

Project – Brief

Critical Care Project

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Joanne MacDonald	Operations Manager, Cardiovascular and Critical Care	06/06/2023	0.3
Jane Monsma	Nurse Manager, CCTVS	06/06/2023	0.3
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Kim Holt	Interim Operations Director, Surgery and Anaesthesia		

NOTES:

A Project Brief is an outline description of what the project is attempting to achieve and the business justification for doing so. It provides a full and firm foundation for the initiation of the project. The contents are then extended and refined into the Project Plan, which is the working document for managing and directing the project

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1. Background and Why

Te Whatu Ora Waikato, provides tertiary level care to Waikato catchment residents and Te Manawa Taki. Critical Care currently consists of 16 Intensive Care Unit (ICU) level beds and 12 High Dependency Unit (HDU) level beds. ICU is managed as a closed unit, with patient management provided by the intensivist team. HDU is managed as in an 'open' model where patient management is provided by the primary team.

A number of issues have been identified as having significant impact on ability to provide the range of tertiary level critical care services required to meet the needs of the organisation and the wider region with current model of care, space utilisation, staffing levels and adjunct services provided, such as patient transport and emergency response. These were highlighted in a 2021 document titled 'Improving the Critical Care Service to meet the needs of Te Manawa Taki' (see appendix A).

A 2022 business case was successful in securing funding, to work towards achieving better access to ICU level care for our communities, ensure safe staffing and move closer to the national average of 6 ICU level beds per 100,000 of population.

2. Project Definition and Scope

2.1. Project objectives

The purpose of the project is to deliver an expanded Waikato Critical Care Service and support the development of adjunct services that better meets both acute and elective demand for Te Whatu Ora, Waikato and the Te Manawa Taki Region.

In order to achieve these objectives the project will:

- Manage development and transition of a new model of care for Critical Care, including the change to a closed model for HDU.
- Support non-Critical Care services to develop high acuity areas (HAA), systems and processes.
- Transition defined HDU patient cohorts to ward based HAA care.
- Develop an education/training model that supports staff working in new models.
- Develop an enhanced support model for ward based patient emergencies and clinical deterioration.
- Alter, +/- secure additional space to accommodate increased staff numbers, equipment and provide flexible bed space usage in Critical Care.
- Develop workforce model to support service delivery for critical care and adjunct services.
- Development of associated processes, policies and guidelines.
- Support Critical Care service transition to an improved patient transport service.
- Partner with Maori and Whanau in co-design process.

2.2. Project approach

The 'Waikato DHB Projects Methodology' is Te Whatu Ora, Waikato standard methodology for delivering projects. The Waikato DHB projects methodology is intended to ensure the timely and cost-effective production of all the end-products.

- Maintain acceptable standards of quality
- Achieve for the enterprise the benefit for which the investment in the project has been made.

All project products will be developed in-house using service Project Managers and other specialised resources from including, but not limited to, HR, Quality and Patient Safety, IT and Organisational Development.

Suggested staging

The project will be delivered in a three stage process over an anticipated three year period. A detailed timeline will be provided once a full project plan is complete.

Stage 1: June 2023 – December 2023

Stage 2: January 2024 – December 2024

Stage 3: January 2025 – December 2025

2.3. Project scope

In scope

The following is considered to be within the scope of this project:

- Development and implementation of new Critical Care model.
- Development of Critical Care workforce model.
- Production of a business case to support development of High Acuity Areas (HAA).
- Development of criteria and guidelines to operationalise HAA in agreed wards.
- Facilitate Critical Care space changes to accommodate additional staff and change of service delivery (including equipment).
- Facilitate relationship/culture building inter and intra service.
- Support ward services to develop high acuity areas, staffing and processes.
- Provide the conduit for development and transition to an improved patient transport service, as a result of the Critical Care Retrieval Project.
- Facilitate training and development of workforce to support the new models – including resources.
- Production planning/scheduling.
- Facilitation of whanau engagement in co-design of service models and support models.
- Develop an enhanced support model for ward based patient emergencies and clinical deterioration.
- Develop and support Critical Care recruitment strategy.

Out of scope

The following is considered to be outside the scope of this project:

- Update of any equipment that is due for replacement as per asset register.
- Management of space changes (design, build or development) for provision of HAA activities.
- Service recruitment activities.
- Work that is considered BAU.
- Transport project development, staffing or resources.

2.4. Assumptions

The following assumptions have been made in the development in this plan:

- The project is fully support by Te Whatu Ora, Waikato and will be seen through to completion.
- Human Resources will support the project with staffing and employment matters and engagement with the unions.
- That approval of budget required to stand up HAA's will occur.
- That approval of budget required to stand up Critical Care Retrieval Service will occur.
- Sufficient staff (especially SMO's) will be employed to fully transition Critical Care to the new model.
- Space design and modification work is able to be supported by Property and Infrastructure service resources.

2.5. Constraints

The following constraints have been noted:

- Limited service resources to assist and complete work packages outside of current workloads.
- Organisation resource limitations to support the project.
- Service and organisational change fatigue.
- Potential financial constraints of organisation.
- Ability to recruit additional FTE due to health worker shortages.
- Government immigration policy and processes affecting FTE recruitment.

2.6. Dependencies or interrelated projects

Work continues to identify organisation projects. This will be finalised when project plan is complete.

Project	Project description	Impact / dependency	Responsible
Transport and Retrieval Services Project	Develop a dedicated transport and retrieval service for Te Whatu Ora, Waikato.	To be determined	Mark Goniszewski
Shared Goals of Care Project	To be determined. Identified by PAR team member, but unable to be linked to a service at time of writing.		
Cardiology service improvement project	Informal project to improve access of Cardiology to services	Undetermined impact at this time. Aileen McGowan (Project Co-ordinator) will monitor and identify as required.	Aileen McGowan
Development of High observation areas Medical and Surgical, Women and Children services	Informal projects to develop high observation areas within existing medical and surgical wards. Staffed and equipped accordingly.	Timeline of space modification and recruitment may result in delayed transition to 'Closed' HDU model.	Katrina Fraser Chris Woolerton Hailey Scown Jo Shea-Kelly
Regional Cardiology Design	TBC		Joanne MacDonald

3. Project Governance and Resources

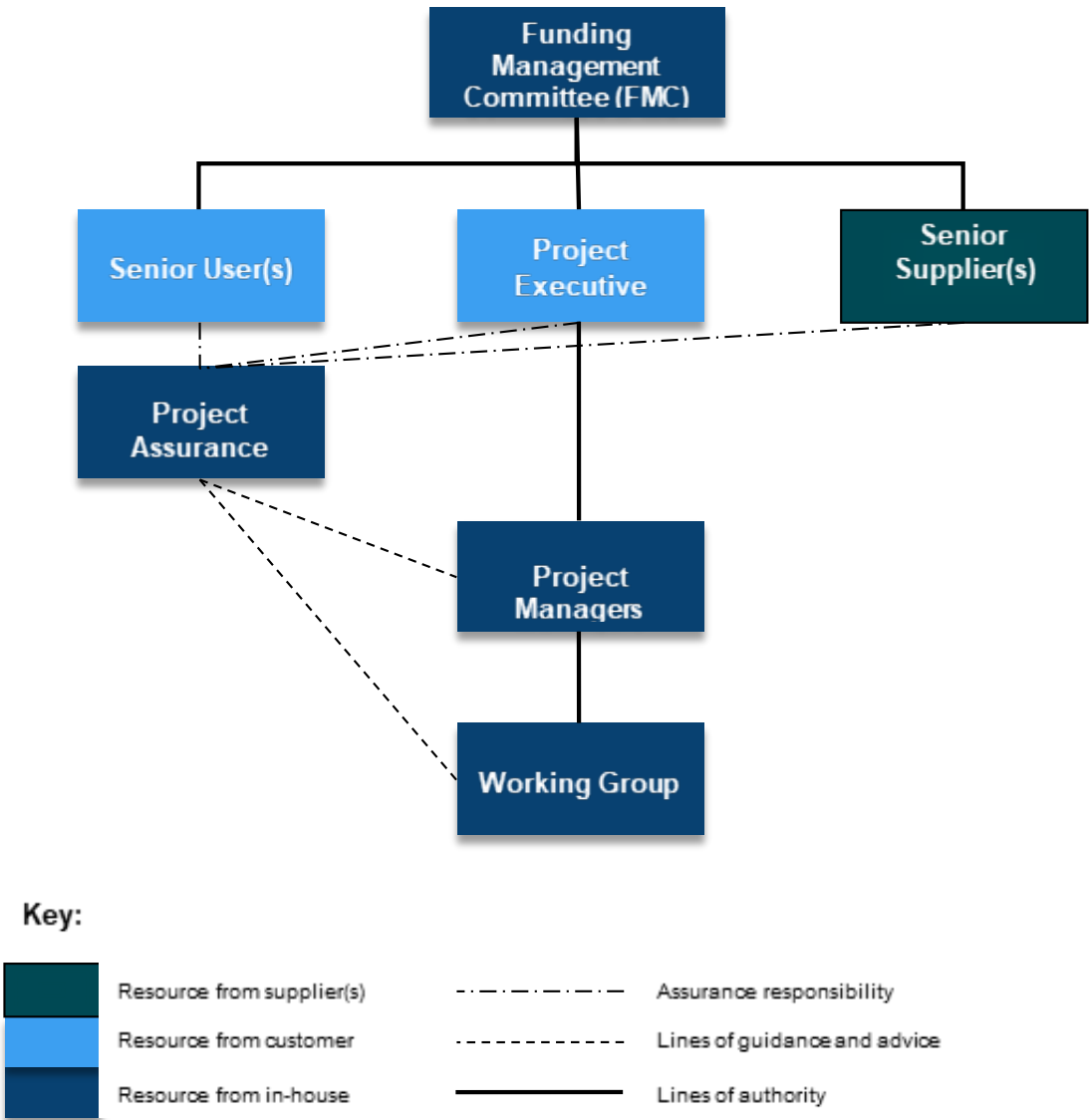
3.1. Project governance

The following roles are proposed to be allocated to the Project Board: Yet to be confirmed

Members	Job Title	Role
Kim Holt	Interim Operations Director, Surgery and Anaesthesia	Project Executive & Chair
Aileen McGowan	Nurse Co-ordinator Project Capital, Products & Equipment	Senior User + Project Assurance
ICU HOD (TBC)		Senior User
Cam Buchanan	Medical Director, Theatre and Anaesthesia	Senior User
Jane Monsma	Nurse Manager, CCTVS	Senior User
Joanne MacDonald	Operations Manager, Cardiovascular and Critical Care	Senior User
Rowan French	Medical Director, Surgery	Senior User
Graham Mills	Medical Director, Infection Prevention and Control	Senior User
Melody Mitchell	Operations Director, Medicine and Older Persons and Rehab Service	Senior User
Te Puna Oranga representative	TBC	Senior User
Attendees	Job Title	Role
Jenny Barr	Project Manager	Project Manager
Lynnette Jones	Project Manager	Project Manager
Erica Barrie	Finance Team Lead, Hospital and Community Services	Finance Manager
Kathy Jenkins	Manager, Communications Service	Communications
Susan Buchner	Human Resource, Business Partner	HR Consultancy

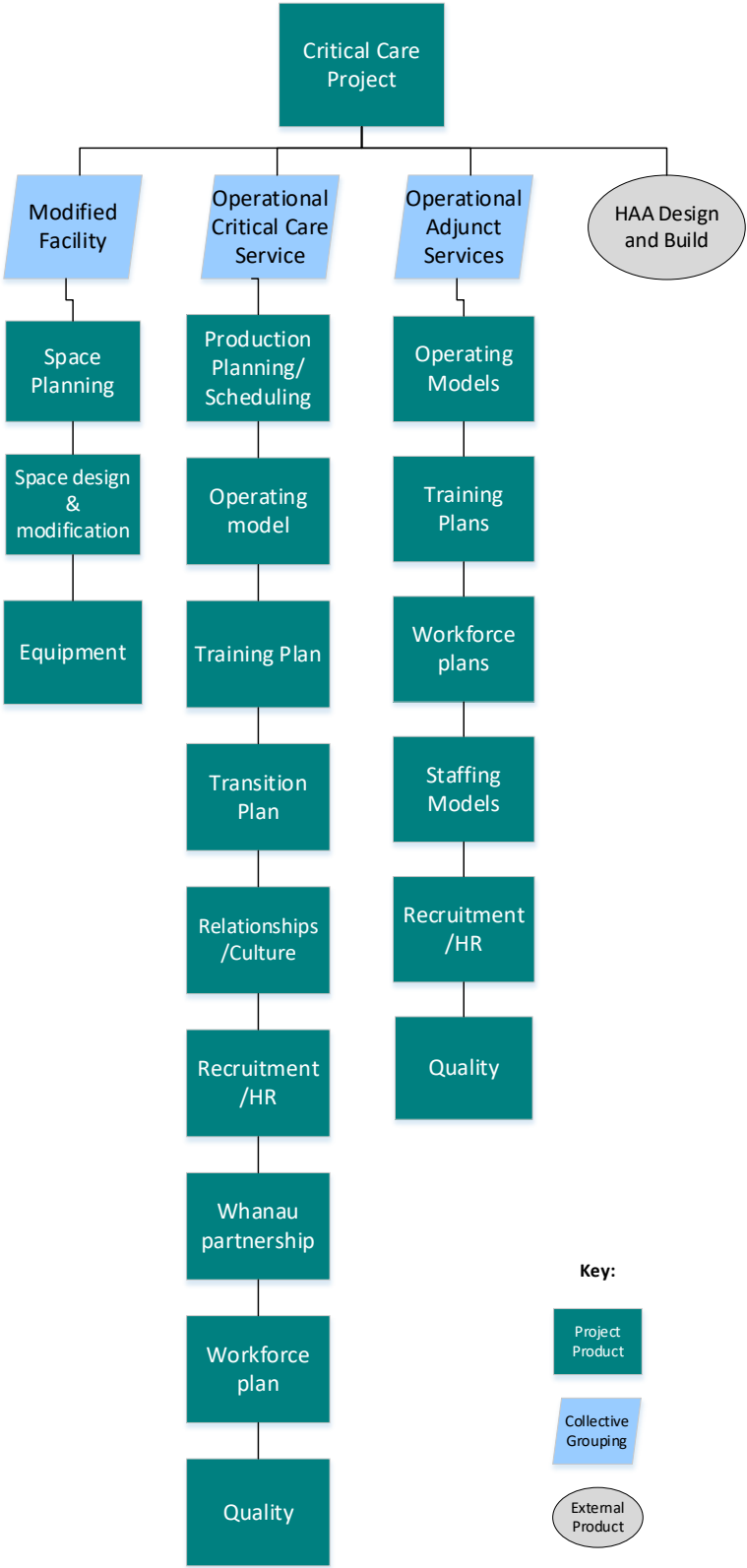
3.2. Project management team structure

Definitions of the roles outlined below are included in Appendix B



3.3. Project Plan

3.3.1. Product breakdown structure



3.4. Risk management

A Risk Register as part of project controls register, will be provided as Appendix C. This lists all risks identified, and the proposed mitigation for each risk.

3.5. Quality management

In addition to the standard Waikato DHB Portfolio Framework, this project will be subject to the following reviews:

3.5.1. Stage reviews

Stage reviews will occur at the end of each of the three project stages to review progress and reassess project deliverables. A stage end report will be produced by the Project Managers to facilitate this process.

3.5.2. Project assurance

Project assurance will occur monthly to assess quality of documentation and methodology adherence, to ensure project delivery and organisation standards are met.

4. Control tolerances

This section describes the degree of delegated authority granted by the Funding Management Committee (FMC) to the Project Executive, who are accountable for the project success.

The Project Executive may wish to alter these tolerances to provide further control on project management. The Project Manager is responsible for delivery of the project within these agreed tolerances.

The control tolerances allow the project team to operate without continuously referring back to the project board for guidance and permission to apply minor changes, whilst maintaining the integrity of the project board's level of authority – as per the Waikato DHB Delegations of Authority policy (2175)

4.1. Organisational investment tolerances:

Project dimension	Description	Organisational tolerance level
Time	<ul style="list-style-type: none"> Forecast schedule variance against the latest approved business case or RFC 	(+/- 25%)
Cost	<ul style="list-style-type: none"> Forecast cost variance against the latest approved budget (excludes contingency). Contingency budget will only be drawn down with the formal approval of the Project Executive. 	As per contingency selected, and at Project Executives direction with Project Manager
Scope	<ul style="list-style-type: none"> Scope change that, through conscious decision or impact from project issues, would require the overall business objectives or scope statement agreed in the business case to be altered <p>Quality</p> <ul style="list-style-type: none"> Change of the overall business objective and under delivery of specifications of the product/ output as per the agreed project Quality standards and requirements 	As per description
Benefit	<ul style="list-style-type: none"> Forecast variance against those agreed in the latest business case will be raised to Project Board and FMC. 	+/-10% p.a (or first full year)

5. Appendices

5.1. Appendix A

Add the link to the original document here

5.2. Appendix B

Definitions

Project Terminology

- **User:** Service or individual that will use the products once created.
- **Suppliers:** Provide resources and expertise to the project and produce the products.
- **Project product:** Outcome/item delivered by the project as agreed.
- **Executive:** The business-oriented person who's ultimately responsible for the project.
- **Senior User:** One or more people who represent the final users' requirements in the board.
- **Senior Supplier:** One or more people who represent the interests of the suppliers.
- **Project Assurance:** Assures the interests of the primary stakeholders.
- **Project Manager:** Responsible for the day to day management of the project in behalf of the Project Board.
- **Working Group:** Primary stakeholders involved in product development.
- **Stakeholder:** Person with interest or concern in the project.

General Terminology

- "Open" ICU is one where specialty teams have full admitting rights and where an intensivist is merely "consulting".
- "Closed" ICU is one where the intensivist is the admitting Medical Officer and the specialty teams collaborate with ICU staff.
- **HAA:** High Acuity Area with increased nursing ratio and equipment to support higher needs patient in ward setting.

5.3. Appendix C

Risk Register

When it comes to project management, understanding risk and knowing how to minimize its impacts (or take full advantage of its opportunities) on your project are essential for success. A Risk Register is a tool for documenting risks, and actions to manage each risk. A Risk is defined as "an uncertain event or condition that, if it occurs, has a positive or negative effect on a project's objectives." As risks are identified they are logged on the register below and actions are taken to respond to the risk and owners identified. **Use the Risk - Starter Sheet tab for guidance.** Note - Datix risks are different to project risks. Refer to the organisational risk management policy for the risk matrix.

Risk Identification				Risk Analysis					Risk Management							Review		Due Date/ Review date
ID	Date added	Risk Category	Risk Statement	Project Phase	Likelihood	Consequence	LikelihoodVConsequence	Rating	Action	Mitigation	Further action to be taken	Residual_Likeliho	Residual_Consequence	LikelihoodVConsequence2	Residual Ri	Owner	Risk Status	
R001	25/05/2023	Project	If there are insufficient service and organisational resources to support project work package delivery then project may face delays or not be actualised	All	(4) Likely	(4) Major	(4) Likely(4) Major	High	Mitigate	Engage with service and other support services early, to ensure they are aware of commitment required and to agree resourceing.		(2) Unlikely	(3) Moderate	(2) Unlikely(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R002	25/05/2023	Human	If staff are resistant to change due to change fatigue and poor outcomes of previous projects/activities then this may result in non compliance and unsustainable change	All	(4) Likely	(4) Major	(4) Likely(4) Major	High	Avoid	Identify service change readiness, engage and include staff in process.	Engage organisational development team in change management process	(3) Possible	(3) Moderate	(3) Possible(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R003	25/05/2023	Human	If robust HR processes and union notification is not in place, then there is potential for project delays and lack of staff buy in and further staff attrition.	All	(3) Possible	(4) Major	(3) Possible(4) Major	High	Avoid	Engage with HR team and unions early in project to flag workpackages which may impact employee roles.	Engage and include staff in process, ensure visibility of processes	(2) Unlikely	(1) Minimal	(2) Unlikely(1) Minimal	Insignificant	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R004	25/05/2023	Organisational	If SMO recruitment is unsuccessful and service culture does not improve, then college accreditation may be impacted.	All	(3) Possible	(4) Major	(3) Possible(4) Major	High	Avoid	Engage with OD/HR to identify opportunities that support culture improvement.	Develop recruitment strategy to support effective recruitment	(3) Possible	(3) Moderate	(3) Possible(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R005	25/05/2023	Organisational	If the recruitment required to fully operationalise new Critical Care or HOA models is not achieved then benefits of the project will not be realised	All	(3) Possible	(4) Major	(3) Possible(4) Major	High	Mitigate	Develop recruitment strategy to support effective recruitment	Liaise with nursing services and leadership	(3) Possible	(3) Moderate	(3) Possible(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R006	25/05/2023	Organisational	If the budget to develop HOA is not approved then Critical Care project benefits may not be realised.	All	(3) Possible	(4) Major	(3) Possible(4) Major	High	Mitigate	Timely production and lobbying of business case to support ward HOA development	highlight	(2) Unlikely	(2) Minor	(2) Unlikely(2) Minor	Low	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R007	25/05/2023	Organisational	If additional space required to facilitate changes to service staffing and function are not secured then the service efficiency may be impacted.	Stage 1	(3) Possible	(4) Major	(3) Possible(4) Major	High	Mitigate	develop space plan and apply to COG for space allocation ASAP in stage 1		(3) Possible	(3) Moderate	(3) Possible(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R008	25/05/2023	Organisational	If communication and engagement is not managed appropriately then staff buy in wont be achieved	All	(3) Possible	(3) Moderate	(3) Possible(3) Moderate	Medium	Mitigate	Develop communication plan		(2) Unlikely	(3) Moderate	(2) Unlikely(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R009	25/05/2023	Organisational	If Whanau engagement is not included sufficiently in design process then models and facility may not meet treaty partnership aspirations, improved equity may not be achieved and increased complaints may be received.	All	(5) Almost Certain	(3) Moderate	(5) Almost Certain(3) Moderate	High	Mitigate	Engage with Te Puna Oranga	Review service complaints history, work with Q&PS to develop whanau partnership plan	(2) Unlikely	(3) Moderate	(2) Unlikely(3) Moderate	Medium	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R010	25/05/2023	Project Team	If project engagement and facilitation of Critical Care Model changes are not sufficient then feeder services may be resistant to acceptance and implementation of changes	All	(5) Almost Certain	(4) Major	(5) Almost Certain(4) Major	Extreme	Mitigate	Develop communication plan. Set up representational working groups.		(3) Possible	(4) Major	(3) Possible(4) Major	High	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R011	01/06/2023	Project	If Te Whatu Ora restructure results in significant leadership changes then reprioritisation of projects and associated funding may result	All	(3) Possible	(4) Major	(3) Possible(4) Major	High	Accept	Project Executive to ensure significance of projects is highlighted and lobby accordingly		(2) Unlikely	(2) Minor	(2) Unlikely(2) Minor	Low	Jenny Barr & Lynnette Jones	Active	Monthly project board review
R012																		