



**The Scottish
Government**

Health Directorates

Post Project Evaluation (PPE)

Lessons Learned Summary

2009-2010

Theme	Lesson Area	Outcome	Recommendation
Project Management	Successful User Group involvement	Projects were successful with each user group having a nominated lead with delegated authority to sign off and approve 1:200 layouts, 1:50 room layouts and room data sheet content. In general the groups were very focused and had clear development requirements.	Main capital schemes to continue with high quality User Group Involvement and flexibility to accommodate this work as well as normal day to day clinical activities. User groups with previous experience of this type of involvement greatly assist the process.
Project Management	Successful Project Steering Group involvement	Although the projects delivered successful outcomes the Project Steering Group (PSG) role sometimes needed to be amended, expanded and clarified. The PSG ceased major involvement in the project once the signed off room layout drawings, floor plans and equipment schedules had been completed. The delivery was then left to the capital team. Where very tight timescales were involved the User Group effectively became the Steering Group by the inclusion of some other Senior Staff.	To maintain PSG involvement throughout the project life to receive reports and updates on the progress in line with cost, time and quality parameters and assist the team with decisions influenced by User Group change. Larger schemes to be governed by a Project Board.
Project Management	Change Control	Change Control was managed generally by the Capital Team with User Group and Steering Group involvement as appropriate. However difficulties arose where Projects were under considerable budget and programming pressures and where physical unavoidable difficulties were encountered requiring instant decisions, or where assumptions on service need changed necessitating the exclusion or inclusion of related provisions.	Project Board/Steering Group involvement required at an early stage surrounding the strategic direction and content of all schemes. If content is to change then this must be managed through an appropriate change control method to establish the full impact of the change before implementation. All PB / PSGs now managing this appropriately. Consideration of advance works to improve the identification of possible physical difficulties could improve cost control and programming, although probably not the final cost. However this

			might mean a financial commitment before main projects are committed.
Project Management	IM&T input	IT and telecoms service delivery teams were involved in the early planning of the schemes and submitted the current guidance for Server Rooms, Node rooms etc and established a joint working group with local authority colleagues where appropriate. This generally worked well, however some of the IT planning in line with the construction delivery was not monitored effectively and construction changes impacting on the IT were not actioned until later in the commissioning phase. In addition difficulties were experienced in containing the IT & Telecommunication procurement costs within the original projected budgets due to changes in staffing, technology, requirement for additional external PM resources and changes to Board wide communications contracts. However the resultant additional cost was recognised in the risk register and drawn down from contingency.	IT & Telecoms leads have nominated two individuals as the main points of contact for all Capital schemes. They will meet with project teams at IA, Standard, Outline and Full Business case stages as appropriate and through construction and commissioning phases to apply appropriate experience from other projects and provide continuity for capital planning through the project life.
Project Management	Infection Control and Risk Management	Advanced meetings with Infection Control staff ironed out most issues. Some difficulties arose at hand over due to conflict between items such as curtail tracks and hand sinks. Issues like this tend to arise where compromises are necessary because of the difficulties in adapting existing structures. Mental Health schemes in particular have highlighted a clash between Infection Control requirements for wash hand basins, shower fittings etc and Health and Safety Risk Management advisers comments on anti-ligature fittings for different patient groups. There have been a number of instances where each group expects priority over the other. Anti ligature is more of a managed risk.	Infection Control, Risk Management, Operational Estates and Capital Planning colleagues to establish a matrix of appropriate fixtures and fittings that will satisfy Infection Control and Risk Management groups classified by MH patient group to assist with project planning and ongoing operational maintenance. A greater consistency of approach and requirement from Infection Control Teams would be beneficial.

Post Project Evaluation (PPE)

Lessons Learned Summary (Cont'd)

Project Management	Impact of SHPN 13 and decontamination expectations	Despite having room layouts signed off by Infection Control and the Head of Decontamination the interpretation of the new guidance seems to be a moving target. Further alterations were required at commissioning stage to deliver fully compliant decontamination facilities.	Highlight decontamination as a design and construction risk on all projects until full interpretation of the guidance established. More rigorous sign off procedure to be adopted with this User Group and the design and construction teams on all projects.
Project Management	User Group sign off & use of Project Alert system	The Project Alert system was adopted by the former Primary Care Trust and is a useful communication tool for distribution of project drawings and specifications to obtain User Group feedback from key estates, facilities, infection control colleagues. However, due to the volume of documentation now being generated and the timing of issue, full responses are not being received.	The Project Alert system is to be revamped to take into account application across acute and primary care teams and allow for greater planning time early on in the project to enable comment and feedback into the design process.
Project Management	The business case process	The delivery of the Initial Agreement (IA), Outline Business Case (OBC) and Full Business Case (FBC) for the projects was a fully collaborative effort from key members of the Project Boards. The early involvement of the key individuals helped all to understand the aims, what their detailed contribution was to be and how the whole document was to be structured. The teams gained a better understanding of the areas that were not their key responsibility and how these contributed to the whole process. The cases were coordinated by one individual within the teams.	Adopt a collaborative approach to production of all future business cases and reinforce the importance of the understanding of and requirement for this part of the process to justify planned capital investment.
Project Management	Cost reporting v cost control	Generally the QS had only been reporting on cost. This was not sufficient to meet a cost control remit and more collaboration with the whole design team and Project Manager was required to understand the whole budget and how the scheme had to be delivered within this.	Project briefs for appointment of QS services to be clear on the role and remit of cost reporting and cost control requirements and the potential impact on budget constraints as a whole.
Funding	Overall project budget make up	Budgets are often set at a level which inhibits the full potential of a scheme or the ability to deal quickly with	All project budgets to be confirmed in line with the Boards CRL and any

		any significant unexpected issues which arise. Partnership Projects in particular are often committed on establishment of budgets from a number of different funding streams, Primary and Community Care Premises Modernisation Programme, Community Regeneration Funding, Capital receipts from disposal, Mental Health and CHCP revenue contributions, Oral Health allocations. These commitments although recorded at early Steering Group meetings were not formalised and at transition from Trusts to the Unified Board made tracking of this difficult although a commitment had already been made	supplementary funding streams that may support the project. This will assist ongoing monitoring of cost v budget and there is not an over commitment to spend.
Funding	External funding streams	Where appropriate External funding streams identified as possibility to support project budget and others identified to make a specific contribution to an element of the project i.e. carbon reduction with improved energy plant.	External funding streams to be identified as opportunities and risks and managed appropriately via the project risk register.
Funding	Funding contributions treated as capital or revenue	Difficulty was experienced where a long term commitment to support the project budget through a joint working arrangement with a local authority was assumed to be a capital allocation. However, as the project progressed through the various business case approval stages it became apparent that this funding would have to be treated as a revenue allocation with a negative impact on the anticipated capital position and therefore dealt with from either optimism bias or the detailed risk register.	The identification of project funding as either capital or revenue requires to be identified at the earliest opportunity to allow the capital accountants to make the correct assessments within the affordability models of the business case.
Construction	Estates Training Records	Standard demonstrations with estates were undertaken prior to handover. Training of operational estates staff on the requirements for ongoing maintenance was carried out but not recorded for reference purposes.	Contracting and Estates teams to collaborate over initial production of Planned Preventative Maintenance schedules.

Commissioning	Allocation of a Commissioning Manager	The appointment of a Commissioning Manager allowed for the Project Manager to focus on the project delivery and a CM to manage all staff, user groups and GP practices through a detailed packing, moving and unpacking process to allow successful operation of the new project on time. The CM appointment was one of the key critical success factors on achieving centre opening on programme and well worth the investment. However conflicting pressures on in house commissioning managers can hinder the process.	For reasonably sized and complex main capital schemes implement the appointment of a Commissioning Manager introducing them to the project team with sufficient time to understand the project and plan resources for the move.
Commissioning	Equipment Procurement	Equipment ordering and management of costs against budget was supported by the in-house supplies team who also successfully coordinated the delivery and installation process within the new centre.	Utilise similar resource from the supplies team on reasonably sized capital schemes.
Commissioning	Handover	Handovers were generally successful. However difficulties were experienced where timescales to achieve completion to meet complex interlinked situations or clinical need were extremely tight, resulting in insufficient checking of final stages.	Where possible more time should be allocated to complete and commission projects and programmes should be created which reflect the importance of this stage.

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