

Corporate	CO22 Project Management Policy
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Version Number	Date Issued	Review Date
4	November 2020	November 2023

Prepared By:	Head of Governance NTCCG
Consultation Process:	Director of Contracting & Finance Deputy Director Transformation
Formally Approved:	Quality and Safety Committee: 3 November 2020

Policy Adopted From:	Existing Policy v3.1
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DOCUMENT HISTORY

Version	Date	Significant Changes
V1-0	27 Jan 2016	Approved by Clinical Executive, subject to edits
V1.1	25 Feb 2016	Edits as per Clinical Executive 27 January 2016
V2.0	16 May 2016	Changes to Policy consistent with changes to QPAC Terms of Reference (approved 13.4.16)
V3.0	20 June 2018	Changes to Policy to reflect formation of new Clinical Commissioning and Contracting Committee (4Cs) and transfer of decision making powers following the abolition of QPAC
V3.1	22 Aug 2018	Minor change to Section 8 (Process) to reflect the need for a Data Privacy Impact Assessment (DPIA) to be completed for all projects following the introduction of GDPR legislation.
V3.2	18/5/2020	Extended to 31/10/2020 without change (as agreed by Governing Body in response to the Covid-19 pandemic response).
V4.0	3/11/2020	Reviewed in accordance with expiry date. Changes to job titles. Scope changed to include all projects. Added that all projects must be set up and managed utilising the CQI system.

EQUALITY IMPACT ASSESSMENT

Date	Issues
3 November 2020	None identified. See section 15.

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

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1. Introduction

For the purposes of this policy, North Tyneside Clinical Commissioning Group will be referred to as the CCG.

Effective project management ensures the delivery of projects to time cost and quality. This policy sets out the framework for developing, managing and assuring projects in the CCG. Detailed procedures (standard operating procedures) support this policy.

2. Status

This policy is a corporate policy.

3. Purpose

The purpose of this policy is to ensure a consistent approach to project management.

4. Definitions

4.1 Project

A project is a unique, transient endeavour, undertaken to achieve planned objectives, which could be defined in terms of outputs, outcomes or benefits. A project is usually deemed to be a success if it achieves the objectives according to their acceptance criteria, within an agreed timescale and budget. Time, cost and quality are the building blocks of every project.

<https://www.apm.org.uk/resources/what-is-project-management/>

4.2 Project Management

Project management is the application of processes, methods, skills, knowledge, and experience to achieve specific project objectives according to the project acceptance criteria within agreed parameters. Project management has final deliverables that are constrained to a finite timescale and budget.

<https://www.apm.org.uk/resources/what-is-project-management/>

4.3 Project Assurance

The role of assurance is to provide information to those that sponsor, govern and manage a project to help them make better informed decisions which reduce the causes of project failure, promote the conditions for success and deliver improved outcomes. National Audit Office. Assurance for High Risk Projects. [Online] Available from https://www.nao.org.uk/wp-content/uploads/2010/06/Assurance_for_high_risk_projects.pdf [Accessed 7th

December 2015].

5. Governance

Diagram 1 describes the governance arrangements for project management within the CCG.

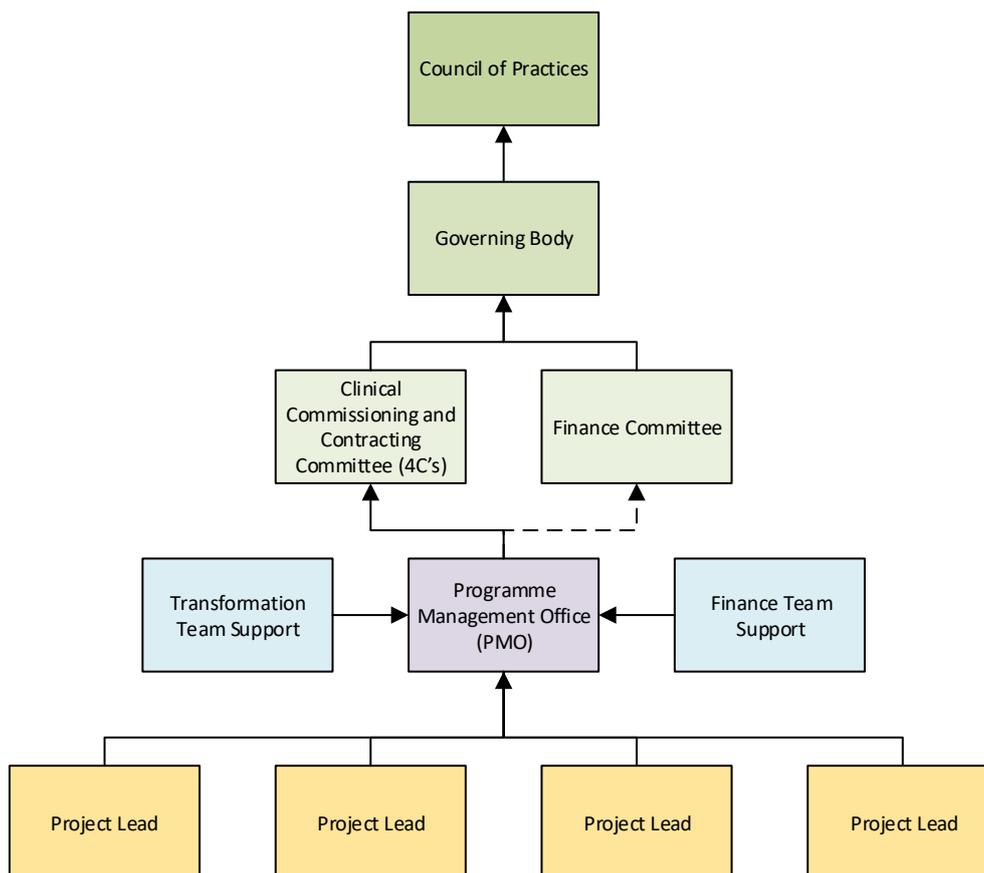


Diagram 1 – NTCCG Governance – Programme Management

6. Roles and Responsibilities

6.1 Clinical Commissioning and Contracting Committee (4Cs)

The Clinical Commissioning and Contracting Committee is established as a committee of the Governing Body. It is the responsibility of the Clinical Commissioning and Contracting Committee to approve the CCG's QIPP Programme and QIPP projects. The Clinical Commissioning and Contracting Committee also address the following functions as part of its remit:

- Providing delivery assurance of existing programmes of work and projects – monitoring progress against plan, taking action to mitigate

risks to delivery, identifying and taking corrective action and escalating issues as required

- To approve new programmes of work and projects ensuring that the assumptions made are robust; ensuring fit with organisational strategic and operational priorities; confirming clinical commitment and testing deliverability.

The Clinical Commissioning and Contracting Committee has delegated authority from Governing Body to approve new programmes of work and projects with the condition that programmes of work and projects that may give rise to significant qualitative, reputational or financial risk must be referred to Governing Body for further action.

The CCG has a Programme Management Office (PMO) which discharges its functions to ensure a rigorous and robust programme management approach. When the Clinical Commissioning and Contracting Committee are satisfied that:

- The project management policy has been applied;
- Standing operating procedures (SOPs) have been followed;
- Assumptions made are reasonable;
- The project fits with organisational strategic and operational priorities;
- Clinical commitment exists; and
- Delivery is feasible;

Then it may grant approval or refer to Governing Body as described above.

6.3 Project Lead

The Project Lead is responsible for the day to day management of the project, ensuring that the project delivers its objectives and targets and does not exceed approved costs.

6.4 Chief Finance Officer

The Chief Finance Officer/Director of Contracting and Finance is responsible for ensuring that the Project Management Policy is maintained, updated and adhered to.

The Chief Finance Officer/Director of Contracting and Finance is responsible for the effective operation of the PMO.

The Chief Finance Officer/Director of Contracting and Finance monitors approved project expenditure and the delivery of financial targets, reporting exceptions to Clinical Commissioning and Contracting Committee.

The Chief Finance Officer/Director of Contracting and Finance signs off project financial targets.

6.5 Deputy Director Transformation

The Deputy Director Transformation lines manages the PMO Manager.

6.6 Director of Contracting & Commissioning

The **Director of Contracting & Commissioning** supports the commissioning managers (where they are Project Leads) to deliver the agreed project outcomes.

6.7 Executive Sponsor

The Executive Sponsor is the Director lead for the project that has overall responsibility for the delivery of the project objectives and for ensuring that costs do not exceed the approved limit.

6.8 Clinical Sponsor

The Clinical Sponsor has overall responsibility for assessing the clinical impact of the project and overall responsibility for the delivery of stated clinical outcomes.

6.9 Senior Provider Management Lead

On receipt of a project proposal from the Project Lead, the Senior Provider Management Lead will review the commissioning intentions to determine the impact of the project on existing contracts. Where a contract currently exists, the Senior Provider Management Lead must advise whether the project proposals are consistent with the contract e.g. notice periods, restrictions in contracts. The Senior Provider Management Lead must advise requirements to include in new or revised contracts that protect the CCG's interests, e.g. penalties, linking activity to payment.

6.10 The Head of Governance

The Head of Governance ensures that this policy meets the CCG's standards (e.g. version control, equality assessed etc.) and remains current.

6.11 PMO Manager

The PMO Manager is line managed by the Deputy Director Transformation.

The PMO Manager is responsible for the oversight and assurance of projects, reporting to the Director of Contracting & Finance, Deputy Director Transformation or 4Cs as appropriate.

The PMO Manager is responsible for providing a comprehensive assurance and enabling mechanism for the delivery of CCG corporate objectives via the CCG programme management office (PMO). The PMO Manager ensures that all projects are developed in line with standard operating procedures and assures that projects are delivered in line with agreed milestones and targets, providing exception reports and recommending remedial actions as necessary.

6.11 Programme Management Office (PMO)

The PMO provides direction to Project Leads and the wider organisation through the development and sharing of a project management policy, process and procedures.

The PMO supports Project Leads by providing advice on project development and delivery and encourages a continued focus on project delivery. The PMO challenges the pace and appropriateness of remedial actions and may recommend remedial actions and/or escalation.

The PMO provides assurance to the Clinical Commissioning and Contracting Committee that projects are delivering to plan and are on track to deliver the agreed outputs, outcomes and targets. The assurance is provided by regular reports to the Clinical Commissioning and Contracting Committee. The PMO escalates to the Clinical Commissioning and Contracting Committee any projects which are red RAG rated providing assurance that remedial actions are in place to address the shortfalls. The escalation may also request Director intervention where the threat to project delivery is significant and/or where intervention at Director level is likely to 'unblock' blockages.

7. Scope

All QIPP and non-QIPP projects are covered by this policy.

8. Process

The CCG has in place a process for project management. The process is supported by standard operating procedures and templates. The key requirements are as follows:

- All projects must be set up and managed utilising the CQI system.
- All projects must be documented on a Plan on a Page (PoP) and be supported by a project plan. Project plans must identify key stages, key milestones and timelines. Projects must show the method of measuring success, usually, but not necessarily KPIs.
- All projects must have Clinical Sponsor and Executive Sponsor sign off.
- All projects must have financial sign off (and where appropriate Senior Provider Management Lead sign off to ensure that contract restrictions have been considered and that the contract protects the CCG's interests) using the standard financial template (supplied by the PMO).

- All projects must have a signed Quality Impact Assessment (QIA), signed Equality Impact Assessment (EIA), a signed Data Privacy Impact Assessment (DPIA), if appropriate, and if applicable a signed Clinical Risk Assessment (CRA).
- The status of projects is reported to the Clinical Commissioning and Contracting Committee regularly using a RAG rating system. Those projects RAG rated red must be supported by key actions (i.e. remedial actions) to get back on track.
- Red RAG rated projects are escalated to the Clinical Commissioning and Contracting Committee where their input is required to correct slippage.

9. Training Implications

It has been determined that there are no formal training requirements associated with this policy. However, the PMO will provide local training on CQI, the implementation of this policy, its associated processes and standard operating procedures on request and as part of its support role.

Where project management qualifications are required, these will be stated in the relevant Job Specifications and Job Descriptions.

10. Implementation

All managers are responsible for ensuring that **relevant** staff within the CCG have read and understood this document.

11. Documentation

Project Management documentation is maintained by the PMO and is held within the CCG's shared drive.

12. Monitoring, Review and Archiving

The Clinical Commissioning and Contracting Committee will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

12.1 Monitoring

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

12.2 Review

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will be advised and will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

12.2 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Conduct for Health and Social Care 2016.

13. Equality Analysis

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Irene Walker

Job Title: Head of Governance

Organisation: North Tyneside CCG

Title of the service/project or policy: Project Management Policy

Is this a;

Strategy / Policy **Service Review** **Project**

Other Not applicable.

What are the aim(s) and objectives of the service, project or policy:

This policy sets out the framework for developing, managing and assuring projects in the CCG. Detailed procedures (standard operating procedures) support this policy.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff** x
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** Not applicable.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	X
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	X
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	X
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	X
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none">• Eliminating unlawful discrimination, victimisation and harassment• Advancing quality of opportunity• Fostering good relations between protected and non-protected groups in either the workforce or community	<input type="checkbox"/>	X

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Not applicable.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	X	<input type="checkbox"/>

If any of the above have not been implemented, please state the reason:

Not applicable.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Irene Walker	Head of Governance	October 2020

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.