quality care.

The exception report commissioned by the Steering Group at its December meeting will be presented for discussion in June 2009 and will recommend changes to the structure of the project. These are reflected in this Project Initiation Document and include a recommendation that the Steering Group is known as the Project Board for phase two of this project.

3.4 Current Developments

At the outset of the project in April 2008, it was agreed that the project would be progressed in two key phases:

- Phase 1 – The appraisal and recommendation of a preferred clinical model that will provide the improved model of breast care services. Phase 1 has been progressed significantly between January and April 2009 as a result of the stakeholder engagement process. At the stakeholder workshop held on 6th April there was consensus on an outline clinical hub and spoke model. The full specification of this model will need to be developed in phase 2.
- Phase 2 - Based on the outcome of phase 1, this phase is the design of the service configuration including clinical pathways. The final outcome will be a complete proposal that has equity, access and quality for all. The proposal will include the full design and specification of the service model, recommendation for the location of the hub (and subsequently the spokes) based on agreed objective criteria with supporting evidence. Phase 2 forms the basis of this planning document.

The implementation of the new service model will be phase 3 which is outside the scope of this project.

3.5 Further Developments

On completion of phase 2, the service implementation considerations arising from this strategic review project will be led through existing commissioning and service provider processes.

4 Project Definition

4.1 Objectives

The major objective of the review is to identify the optimal configuration for breast services across the area covering Bristol, North Somerset and South Gloucestershire that will deliver measurable improved clinical outcomes. The outcome of the review will ensure that local men and women have the opportunity to access best practice breast services and will position breast services for the area at the forefront of breast care practice, development and research.

These project objectives are reinforced further by a need for change expressed by stakeholders. With increased frequency of breast cancer diagnosis, there is a greater need to ensure that patients have easy access to services and are getting the most effective diagnosis and treatment. The local NHS will also need to ensure that an increasing number of patients can be treated within the available resource.

The other objectives are:

	Objectives	Success Factors
1	More patients receiving care closer to home	Significant levels of activity taking place in the spokes which will have a key role in performing clinical assessment, mammographic screening, ultra sound and follow up clinics
2	Fit for purpose pathway for the referral process between spokes and hub	Processes that avoid delays and provide seamless care for patients
3	To establish an integrated service across the hub and spokes to deliver best practice	<ul style="list-style-type: none"> • High percentage of survival rates • Patients have choice in the type of treatment they receive. • The baseline will be determined by the outcome from work stream

	Objectives	Success Factors
		<p>two which will look at the activity analysis.</p> <ul style="list-style-type: none"> • Rapid access to diagnosis
4	Improved data collection on outcomes	Multi-disciplinary teams will have easy access to outcome based results
5	Effective research and development	Internal advice that allows implementation of innovations that give value for money and patients can benefit from involvement in sound, evidence-based clinical trials
6	Seamless communication aided by good IT systems	Multi-disciplinary teams can access patients records in real time across sites
7	The choice of location for the hub and spokes will provide fair distribution of services and other resources	Evaluation reveals that all the groups within the six equality strands have good access to services and experience of services
8	A location for the hub that is fit for purpose.	<ul style="list-style-type: none"> • High patient and public confidence in the proposed location and sound alignment to the agreed criteria for decision making • High degree of confidence among clinicians that the solution provides the opportunity to develop a high quality breast service.

Table 1

4.2 Scope / Exclusions

The geographical scope is covered in section 4.1. The scope in terms of what the actual review will cover is stated in the Terms of Reference dated July 2008¹. It states that this review covers breast cancer including benign and malignant pathways for both genders. It also includes all services from health education, screening, diagnosis, treatment and follow-up through to after care and review. Related services such as breast plastic surgery, breast radiology and pathology are also included.

¹ Breast Care Service Review : *Peter Stanley* July 2008

4.3 Exclusions

The project does not include implementation.

4.4 Constraints

- The project aims to be completed by the end of the calendar year 2009.
- It must be delivered in a timely way to retain stakeholder support.
- There is a finite NHS budget to deliver an affordable service model.

4.5 Project Management Method

The project will be delivered using the NHS project management framework based on PRINCE2 methodology. It will be led by the Project Board, supported by the Project Director and Project Manager. Formal governance processes throughout the progression of the project work phases will be used to review progress and exercise control. A communications plan will be agreed and implemented to disseminate information to relevant stakeholders. The Project Board will meet and agree to review and sign off key deliverables and approve progression to the next stage of the project.

The running of the project will be in three stages, namely Initiation, Controlling the Project and Closing the Project. The delivery work will be undertaken within the controlling stage and is divided into four delivery work streams. The delivery work streams will have pre-arranged review points with formal reviews undertaken. Figure 1 illustrates this and also provides the project management deliverables.

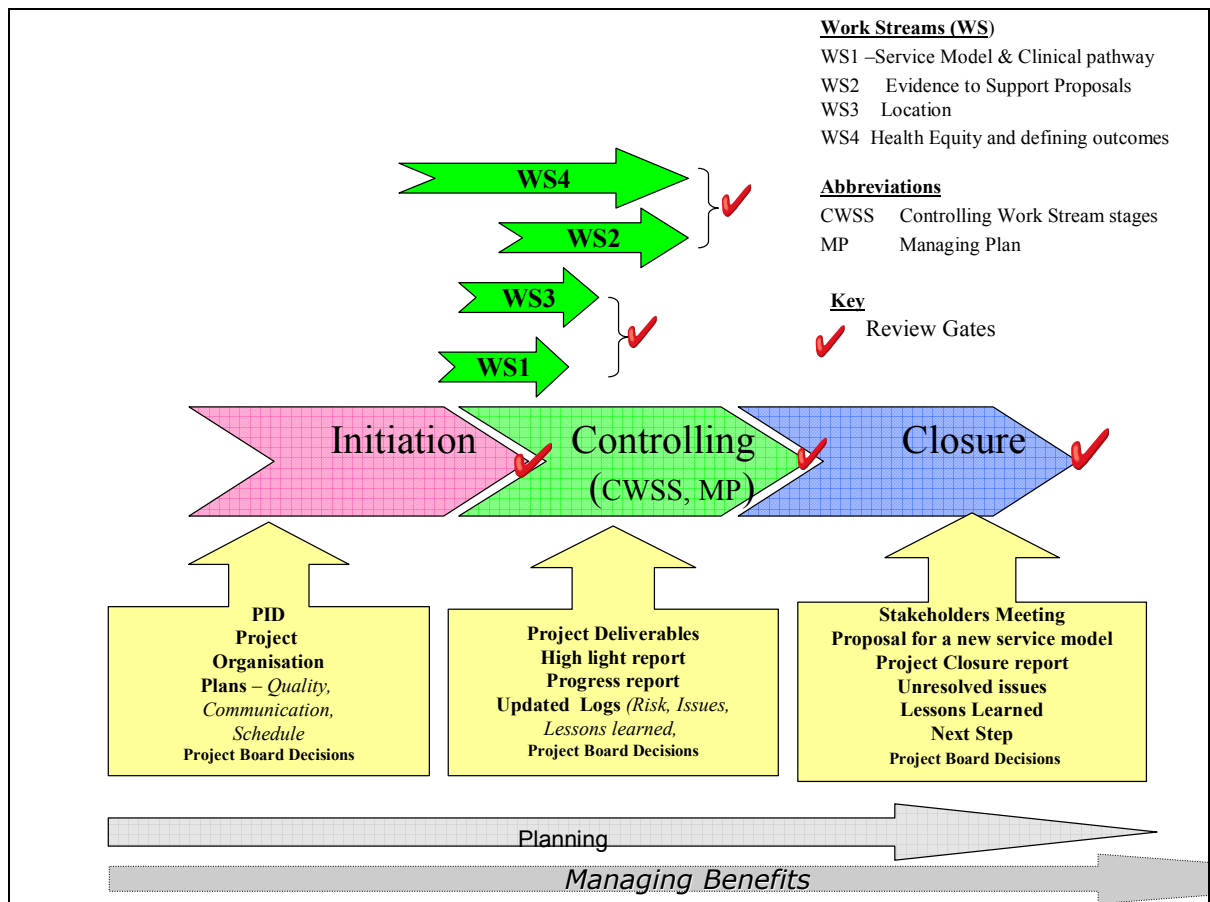


Figure 1

The focus is on the delivery of realistic and practical plans that are achievable and to which all stakeholders have bought into. In addition to using a project methodology, the following will be observed:

- An emphasis on keeping things simple
- Regular and real time reporting and feedback to stakeholders

4.6 Major Deliverables

The project management deliverables are in the illustration in figure 1. However this section deals with the project deliverables. They are listed in the table below:

Title/Description	Stage	Delivery date
Outline service model design including clinical pathways	Stage 2 end of work stream 1	June 2009

Title/Description	Stage	Delivery date
Recommendation regarding the location of the hub	Stage 2 end of work stream 3	July 2009
Outline business case – evidence to support proposals	Stage 2	End of July 2009
An equity report providing evidence that consideration of fair distribution of services and other resources is incorporated in the proposal	Stage 2 end of work stream 4	End of July 2009
Recommendation on the location of the spokes with evidence to support proposals	Stage 2 end of work stream 3	September 2009
Discussion with Overview and Scrutiny Committees on possible requirement for public consultation	Stage 2	September 2009
Possible public consultation	Stage 3	Oct-Dec 2009
Detailed service specification	Stage 3	January 2010
Final proposal and a full business case	End of stage 3	January 2010

Table 2

4.7 Interfaces

There are a number of other local plans, including the local Trusts' and NHS estate strategies and PCT strategic commissioning plans that may directly or indirectly require an interface. Examples include:

- The implementation of digital mammography will need to be considered, especially in relation to the communication between the hub and spokes.
- Local PCT plans for community developments such as South Bristol Community Hospital, Yate Health Community Centre and the re-development of Cossham Hospital.

The project will work closely with commissioning PCTs who will want to ensure that the proposals fully involve stakeholders and secure a strong focus on the primary/secondary care interface to ensure that the linkage between the hub and spokes along the clinical pathway is effective.

5 Business case for Breast Care Service Review Project

5.1 Business Reasons

The Clinical Perspective

There are a number of drivers that support the clinical case for change:

- There is an increase in the prevalence of breast cancer and therefore there is a need for optimum use of resources.
- There is a requirement that patients get the most effective treatment, ensuring that some are not over-treated and others not under-treated.
- There is a requirement for better diagnosis (scanners and pathology) and better treatment (surgery, chemotherapy and radiotherapy) which can provide improved patient outcomes.
- A need for multi-professional collaboration and a desire to share learning.

Having considered these requirements, the view of local breast clinicians is that the best service would be provided in a single, co-located, integrated centre of excellence that enables exploitation of the potential.

The Patients' Perspective

The patient experience case for change is also compelling:

- Women (and men) are more aware of breast cancer and are concerned. They therefore require quick and efficient services.
- Primary care is referring more patients over time and there is a need for a service that will handle the increase in demand efficiently and effectively.
- Survival from breast cancer is only slowly improving and could be better with improved research.
- Patients expect not just better outcomes but improved services.
- Patients are increasingly vocal about their needs (self-driven and NHS encouraged) and they are asking for improved services.
- Clinicians, PCTs and Acute Trusts are committed to listening to patients and the public and responding positively.

PCT and Trust Perspectives

Improved clinical outcomes and patient experience will ensure that the service provider 'gets it right first time'. These improvements will offer a more efficient service that optimises the resources available. The following are indicators of the consequential business case for change:

- Experiencing continuous pressures on resources and making sure all resources are optimally used.

- Experiencing continuous ambition for service improvement and patient outcomes as part of implementing the strategic goals.
- Need to respond to increasing challenge for better services from both the national policy perspective and the public.
- Need to balance cost reduction, increased quality and productivity.
- Balance centralised versus local delivery.
- Commitment to increase patient/community satisfaction.

5.2 Strategic fit

The review is about an improvement of services and it is aligned to Lord Darzi's² five principles which should underpin changes in health services:

- Services based on individual needs and choices
- Localising where possible, centralising where necessary
- Truly integrated care and partnership working, maximising the contribution of the entire workforce
- Prevention is better than cure
- A focus on health inequalities and diversity

The review project is also aligned to several priority areas in the Strategic Framework for Improving Health in the South West 2008/9 – 2010/11:

- Improving the clinical quality and safety to ensure that all care is of the highest possible clinical authority and
- Improving the quality of the user experience to ensure that over and above are receiving high quality, safe care at the right time and in the right place and that the broader experience of care ensures dignity, respect and responsiveness for everyone.

5.3 Options Considered

The stakeholder engagement process that was undertaken between January and April 2009 revealed that there was one single option for a preferred service model that has the support of all key stakeholders. The preference for co-located services in the hub with integration to the spokes for local care is predicated on the following rationale:

- Co-located services provide opportunities for faster assessment with quicker results
- Results can be obtained same day where possible

² "A Framework for Action" July 2007

- The opportunity for professionals to work as an integrated clinical team will drive up performance and outcomes
- The service model supports the concept of delivery of care in the right place at the right time by the right professionals

5.4 Benefits Expected

At a Project Initiation Planning meeting held on 14th May 2009 a number of benefits were identified. The quantification of these will be obtained following an evaluation or through audit procedures. The expected benefits will be:

Service Benefits

- Public and patient involvement in the review resulting in a model informed by this involvement.
- Decrease in waiting times.
- A service rating showing improved equity, access and quality for all embedded in its values/training/ethos and research right through the workforce.
- An increase in the number of clinicians believing that they have access to reliable data that can support service improvement.
- Data for research accessible by the majority of interested parties, including South West Cancer Intelligence Service.

Benefits for Patients

- An increase in the number of patients experiencing faster and more efficient diagnosis and treatment.
- The clinical patient record, including diagnostic images, is available to allow discussion with the clinical team members enabling patients to be fully informed of the options available to them and able to influence the decisions for their treatment.
- Convenience of specialist care available locally through remote diagnosis rather than having to travel to specialist centres which may be many miles away.

Benefits for Clinicians

- Working in a larger team allows for immediate conferring and discussion, enabling diagnosis to be made faster and more efficiently, reducing frustration and improving the experience for specialists in terms of job satisfaction and career development. This will naturally invoke a better experience for patients.
- Having all images at the hub where the diagnosis is made is essential for the above.

- Clinical teams having fast and secure access to patient records and diagnostic tests and images.
- Majority of images sent for remote diagnosis provide high quality images that do not need to be repeated.

Benefits for the Local NHS

- Improve quality and reduce costs as a result - right test at right time in right place.
- Local spoke service for majority will be cheaper as a result of negotiating a locally reduced tariff.
- The ability to deliver a measurably improved service that is resource efficient.
- Flexibility to cater for current and future care.

5.5 Risks

The potential risks to the project were identified at a phase 2 Project Initiation Planning meeting held on 14th May 2009. The risk register set out in Appendix B has been developed from that early analysis and identifies the current risks to the project. Table 3 gives a summary of the factors that are most likely to have a high impact on the success of the project:

	Risk	Score	Response
1	If the review stops being clinically led (example - financial, political reasons) the project viability will be threatened	<i>High Impact, Low Probability</i>	Monitor Ensure that clinical leadership is at the heart of this review and ensure the Project Board, Project Team and work stream groups value the role of clinical leadership in driving the review to successful conclusion. Ensure that there is constructive resolution of any differences of views identified during the process.
2	Ignoring the importance of involving patient representatives at all levels may cause patient stakeholder support and commitment to fall away. This may cause the project to delay or to be terminated.	<i>High Impact Low Probability</i>	Prevention: Creation of a comprehensive stakeholder communication plan approved by the stakeholder groups. Ensure constructive resolution of any differences of views identified during the communication process.
3	Designing a clinical model without assistance of the expert advice from a service design specialist and some input from a wider group of stakeholders will delay the decision of other dependent products, such as the location of the hub.	<i>Medium impact Medium Probability</i>	Mitigation: The clinical model work stream group will allow expert facilitation to ensure the service design is robust and can be used to inform the objective criteria for the location decision.
4	The decision-making process for determining the location of the hub is too protracted and people lose momentum and interest in the project.	<i>High Impact Medium probability</i>	Monitor Frequently: Ensure all of the elements and dependencies required to take the decision on the location are on track. To be monitored at every Project Board.

Table 3

5.6 Summary costs

The project costs will be met from the existing BHSP budget. The source of costs are listed in Table 4.

Source of cost
Project management expenses
Expenses for lay representatives
Expenses from external experts who will review the project.
External facilitation and project assurance

Table 4

5.7 Business Case for the new service

At its current stage, assigning monetary values to benefits is still ongoing and will be reported in the future. The final proposal will include a business case for the new service and that will provide evidence of affordability.

6 Project Organisation

This section of the document has two objectives:

- To outline the roles and responsibilities of the Breast Care Services Review Project Team from May 2009 until project completion.
- To confirm Project Governance for the Breast Care Services Review.

6.1 Organisation Chart

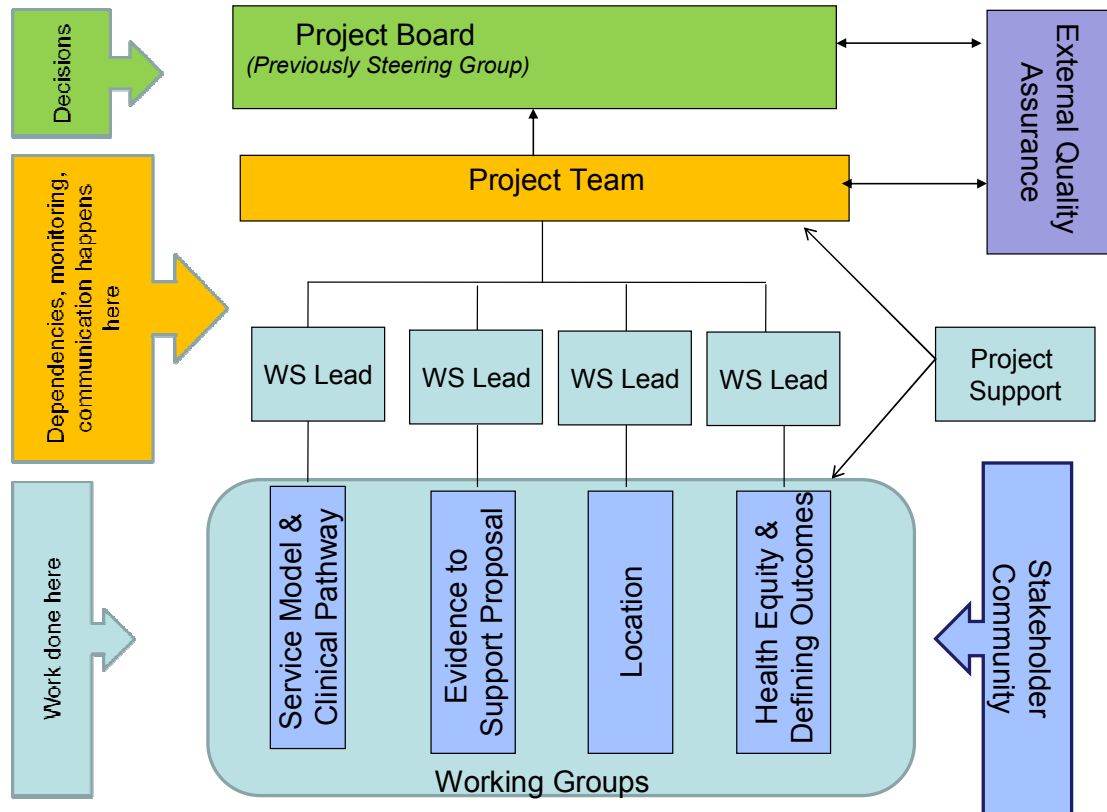


Figure 2

6.2 Role Allocation

Project Governance will conform to the guidelines provided by the project governance standards within the NHS. The Project Director is accountable for the overall success of the project and for delivering project-derived benefits. The Project Director has overall control of the project, delegating authority to the Project Team and the Project Manager together with other key individuals and groups where necessary.

6.3 Roles And Responsibilities

Project Director: Helen England Co-Director Commissioning
The key roles and responsibilities of the Project Director are:

- Overall direction and guidance for the project

- Monitor and control progress
- Review of each completed stage
- Commitment of project resources
- Ensuring that, overall, the project is properly controlled and generally meets the agreed standards for proper governance within the NHS
- Approve requests for additional resource in the event of a significant exception to plan
- Provide the interface to the BHSP Programme Board and other executive level bodies and individuals
- Provides ad-hoc advice to the Project Manager.

Project Board:

The Project Board comprises of:

- The Chief Executive of the host organisation for the Bristol Health Services Plan (NHS Bristol)
- The lead strategic director for the Bristol Health Services Plan, David Tappin, to ensure strategic alignment to the BHSP
- The Projector Director
- Key clinical stakeholders
- Patient and public stakeholders
- Commissioning representatives
- Representatives of Acute Trusts in Bristol, North Somerset and South Gloucestershire

The Project Board will meet at set dates for project review and at any other exceptional times as determined by the Project Director, usually depending on the criticality of project progress. The Chief Executive of NHS Bristol will chair meetings. All Project Board meetings will be minuted. The minutes will record all the key decisions reached in meetings and any agreed action points. Minutes will be distributed to all interested parties within a week following each meeting.

Roles and responsibilities of the Project Board:

- Authorise each phase of the work up until the end of the review.
- Approve progress of the project against its strategic objectives.
- Monitor progress of the project against the specified benefits.
- Approve communications prior to dissemination.
- Execute internal project assurance and receive feedback via external project assurance, agreeing corrective action where necessary.
- Approve project deliverables and ensure they are of an acceptable standard.

- Receive, read and understand progress on the project from the Project Manager, including issues, requirements and risks arising. Take appropriate action on these.
- Assess project risks as they arise and allocate responsibility for implementing mitigation or contingency arrangements.
- Ensure there is organisational level commitment to observing and adhering to agreements and decisions reached through the formal governance processes for the project.

Core membership of the Project Board is as follows:

Project Board Membership

Name	Role on Project Board	Job Title	Organisation
Deborah Evans	Chair	Chief Executive	NHS Bristol
Helen England	Project Director	Co-Director of Commissioning	NHS Bristol
David Tappin	Lead Director Bristol Health Services Plan	Director of Strategic Development	NHS Bristol
Eva Nabeta	Project Manager (In attendance at the Board)	Project Manager	Bristol Health Services Plan
Dr Richard Darling	Clinician	Professional Executive Committee Chair	NHS North Somerset
Nick Gallegos	Clinician and Acute Trust Representative	Medical Director and Consultant Breast Surgeon	Weston Area Health NHS Trust
Simon Cawthorn	Clinician	Consultant Breast Surgeon	North Bristol NHS Trust
Zenon Rayter	Clinician	Breast Surgeon	University Hospitals Bristol NHS Foundation Trust
Claire Garnell/ Jane Barker	Clinician	Breast Care Nurse	Weston Area Health NHS Trust/ North Bristol NHS Trust
Dr Monica Lamont	Clinician	Director	Avon Breast Screening Unit

**Bristol Health Services Plan
Breast Care Services Review**

Name	Role on Project Board	Job Title	Organisation
Dr Nick Rooney	Clinician	Clinical Director	North Bristol NHS Trust
Jeremy Braybrooke	Network Representative Group	Medical Oncologist	Avon Somerset and Wiltshire Cancer Network
Dr Heather Davies	PEC Representative	Academic Nurse	NHS Bristol
Angela Raffle	Public Health Representative	Consultant in Public Health	NHS Bristol
Daphne Havercroft	Patient Representative		Breast Cancer Unit Support Trust (BUST)
Ruth Randall	Patient Representative		Bosom Buddies
Tony Jones	Patient and Public Involvement Advisor	Patient and Public Involvement Manager	NHS Bristol
Kate Oliver	Lay Representative		The Care Forum
Maureen Livesey	Lay Representative		Local Involvement Network (LINKs)
Hester McLaine	PCT Commissioner Representative ³	Commissioning Lead for Cancer	NHS Bath and North East Somerset
Ann Jarvis (virtual member – receives papers and minutes and links project to NHS South Gloucestershire decision-making)	PCT Commissioner Representative	Director of Service Development	NHS South Gloucestershire
Robert Woolley (deputy Clare Thompson)	Acute Trust Representative	Director of Corporate Development	University Hospitals Bristol NHS Foundation Trust

³ The scope of this review is breast services across wider Bristol and Weston. Services that are provided in Bath are outside the scope of this review and thus the role of the commissioning representative from Bath and North East Somerset PCT is to ensure that the impact of the proposals of the review for people living in that area who may choose to access services in Bristol or Weston are understood.

Name	Role on Project Board	Job Title	Organisation
David Jarrett	Acute Trust Representative	General Manager Surgery	North Bristol NHS Trust

Table 5

Project Manager: Eva Nabeta – BHSP Team

The Project Manager manages the project on a day-to-day basis and within the constraints laid down by the Project Director. The Project Manager is accountable to the Project Board for the efficient use of assigned resources and performance of the project. She is primarily responsible for ensuring that the project produces the right outcomes, to the required quality, within the specified constraints of time and cost. The Project Manager is responsible for:

- Producing any required project documents, such as the Project Initiation Document, highlight reports, end stage reviews, exception reports.
- Formulating and monitoring action plans which encompass all aspects of the project with input as appropriate from other members of the Project Team.
- Ensuring all required activity is fully defined and allocated to appropriate individuals or teams.
- Monitoring the project and resolving day-to-day conflicts concerning time, cost or quality.
- Managing risks, including development of appropriate contingency plans.
- Liaising with work stream leads to ensure that work is neither overlooked nor duplicated.
- Ensuring adequate communications is in place.
- Reporting to the Project Board on progress against the plan, on project risks and on issues arising.

Project Team:

The primary function of the Project Team is to undertake the operational activity required in order to achieve the success criteria of the project. The Project Team meets on a regular basis, as determined by the Project Manager. Individual meetings may be held according to circumstance and project management requirements. For each stage of the project all those connected to the project (including other PCT members brought in for

specialised tasks) will work closely with all Project Team members on progressing the project's work. They will be invited to Project Team meetings as relevant.

Roles and Responsibilities of the Project Team:

- Allocate work to work stream leads and groups.
- Act as the communication hub between all of the work streams.
- Agree action plan for all new risks.
- Communicate issues and risks from work streams.
- Act as escalation point as required for each work stream.
- Carry out agreed activities to the acceptance criteria and at the assigned times.
- Provide technical and specialist advice to the work stream leads related to their own work stream.
- Ensure continuity throughout the project and with fellow work stream leads.
- Introduce new recommendations where necessary and develop a high level plan.

Core membership of the Project Team is as follows:

Name	Role on the Project Team	Title	Organisation
Simon Cawthorn	Clinician & Work Stream 1 Lead	Consultant Breast Surgeon	North Bristol NHS Trust
Helen England	Project Director & Work Stream 3 Lead	Co Director Commissioning	NHS Bristol
Daphne Havercroft	Patient Representative	Representative for Breast Cancer Unit Support Trust	Breast Cancer Unit Support Trust (BUST)
Alison Wint	GP	Associate Medical Director	Avon, Somerset and Wiltshire Cancer Network

Name	Role on the Project Team	Title	Organisation
Jo Williams	Work Stream 4 Lead	Specialist Trainee in Public Health	NHS Bristol
Julie Fabian	External Assurance	Consultant	Basis
Eva Nabeta	Project Manager & Work stream 2 Lead	Project Manager	NHS Bristol
Emma Phillips	Project Support	Programme Support Officer	NHS Bristol

Table 6

Work Stream Lead:

The Work Stream Lead will have specialised business knowledge to assist the Project Board and lead a work stream group. They will be a member of the Project Team and in some instances may be on the Project Board. The Work Stream Lead acts as a central conduit for information flow between the work stream, the Project Team and the Project Board. The Work Stream Lead will work collaboratively with the Project Manager in planning and conducting the work stream tasks.

Role and responsibilities of the Work Stream Lead:

- Delivering the objectives and outputs of the work stream to the agreed timeline.
- Leading the work stream members, providing leadership, direction and co-ordination as appropriate.
- Ensuring that patient representatives are involved.
- Maintaining the team effort to focus on the work stream and objectives.
- Documenting needs as they are identified.
- Integrating disparate points of view.

The work stream teams are groups of individuals (or specialists) who actually create the product or deliverables. They will have the relevant skills (and availability) for the project and will be responsible for carrying out the work detailed in the project plan. In addition, each work stream will have at least

one representative of the key users of the final product, including patient representatives and clinicians (primary and secondary). The representatives must be kept in the communications loop even if when they do not attend all meetings.

In cases where the team consists of a single individual, or individuals working consecutively on different stages of a project, there must be a mechanism to ensure that the clinical and patient representatives assigned to work streams are involved and kept up to date.

Roles and responsibilities of the work streams:

- Helping the Project Team, via a Work Stream Lead, to deliver the objectives of the project.
- Using members' technical expertise to carry out the assigned tasks.
- Through the Work Stream Lead, alert the Project Team to any risks that appear, especially if they might jeopardise successful delivery or completion of the project's objectives.
- Providing information for project documentation (reports) as needed.
- The team also needs to:
 - Understand the overall aim of the project and how the goals of the work stream are linked to them.
 - Understand and follow the project management standards used within NHS.
- Maintain the project documentation (reports) in line with the quality plan, if required.

Core membership of the work streams is as follows:

Roles Required in a Work stream team
A lead
Subject matter expert
Clinician (Secondary and Primary)
Patient representative
PCT commissioner

Table 7

Additional workstream members to be co-opted as required.

Project Assurance Manager:

The Project Assurance Manager, on behalf of Project Board members, will monitor all aspects of the project's performance. In addition the Project Assurance Manager will:

- Ensure adherence to the business case (on behalf of the Executive).

- Monitor the compliance with user needs and expectations (on behalf of stakeholders).
- Review deliverables via quality reviews.
- Ensure that the correct communication channels are maintained with stakeholders.
- Ensure that project teams are aware of, and are working within, the project requirements and environmental constraints.

Roles and responsibilities of the Project Assurance Manager:

- Assist the Project Manager in the production and maintenance of project products.
- Develop and maintain the filing, recording and reporting systems.
- Develop and implement appropriate configuration management procedures.
- Co-ordinate the production of all reports and produce project summary reports.
- Undertake any other administrative tasks as specified by the Project Manager.
- Help the Project Manager to produce plans for each next stage of the project.
- Support the Project Team and work stream group members in completing the tasks allocated to them.
- Help the Project Manager to obtain timely sign off at the end of each stage of the project.

7 Communication

Regular project meetings (teleconference, google groups and traditional meetings) will be held throughout the project. The frequency and interval of these meetings is subject to change as the project advances.

Initially, fortnightly meetings for the Project Team and monthly meetings for the Project Board will be held. Minutes from team meetings will be distributed to all team members by email. Checkpoint progress reports will be issued from each Project Team member during the meeting. A summary report of the progress will be issued to the Project Board monthly. Regular newsletters for all stakeholders will be issued.

Table 8 below does not specify telephone conferencing as a method of communication, but this is implied in the word 'meeting'.

7.1 Project and External Communication

Communications required by	Documents Produced	Frequency	Produced by	Circulated by	Method
Project Board	Project documents (e.g. PID, Project Organisation)	End of Stage 1	Project Manager	Project Manager	Email/Meeting agenda
	Updated Project Plan	At end of stage	Project Manager	Project Manager	Email/Meeting Agenda
	Updated Risk Log	At end of stage	Project Manager	Project Manager	Email/Meeting
	End Stage Report	At end of stage	Project Manager	Project Manager	Email/meeting Agenda
	Project Board Meeting Minutes	After Project Board meeting	Programme Support	Programme Support	Email
	Highlight Report – including any new risks during the period	Monthly	Project Manager	Project Manager	Email
Project Director	All documents listed for Project Board, plus:				
	Quality Assurance status	As required	Quality Assurance Manager	External Assurance Manager	Email/Meeting agenda
Project Team	Work stream plans	During stages	Project Quality Assurance Manager	Quality Review Team	Email/Meeting Agenda
	Work stream check point report	During stages	Work stream teams	Work stream lead	Email
	Identified risks and issues	During stages	Work stream teams	Work stream lead	Email/Meeting Agenda
	Project Team meeting minutes	During stages	Programme Support	Programme Support	Email
	Notification of any external risks that may impact on the project	During stages	Project Board	Project Director	Email/Meeting agenda
	Work stream issues	During stages	Work stream team	Work stream lead	Email/Meeting agenda
Project Manager	All documents listed, plus:				
	Quality Assurance Status	As required	Quality Assurance Manager	Quality Assurance Manager	Email/Meeting agenda
Work Stream Team	Checkpoint reports (from other teams)	During stages and at times agreed in stage plan	Work stream leads	Work streams teams	
	Work stream issues	During stages	Work stream leads	Project Team Lead	
	Work stream meeting minutes	During stages	Programme Support; Project manager	Programme Support	Email
	Work stream check point report	During stages	Work stream teams	Work stream lead	
	Meeting minutes	During stages	Programme Support	Programme Support	
BHSP, OSC, other Directors	Project Summary	Before meetings of the Directors' Group	Project Director & Project Manager	Project Manager	
Rest of NHS and Public	Newsletter	As required	Project Director, Project manager and Communications Team	Project Support Officer	Website

Table 8

7.2 Stakeholders – (Wider community)

Interested Party	Interface	Communication
Clinicians	Representation on Project Board	Progress reports Minutes of meetings
General Practitioners	Representation on Project Board	Progress reports Minutes of meetings GP News
Patient representation from interest groups: <ul style="list-style-type: none"> • YoungWomen4YoungWomen Support Group • Bosom Buddies • BUST (Breast cancer Unit Support Trust) • A service user from the Avon, Somerset & Wiltshire Cancer Services Network, Breast • Site Specific Group • Three unaffiliated patients • The Pink Fellowship Breast Cancer Support Group 	Representation on Project Board	Progress Report Newsletter Minutes of meetings
Local Involvement Networks	Representation on the Project Board	Newsletter Minutes of meetings
NHS Trusts	Newsletter Internal updates	Progress report
PCT Commissioners.	Representation on the Project Board or Copies of communication to the Board	Progress report and plan
Bristol Health Service Plan (BHSP) Service Design Programme Board	BHSP Board Meetings	Project updates

**Bristol Health Services Plan
Breast Care Services Review**

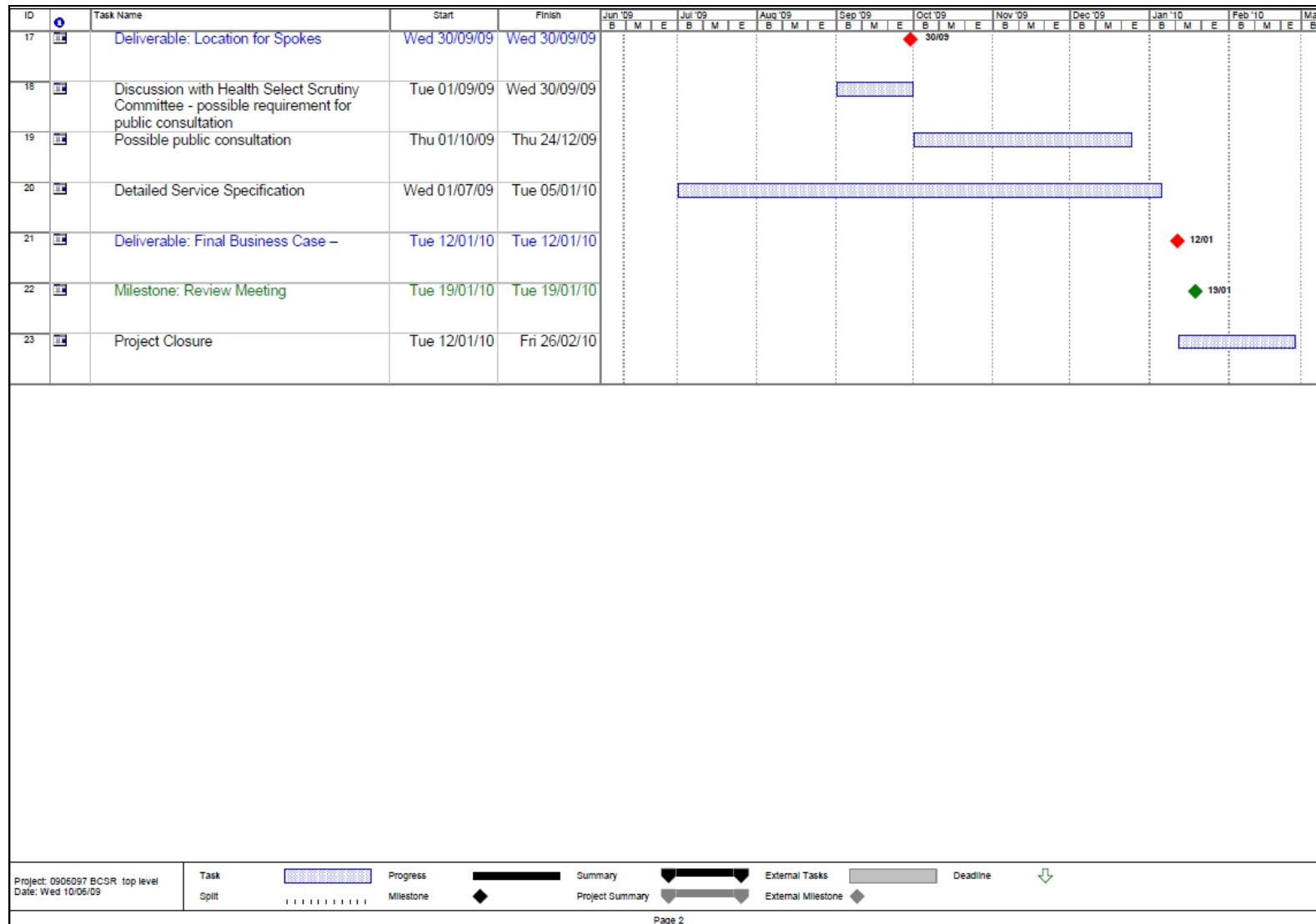
Interested Party	Interface	Communication
Staff	Internal communication	Project updates
Strategic Health Authority	Service Change Meetings	Project updates
Joint Overview and Scrutiny Committee	JOSC meeting	Project updates
Health Overview and Scrutiny Committees (BNSSG incl. BANES)	HOSC Meetings	Project updates
Local Politicians	Media	Project updates
The public	Media	Project updates
Media	Media	Project updates
NHS Nationally	Project updates	Project updates – will include minutes posted on BHSP website or published alongside PCT Board papers

Table 9

8 Project Plan



Bristol Health Services Plan Breast Care Services Review



9 Project Quality control

9.1 Purpose

To define the quality standards to be applied and the various responsibilities for achieving the required quality levels during the project.

9.2 Quality Expectations

Quality expectations from the project's products include:

- Good communication
- Clear documentation
- For the project to remain within scope, budget and time
- Managing the inter-dependencies between work streams

Quality expectations of the review project include:

- A model that will deliver measurable improved clinical outcomes.

9.3 Acceptance Criteria

Deliverable	Acceptance Criteria	Comment
Project Documents:		
Project Initiation Document	Fit for Purpose	
Project organisation	Fit for Purpose	
Project Products:		
Service model & clinical pathways	The service model is developed through a partnership of clinicians and patient representatives across the health community and is supported by a broad cross section of stakeholders.	
Location	The decision on the recommended location for both the hub and the spokes is made through an open and transparent process against	

Deliverable	Acceptance Criteria	Comment
	agreed objective criteria which includes all key project stakeholders	
Evidence to support the proposal	The service model is tested against an evidence base and intelligence from other breast services which are widely accepted as being successful models of service delivery. There is also evidence to confirm the contribution the model makes to financial and environmental sustainability.	
Report on equity and defining outcomes	The model makes a demonstrable contribution towards reducing health inequalities and promoting access to the breast service for those most disadvantaged groups within the local population. There are agreed clinical outcomes that can be measured as part of the quality specification for the new service.	

Table 10

9.4 Quality Responsibilities

Quality leads will be: Eva Nabeta, Project Manager, Basis External Project Assurance, Helen England, Daphne Havercroft and Simon Cawthorn.

9.5 Quality Control and Audit Processes

The commissioners will agree arrangements to plan the implementation of the proposed change process to make the transition from the existing service to one that will achieve the requirements of the specification in the final proposal.

10 Project Controls

10.1 Authority & Approvals

Approval For	By	Notes / Limits
Project/Stage Authorisation	Project Board	If within project tolerance
Work Stream Authorisation	Project Team	
Request for Change (RFCs)	Project Board	For previously approved project products, otherwise the Project Manager if still within tolerance
Issues	Project Manager	If within stage tolerance otherwise the Project Board
External Communications / PR	Communications Team	Must work with Project Director and Project Manager
Product Completion		As per work stream Terms of Employment
Project Completion	Project Board	

Table 11

The Project Board has the authority to approve the start of the project and each stage within. On approving a project stage, the Project Board could delegate authority to the Project Manager to manage the stage within the limits (time, resources, budget, quality, and scope) defined in the Stage Plan and the tolerances defined in this document.

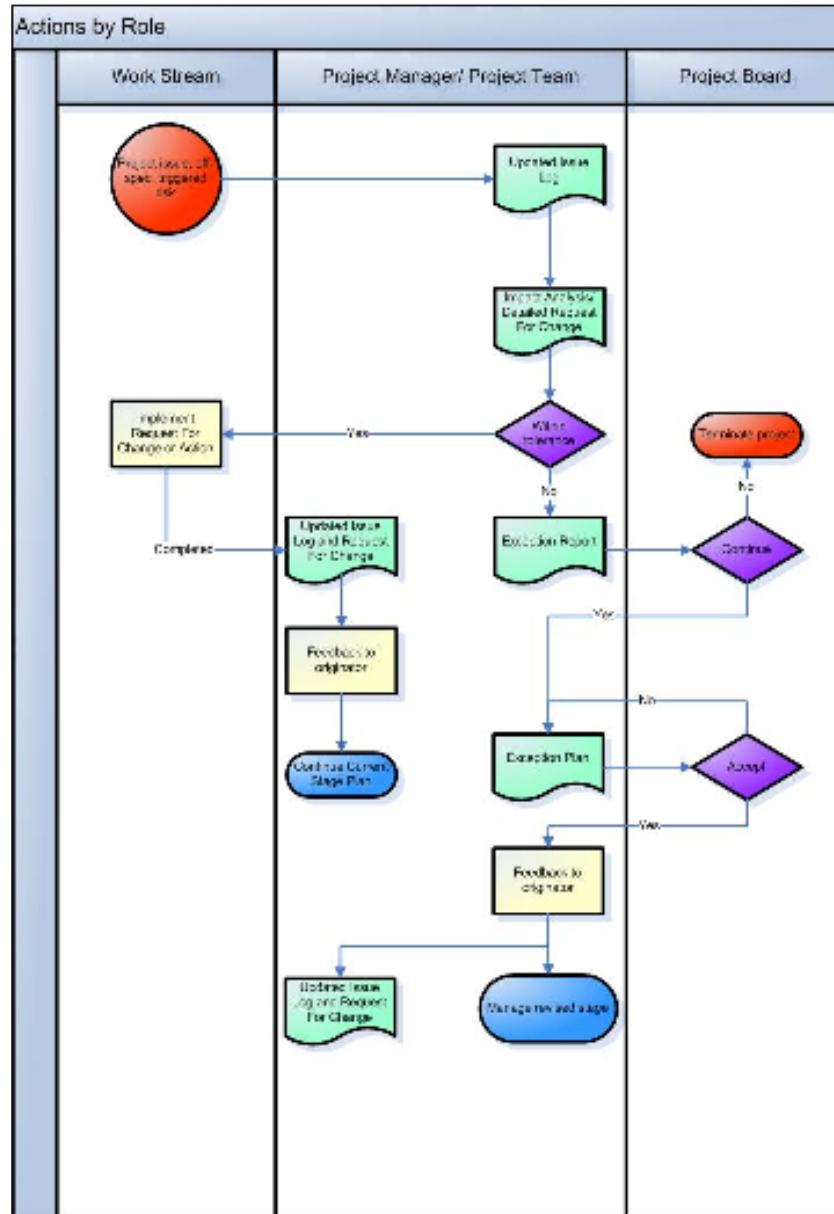
10.2 Reviews

Review	Format	Attendees	Frequency
End Stage Assessment	Meeting	Project Manager, Project Board	Stage Boundary
End Project Review	Meeting	Project Manager, Project Board	Once
Quality Review	Formal Meeting	Project Director, Project Manager, Project Assurance Manager, Patient Representative, Clinical Representative	For all deliverables
Checkpoint / Progress	Conference call	Project Manager, Project Team	Weekly
Risk Review	Email/Meeting		

10.3 Actions Management

Whenever issues or risks are raised, there are responsibilities for action by the work stream group, Project Team or Project Board.

10.4 Issue, Change & Escalation Management



10.5 Risk Management

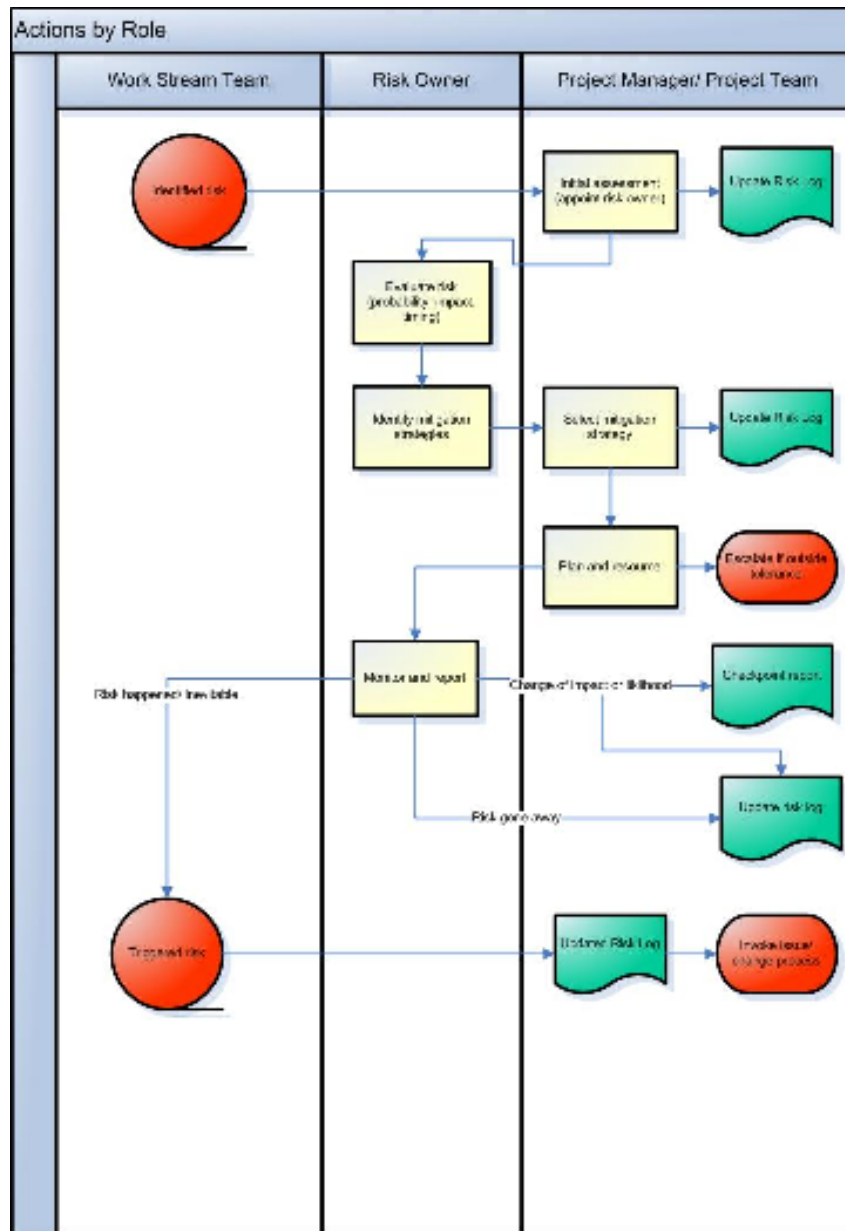


Figure 3


10.5.1 Risk Category

	Low Probability	low-Medium Probability	Medium Probability	Medium-High Probability	High Probability
High Impact	5	10	15	20	25
Medium-High Impact	4	8	12	16	20
Medium Impact	3	6	9	12	15
Low-Medium Impact	2	4	6	8	10
Low Impact	1	2	3	4	5

10.5.2 Risk Response Strategy

Category	Definition
>15	Mitigation strategy identified and must be approved for implementation. Weekly status reporting to Project Board.
9-10	Mitigation strategy identified and must be approved for implementation. Weekly monitoring of risk triggers.
5-8	Mitigation strategy identified. Weekly monitoring of risk triggers.
3-4	Risk triggers monitored.
1-2	Ignore.

Appendices

Risk Log													 Bristol Health Services Plan Breast Care Services Review Project	
Project: Breast Care Services Review													Risk Action Status	Closure date
Risk identification number (unique within the log)	Date identified	Author	Description	Risk Category - Strategic, - Financial, - Project process	Probability 1=Low, 2=Low-Medium, 3=Medium, 4=Medium-High, 5=High(Probability)	Impact 1=Low, 2=Low-Medium, 3=Medium, 4=Medium-High, 5=High impact on Scope Time and cost	RAG	Action owner	Responses (Indicate Prevention or acceptance or Reduction or Transference)	Date last updated	Cross references to plans and associated risks	Risk status	Risk Action Status	Closure date
1	14/05/2009	Daphne Havercroft & Simon Cawthorn	Risk: Review stops being clinically led (example - financial, political reasons) Impact: Project will not be completed	Project Management	2	4		Helen England/ Eva Nabeta	Prevention " ensure to that clinical leadership commitment and desires to drive. Is maintained Communicate and resolve any differences of views constructively					
2	14/05/2009	Daphne Havercroft	Risk: Patient stakeholder support and commitment falls away. Impact Further major delays for the Project	Project Management	1	5		Eva Nabeta	Prevention: Ensuring there is good and efficient two-way communication					
3	14/05/2009	Helen England	Risk: Designing a clinical model without assistance of the expert advice from a design group and some input from a wider group of stakeholders Impact delay decision of the location.	Project Management	2	4		Simon Cawthorn	Prevention: The meeting for work stream 1 need to be facilitated.					
4	14/05/2009	Tony Jones	Risk: Insufficient primary care clinical engagement Impact Will delay project		1	3		Simon Cawthorn	Prevention: Secure involvement from primary care clinicians				Plan to meet some GPs on 12th June and in July	
5	14/05/2009	Helen England	Risk: Organisational interest Impact Will delay Project	Project Management	1	3		Helen England	Prevention: Ensuring that the right clinical solution prevails – and financial considerations have to accommodate clinical solution					
6	14/05/2009	Helen England	Risk: Poorly Informed External stakeholders Impact Bad publicity will delay decision making	Project Management	2	3		Eva Nabeta	Prevention: Unified voice with clear and consistent commendation					
7	14/05/2009	Daphne Havercroft & Simon Cawthorn	Risk: Replacement of analogue mammography equipment with digital equipment at Central Health Clinic Impact: will undermine or influence model by pre-determining that all screening will take place there.	Strategic	2	3		Helen England/ Monica Lamont	Prevention: For new equipment to be put in vans so it is mobile				Angela raffie raised the issue at Breast Screening Management Group meeting of 15 May 2009 and received reassurance that this will not be a risk. Monica Lamont Clinical Director of Breast Screening is closely involved in the Breast Review and fully aware of this issue	
8	14/05/2009	Daphne Havercroft & Simon Cawthorn	Risk: The decision-making process for determining the location of the Hub is too protracted Impact People will lose momentum and interest in the project	Project Management	2	3		Helen England	Prevention: Ensure a decision is made as to the location of the Hub quickly – set a deadline for this					
9	14/05/2009	Daphne Havercroft & Simon Cawthorn	Risk: Too many organisations are involved in managing the Hub and Spoke model Impact will be detrimental to multi-disciplinary team working and as a result the patient experience		2	3		Helen England	Prevention: Make it mandatory that there is a single management structure					

Appendix B Configuration Management Plan

Document Management

Project Filing

All project data will be held on the project server: <server and folder details>.

File	Section	Contents
Project File	Project Initiation Document	The original approved PID, plus latest version
	Organisation	Top level Organisation Chart and Job Descriptions
	Plans	Project Plan,
	Control	Project Approval, , RAIL Log, Post-project Review Plan, Lessons Learned Report, Follow-on Recommendations, End Project Report, Stage Approvals, Exception Plan Approvals
	Communications Plan	Current version only
Stage File	Organisation	Details of current stage team members
	Plans	Stage Plans, Exception Plans, Team Plans
	Control	Work streams, Checkpoint Reports, Highlight Reports, Exception Reports, End of work stream reports
	Daily Log	Project Manager's log
	Correspondence	Relevant correspondence for the stage
Quality File	Plans	Project Quality Plan, Configuration Management Plan
	Control	Quality Log, Configuration Item Records, Work Stream Product Checklist, Quality Review records
	Archive	Previous versions of controlled documents

Table 1

Version Control

All documents will identify their version in the filename and in the document control. Versions will be annotated as:

- 0.1 First Draft
- 0.2 Second Draft
- 1.0 First Formal Issue
- 1.1 First Draft of changed document (minor change)
- 1.2 Second Draft of changed document (minor change)
- 2.0 Updated-issued changed document
- Etc

Status

Documents may only have one of the following statuses:

- Info = issued for information
- Rev = issued for formal review
- App = formally approved

Document Names

Document Name	Document Type
CPR-yymmdd	Checkpoint Report, date
Daily-log	Daily Log, date
EPR	End Project Report
ESR- <i>stage</i>	End Stage Report, for <stage>
EXR-yymmdd	Exception Report, raised on date
Gantt-yymmdd	Gantt Chart, as of date
HLR-yymmdd	Highlight Report, raised on date
LLR- <i>n</i>	Lessons Learned Report, number n
Minutes- <i>meeting-yymmdd</i>	Meeting minutes for <meeting> on date <meeting> = ESA, PIR, QR, etc
PPRP	Post Project Review Plan
BCSR project Initiation Document.doc	Project Initiation Document
Issue- <i>ref</i>	Project Issue, ref = unique identifier. Project issue used for Off-spec, RFC and general issues.
QUAL-log-yymmdd	Quality Log, date (last change)
RAIL-log-yymmdd	Risks, Actions, Issues, Lessons learned log, date
SPLAN- <i>stage</i>	Stage Plan, for <stage>
WS <i>n-description</i>	Work Stream, number n, description

Table 2

Appendix C Glossary of Terms

Acceptance Criteria	A prioritised list of criteria that the final product(s) must meet before the customer will accept them.
Action Log	A central log of all the project's actions (extracted from minutes of meetings)
Business Case	The reason for undertaking the project, stating the expected outcomes, benefits, costs and risks. It is owned by the Project Director (please note, the business case in this project is not a separate document)
Checkpoint Report	A periodic report by project team members (or Team Managers) specifying the status of the products or work-packages assigned to them.
Configuration Item	An item which is under change control and therefore recorded in the product checklist.
Daily Log	A central log of team members' activities, facilitating progress reporting.
Exception Plan	This is a plan that often follows an exception report to show the revised plan to complete the stage within the revised constraints agreed by the Project Board.
Exception Report	A report that describes an exception, providing an analysis of why the exception occurred, what the impact is and what options there are to address the exception. It is presented by the Project Manager to the Project Board.
Highlight Report	A periodic report from the Project Manager to the Project Board describing the status of the stage.
Issue Log	A central log of all project issues, requests for change and off-specifications. The status of each entry on the log is also included.
Lessons Learned Log	A central repository to capture lessons in-flight to facilitate the production of the Lessons Learned Report at the end of each stage and at the end of the project.
Off-Specification	Something that should be provided by the project, but currently is not (or is forecast not to be) provided. This might be a missing product or a product not meeting its specification.

Products or Deliverables	Any input to or output from a project. Also known as deliverables. There is a distinction between management products (i.e. those products only established to help manage the project and which have no value once the project is finished, e.g. a Project Initiation Document) and specialist products (i.e. the things the project was established to produce)
Project Initiation Document (PID)	A logical document that brings together the key information needed to start a project on a sound basis and to convey that information to all concerned with the project.
Project Issue	A term used to cover either a general issue, query, request for change or off-specification.
Project Plan	A high-level plan showing the major products of the project, when they will be produced and the breakdown of management stages.
Project Quality Plan	A plan defining the key quality criteria, quality control and audit processes to be applied to project management and specialist work within the project.
RFC	Request For Change
Risk	A risk is a future event, which may or may not happen, but should it happen will have an adverse impact on the project.
Risk Log	A central log of all risks identified for the project, showing their probability, impact, owner and mitigation strategies.
ROI	Return On Investment
Stage Plan	A detailed plan describing what products will be produced, who will be doing it, when by, and within what tolerances.
Tolerance	The permissible deviation above and below a plan's estimate of time, cost, quality and scope without the need to escalate to the next level of management.

Table 1