Post Project Evaluation (PPE) – Projects costing less than £5m – 2013/14 Lessons Learned Summary

Theme	Lessons Area	Outcome	Recommendation
Planning of the Scheme	Early Warning	Early warning of a proposed schemes enabled key stakeholders to develop enabling measures which proved crucial to the project development.	The stakeholders present their Initial Proposal to CMG for prioritisation
Business Case Progress	Training	Awareness and understanding of the business case progress with all the stakeholders in particular managers has enabled greater understanding of the necessary processes and timescales that are required for projects.	A simple project flow chart for the Boards projects are small in scale and only require a SBC to date. The use of a standard template for SBC has been implemented
Project Management	Project Management	Project managers carried out a number of project management sessions for all staff.	Project management awareness training to be continued to be provided to staff. This is provided in house by the Capital Project Manager
Project Management	Time in programme for accurate and robust design process.	Client, Stakeholders and Design Teams are given enough time at the front end of the project programme to ensure that designs are fit for purpose.	Sufficient time is built into the beginning of project programmes to ensure that the designs are fit for purpose and achieve value for money solutions. Client sign off is sought prior to works being tendered.

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Project Management	Risk Register	Robust Risk Register required for each projects using NEC3 contract.	Create Risk Register in partnership with design team and stakeholders at inception of Project. Manage Risk items regularly with all mitigation measures identified. Risk Owner identified and timescale for mitigation detailed.
Project Management	Engagement with Utility Companies	Engagement with Utility Companies is undertaken early in the design process. Previously there have been delays due to Utility Company delays out with the Boards control.	Early engagement with Utility Companies is now undertaken where they are involved. All correspondence between the Board and the Utility Companies is now undertaken in writing. Utilities risks are included in any project risk register.
Project Management	Local Framework	Mini framework in place for contractors and consultants.for minor capital works (<£1M)	All minor works are now tendered through the Boards Framework agreement for minor capital works. Design Teams are appointed on fee percentages as agreed through the Framework agreement. This is shortening the overall project programme considerably.

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Project Management	Successful User Involvement	The staff were made aware of the technical and practical problems that had to be overcome during the project. Only when the project commenced did they take full awareness if the impacts	All practical methods were utilised that the affected users understand the design and technical proposals. Users need to dedicate sufficient time to engage and consider the risk and impact of the project. This is assumed to be resolved by others until the actual impact is realised.
Project Management	Infection Control	Early meetings with Infection Control staff clarified any issues between users, designers and the contractors in respect of the scope of the works and the management of the works in a theatre	Dedicated single ICT point of contact has enabled a greater liaison and understanding of issues and practical solutions based approach
Project Management	Communication	Meeting dates and locations pre agreed for the length of the project with no variations resulted in early risk management	Project meetings times and locations to be agreed for the life cycle of the project in advance. In particular where mainland design teams and high level management are involved.
Project Management	Communication	Agreed communication plan with all stakeholders	All projects to use pro forma PID

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Finance	Budget Setting	Early setting of available capital allows projects to be properly scoped and designed prior to delivery in a financial year.	Clarity around capital availability early in financial year allows robust prioritisation of capital expenditure against risk profiled backlog maintenance projects.
Defining Roles	Roles & Responsibilities	Clear communication and point of contact established in projects enabled early problem solving.	Pro forma PID has been approved and in use
Commissioning	Estates Staff	Estates staff actively attended and proactive in commissioning progress enabled better understanding of systems and fault finding	Estates staff to continue attend all commissioning
Managing Users Expectations	Public Involvement	Presentations to PPF on the Capital Programme programme enabled public understanding of the budget and prioritisation matrix	Biannual meeting with PPF to continue. Gives opportunity to seek nominations to join Project teams where relevant
Working with Other Agencies	Joint Property usage	Multi Agency property group has been set up to consider property and capital management portfolio	This is an ongoing local managed group meeting on a quarterly basis.

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Project option appraisal	Several sites considered for a possible new build replacing the present Health Centre facility which was operating from a converted small bungalow. Majority of those sites considered being too far from the centre of town. Local participation essential in site evaluations particularly with the preferred option being a former local authority play park built on previous common good land	Planning restrictions and costs associated with site clearance precluded all other options considered as viable alternative sites. Alternatives would also have resulted in the locale being away from the town centre and Transport Infrastructure, which in turn would have created access problems, particularly for the elderly.	To commence exploratory works on reviewing possible alternative sites at the earliest possible opportunity. Establish close links with Local Authority re land purchase, planning, opportunities / restrictions. Liaise closely with Property Advisory Agents & CLO re purchase of Local Authority Play Park formerly common good land
Project option appraisal	Several sites were considered for a possible new build together with the reconfiguration and expansion of the existing but substandard facility (the problematic but necessary Decant with this option was eased by the availability of a vacant property, which although needing some bespoke fittings & minor alterations was acceptable for a short term relocation. The majority of	Planning restrictions and costs associated with a new build precluded other options being considered as viable alternative sites. Alternatives would also have resulted in the locale being away from the MH Hub and would not provide the secluded location preferred within the hospital campus.	To commence exploratory works on reviewing possible alternative sites at the earliest possible opportunity. Liaise closely with & Establish close links with relative MH teams.

	proposed new sites were considered being too far from the centre core of the MH Hub. Local participation essential in site evaluations & ensuring patient care during the decant operation to & from the suggested facility		
Planning restrictions	The establishment of close links with the Local Authority, in terms of Planning with the existing building being 'listed'	Local Authority on side with preferred innovative design which is sympathetic to surrounding architecture.	The development and maintenance of good working relationships with the Local Authority, and departments within same essential.
Planning restrictions	The establishment of close management links with the various user groups in terms of Planning, Design and awareness of disruption to existing facilities and the associated services.	A series of departmental moves & rationalisation of accommodation needs prior to the preferred option being commenced within the area released by same. Hospital on side with design which is proving to be integral in managing patient flow through various clinical work streams	The development and maintenance of good working relationships and communication throughout the whole of the Hospital Structure &externally

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Consultation	Essential to the successful development of the Project Brief is the early establishment of appropriate stakeholder representation this to include representatives of the various NHS users, GP's, Staff and the Public.	Through established network, public representation incorporated within the stakeholder Groups, Project Team and Project Board. Representation on all groups included the involvement of the Primary & Community Services team, GP Practice, Design Team, and Estates Project Management together with control of Infection and Risk Health & Safety. As required representation included links with NHS Technical Supplies Teams	Establishment of the appropriate team essential Regular and robust communication, written and verbal Engage with Local Community & involve same throughout the timeframe of the Project
Consultation	Essential to the successful development of the Project Brief is the early establishment of appropriate stakeholder representation and the need to tease out & agreed patient numbers	Through established network, public representation incorporated within the stakeholder Groups, Project Team and Project Board. Representation from all groups included the involvement of the MH Management Team, Design Team, and Estates Project Management together	Establishment of the appropriate team essential Regular and robust communication, written and verbal.

		with control of Infection and Risk Health & Safety. As required representation included links with NHS Technical Supplies Teams	
Multi-phasing of works within occupied premises	Strong & concise communications essential, see note above. Adequate down time to be planned from the outset for transition from one phase to the next. Advance planning involving all stakeholders and Main Contractor essential to reduce/eliminate disruption	Through good advance planning all worked completed as envisaged The elements of relocation / reconfiguration / refurbishment, through its very nature incorporating a number of temporary moves of accommodation & permanent Decants The segregation of patient care areas from construction areas effectively achieved.	Advance planning and first class communication with all stakeholders – a must. All plans to be documented, signed off as approved and reviewed as project progresses leading to successful out turn.

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Property Agreements	Primary & Community Services Management entered into early dialogue with GP Practice, establishing formal agreements	Agreements planned to be established in advance of project completion	Standard format for such agreements should be uniform throughout the Board Area, perhaps also regional / national format should be utilised/developed. This with the involvement of the CLO
Decant - phasing of works pre and post construction	Strong & clear communications essential, see note above. Adequate time to be planned from the outset for Decant pre commencement of construction & post completion Advance planning involving all stakeholders and Main Contractor essential	Through good advance planning of all full decant issues the decant out and return was successful The elements of refurbishment & extensions, through their very nature required a full decant of all patients.	Advance planning and first class communication with all stakeholders – a must. All plans to be documented, signed off as approved and reviewed as project planning progresses leading to successful out turn.