

Regional Clinical Strategy Roles & Responsibilities Senior Authority, Project Board and Advisory Group

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INTRODUCTION

The Senior Authorities:

Confusingly the senior role in a programme or project can take a variety of names: Sponsor; Senior Responsible Office (SRO); Executive; Chair. In practice there is often little distinction between the latter three roles although larger and more complex projects may require the separation.

1. Sponsor: the most senior role in the programme/project. Commissions the programme as the eventual customer for the outcomes, allocates funding, resolves cross-programme conflicts, and shows "visible" support for the programme throughout the organisation(s). In essence NoSPG executive fulfils this role as a Sponsoring Board.
2. Senior Responsible Officer (SRO): appointed by the sponsor to represent their views. Maintains a strategic focus ensuring continued alignment to wider board and regional concerns. Accountable personally for ensuring the programme meets its overall objectives. The SRO is empowered to make decisions on behalf of the sponsors.
3. Executive: This individual should ensure that the project maintains its business focus, that it has clear authority, and that the work, including risks, is actively managed. The Executive is the Chair of the Project Board and is appointed by the SRO to represent their views.

For this document's purpose it is assumed the SRO and Executive is the same person.

The Director of Regional Planning is the representative of the NoSPG executive in the North of Scotland Planning Group. This link role between the Project Team and the NoSPG Executive will deliver accessible support for all North of Scotland programmes and projects. Unless otherwise documented all North of Scotland regional projects are managed within NoSPG.

The SRO is accountable for the project, on behalf of NOSPGE executive, and with the support of their project board. To enable this, the SRO is given defined delegated authority by NOSPGE executive. The level of delegated authority may vary project to project and should be documented.

The SRO's role is to ensure that the project is focused throughout its life on meeting its objectives and delivering outcomes that will achieve the intended benefits approved by NOSPGE executive.

The SRO has to ensure that the project gives value for money, providing a cost-conscious approach to the project, balancing the demands of operational and clinical colleagues across participating Health Boards.

Throughout the project, the SRO is responsible for ensuring that the direction, provided by NOSPGE executive's approval of the PID, is adhered to and, where one exists, the Business Case remains viable.

The Project Board is not a democracy controlled by votes. The SRO is the ultimate authority and is supported in their decision making by project board colleagues.

The Project Board:

The Project Board as a whole is accountable to NOSPG Executive for the success of the project, and has the authority to direct the project within the remit set by NOSPG as detailed in project documents.

The Project Board is also responsible for the communications between the project management team and stakeholders external to the project (e.g. NOSPG Executive and individual Health Boards)

According to the scale, complexity, importance and risk of the project, Project Board members may delegate some Project Assurance tasks to separate individuals. The Project Board may also delegate decisions regarding changes to a Change Authority.

The Advisory Group:

Most projects will benefit from instituting a group of subject experts who can advise and guide both the project board and the project team. They will be separate to the project board, but feed into its decision-making. Often small groups of four to six members who help with all stages of the research from developing aspects of the design through to disseminating the results.

The group can appear very similar to a short life working group who are asked to consider specific topics for the group. They should be accessible to the project manager and clinical team leader and supplement the team with knowledge and experience which may not otherwise be present.

It can be advantageous to include vocal and influential stakeholders on an advisory group as they become engaged within the project rather than critical outsiders.

RESPONSIBILITIES

SRO/Executive

In addition to the Project Board's collective responsibilities, the SRO specifically will:

- Be the owner of the overall business change that is being supported by the project.
- Ensure the project is aligned with regional strategies but reflects individual board requirements.
- Monitor and control the progress of the project at a strategic level, in particular reviewing the PID and any Business Case regularly in the wider context of Boards' priorities.
- Appoint individual board members and ensure responsibility is given appropriately to individuals for the project deliverables and project benefits.
 - Holds a board member to account for the quality and integrity of the specialist deliverables created for the project.
 - Holds another board member to account for realising the overall project benefits, ensuring that reviews take place and handover procedures are adhered to.
- Approve the project management team (in particular the Project Manager).
- Agree with NOSPG executive whether a Business Case is required and oversee its development.
- Oversee the development of the Project Brief and the Project Initiation Documentation (PID).
- Secure the funding for the project and maintain the consequent budget.
- Ensure that strategic risks are identified, assessed and controlled.
- Make definitive board level decisions on escalated issues, with particular focus on continued regional justification.
- Escalate any exception, issue or risk to NOSPG executive where the board's authority level is anticipated to be exceeded.
- Transfer responsibility for post-project benefits reviews to NOSPG executive for re-allocation.

Ensure overall assurance of the project - that it remains on target to deliver the expected benefits, and

that the project will be completed within its agreed variances. Where appropriate delegate some NOSPG executive Project Assurance activities.

Project Board

During start-up and initiation, the Project Board will:

- Confirm project board authority levels with NOSPG executive- appropriate to project size/risk and the individual board members.
- Approve the Project Brief before sending to IPG for approval & authority to proceed.
- Approve the Project Initiation Documentation (and its components) before sending to IPG then onwards to NOSPG Exec obtaining the approval & authority to deliver the project.
- Decide whether to use a Change Authority i.e. a sub-group empowered to approve changes to the project on behalf of the project board.
- Agree the level of authority to be delegated to any proposed Change Authority.

If the Project Board is not wholly appointed the above responsibilities are owned by the SRO.

During the project, the Project Board will:

- Agree authority levels for each stage; approve Stage Plans and authorise accordingly.
- Communicate with stakeholders as defined in the Communication Management Plan (including briefing NOSPG Executive about project progress)
- Provide overall guidance and direction to the project, ensuring it remains viable and within any specified constraints.
- Respond to requests for advice from the Project Manager.
- Ensure that controls for issues, change and risks are being applied and consequently managed as effectively as possible.
- Request reports and make decisions, within authority levels, on escalated issues:
 - Exception Reports – request report and approve response plans when stage and project authority levels are forecast to be exceeded.
 - Issues Reports – request report and approve change recommendations as appropriate (unless delegated to a Change Authority).
 - Risk Reports – request report and approve remedial actions as appropriate.
- Approve and confirm completed deliverables.

At the end of the project, the Project Board will:

- Provide assurance that all planned deliverables have been completed satisfactorily.
- Provide assurance that all acceptance criteria have been met.
- Approve the End Project Report and ensure that any issues, lessons and risks are documented and passed on to the appropriate body.
- Authorise follow-on action recommendations to be distributed to NOSPG executive.
- Transfer responsibility for the updated Benefits Review Plan to NOSPG executive.
- Authorise project closure and send project closure notification to NOSPG executive.

Project Board Competencies

To be successful, the Project Board should:

- Have sufficient authority to make decisions, approve plans and authorise any necessary deviation from Stage and Project Plans.
- Have sufficient authority to allocate personnel & finance to the project.
- Be capable of adequately representing the clinical and operational interests of the region and

individual boards (especially the position of Health Boards other than their own)

- Ideally be able to stay with the project throughout its life.

Key competencies include:

- Decision making
- Delegation
- Leadership
- Negotiation and conflict resolution

Advisory Group(s)

Project advisory groups are set up to advise on a specific research topics or area of the project. It is advisable to not give these groups any responsibilities, beyond provide opinion, as this may limit volunteers who cannot commit their time.

Advisory Group Competencies

Different types of project will require different types of management skills. To be successful, the Project Team must be able to balance the different aspects of their role for a particular project.

All the team, to varying degree, need these key competencies:

- Planning
- Time management
- People management
- Problem solving
- Attention to detail
- Communication
- Negotiation
- Conflict management

Key competencies specific to the Project Support role include:

- Administration and organisation
- Knowledge of specialist tools and techniques
- Knowledge of NoSPG standards applicable to the project

Key competencies specific to the Clinical Team Leader role include:

- Professionally registered clinician
- Practicing clinician in relevant clinical area
- In depth insight, appreciation and understanding of the subject area being led
- Experience of working with teams of people outwith line management structures
- Ability to work as part of a disparate team, spread across the six NHS Boards
- Advanced communication skills, including motivational skills to encourage collaborative working and problem solving across NHS Board boundaries
- Ability to work with others at all levels across the North of Scotland, working with different cultures and systems to achieve objectives
- Understand economic constraints and requirements of financial planning and business governance processes
- Understanding and commitment to Clinical Governance