3Ts Hospital Redevelopment Programme
Full Business Case
Management Case: Post Project Evaluation

February 2016, v5
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Introduction

1. Post-Project Evaluation (PPE) ‘is an essential element of the assurance process for capital developments and is good practice for projects with a cost in excess of £1m’ (TDA). For the 3Ts development, PPE is understood to encompass three elements:-

- Post-Project Review. This addresses the performance of the project/project team (incl. project delivery against time, budget and scope/quality expectations) and lessons learned that can be shared with the wider project management system.

- Post-Implementation Review. This is in effect Gateway Review 5 and examines what the project achieved (product/outcome), and in particular stakeholder experience against their expectations. It will include an evaluation against that Equality (Due Regard) Impact Assessment.

- Benefits Realisation. This is a component of Post-Implementation Review and focuses on realisation of the anticipated and any additional business benefits achieved. This is covered in more detail in the Benefits Realisation section.

2. Arrangements for PPE have been established in accordance with best practice, including OGC Gateway\(^1\) and PRINCE2 principles.

Phasing

3. The table below sets out the chronology/phasing of the PPE.

<table>
<thead>
<tr>
<th>Programme Stage</th>
<th>Focus of PPR</th>
<th>Anticipated Timing</th>
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</thead>
<tbody>
<tr>
<td>1. Project Planning</td>
<td>• Effectiveness of planning and governance arrangements.</td>
<td>One month after approval of the 3Ts OBC</td>
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<td>2. Procurement</td>
<td>• Effectiveness of the project management from both internal and external stakeholder perspectives. • Communications and engagement during procurement. • Effectiveness of external advisers utilised on the scheme. • Efficacy of NHS guidance in supporting the delivery of the scheme. • Perceptions of advice, guidance and support from the P21 team, SHA and OGC Gateway review team.</td>
<td>Six months after approval of the FBC</td>
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<tr>
<td>3. Project implementation</td>
<td>• Effectiveness of the project management (and project team) from both internal and external stakeholder perspectives. • Communications and engagement during construction. • Effectiveness of the joint working arrangements between the PSCP and Trust project teams. • Support during this stage from other stakeholder organisations, including PCTs, Local Authorities, SHA, other local Trusts and the Department of Health.</td>
<td>Three months after operational commissioning of each building</td>
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| 4. Project in use (shortly after opening) | • Effectiveness of the project management of the scheme from both internal and external stakeholder perspectives.  
• Communications and engagement during construction, commissioning and into operations.  
• Effectiveness of the joint working arrangements established between the PSCP and the Trust project teams.  
• Support during this stage from other stakeholder organisations, including CCGs, Local Authorities, TDA, other local Trusts and the Department of Health.  
• Overall success factors for the project, eg. cost, time.  
• Extent to which the design meets patient/carer and staff needs. | 15 months after the completion of operational commissioning |
| 5. Project in use (buildings are well-established) | • Effectiveness of the joint working arrangements between the PSCP and Trust project teams.  
• Extent to which the design meets the needs of patients/carers and staff. | Two to three years after completion of commissioning |

**Methodology**

4. Evaluated will be undertaking using a range of methodologies, including:

- stakeholder hardcopy/web-based questionnaires;
- commissioner assessment of programme outcomes;
- consultation meetings, eg. Hospital Liaison Group;
- OGC Gateway Reviews;
- regular reviews of Key Performance Indicators (KPIs) with the PSCP during the construction and commissioning stages;
- Evaluation of the Public Arts Strategy and its impact on the patient experience (in collaboration with an academic institution);
- internal audit reviews.

**Resourcing & Governance**

5. The process will be managed by the 3Ts Programme Director, supported by the Programme Team. All evaluation reports will be made available to all participants in each stage of the evaluation once the report has been endorsed by the Trust Board. The majority of the work will be undertaken by the 3Ts core team, supported an independent 3Ts programme audit team.

6. The costs of PPE are included within the total project management costs. However if there are resource issues the Trust project team will seek to ensure that they keep abreast of projects which have been fully evaluated when in use and which have utilised the latest PPE guidance. The Trust will then take a view of the extent to which external support is required and make a submission to local commissioners based on the evidence which is available with regard to costs.

**PPE to Date**

7. In line with the chronology set out above, the first evaluation was undertaken in January 2014 using a self-assessment against the OGC Common Causes of Project Failure document. An associated action plan was developed with the 3Ts Programme Board, and a reassessment undertaken in June 2014 (appended in the Management Case).
8. Previous OGC Gateway Reviews are appended.
Summary

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<td>1. The Trust, and its partners, has considered how PPE can be a full part of the process of learning from each development stage of the programme.</td>
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<td>2. The Trust has already identified the costs associated with this, through the on-going costs of the internal team.</td>
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<td>3. There is a robust plan in place for undertaking a PPE.</td>
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