Facilities Shared Services Programme

Private Finance Initiative (PFI)/ Public Private Partnership (PPP)

Project Initiation Document
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1. Summary of Project Brief

The Scottish Government Efficiency and Productivity Framework (February 2011) outlines the need to continuously improve the quality of services and simultaneously improve productivity. The Quality and Efficiency Support Team (QuEST) is working with NHS Boards to provide a national approach to the efficiency and productivity agenda. Shared Services are one of seven key priority workstreams identified within this portfolio of work.

The Facilities Shared Services Programme contains five projects, one of which is PFI/PPP. The Project will improve the efficiency and effectiveness of the services provided within PFI/PPP Facilities by ensuring that these Facilities can support developments in healthcare delivery, accelerate change, and achieve continuous improvement in the Healthcare Environment. A table of the current PFI/PPP contracts in operation in NHSScotland can be found in Appendix 1.

1.1. Project Objectives

To improve contract management of the variable element within PFI/PPP contracts to deliver a 2% recurring reduction in costs with no diminution in service.

To produce a Recommendations Report to the Facilities Review & Shared Services (FR&SS) Programme Board on improving the effectiveness of contract management and monitoring within PFI/PPP contracts by December 2013.

To undertake an options appraisal for the management of operational PFI/PPP contracts across NHSScotland incorporating 3 options: local (individual NHS Board), regional (geographically based) and national and provide the FR&SS Programme Board with the recommended option by December 2013.

To produce a Recommendation Report for the Efficiency Portfolio Board on the preferred option for the management of operational PFI/PPP contracts across NHSScotland by March 2014.

1.2. Outline Project Deliverables and/or Desired Outcomes

Development of Robust Contract Management
- Document contract management skills and resource capability across all contracts
- Identify and document future service requirements
- Conduct a gap analysis to plot current position against future service requirements
- Produce an Options Appraisal on the provision of appropriately skilled resource across contracts to better manage operational contracts across NHSScotland

Procurement of Utilities
- Report on how utilities are procured and identify where more efficient procurement could realise savings
- Document case studies demonstrating best practice for potential use in other contracts
- Report on actual benefits / cost savings made within individual contracts

Management of Energy Efficiency
- Report on the potential for the realisation of overall savings through the introduction of energy efficiency measures in existing projects
• Document potential incentives for the contractor/provider to pass back to the contract holder
• Document case studies demonstrating best practice for potential use in other contracts
• Report on actual benefits / cost savings made within individual contracts

Procurement of Consumables
• Report on how consumables are procured and identify where more efficient procurement could realise savings
• Document case studies demonstrating best practice for potential use in other contracts
• Report on actual benefits / cost savings made within individual contracts

Management of Insurance Arrangements
• Report on the insurance arrangements within the contracts, including risk sharing, to identify potential savings
• Document case studies demonstrating best practice for potential use in other contracts
• Report on actual benefits / cost savings made within individual contracts

Management of Legislation and NHS Guidance
• Recommend a process to simplify and standardise approaches to minimise the financial impact of new Legislation / NHS Guidance
• Report on actual benefits / cost avoidance achieved by individual contracts

Management of Benchmarking / Market Testing Exercises
• Report on how benchmarking / market testing is undertaken and identify where more effective management could realise savings
• Document case studies demonstrating best practice for potential use in other contracts
• Report on actual benefits / cost savings made within individual contracts

Management of Variations
• Report on how variations (changes made to a contract) are handled and identify where more effective management could realise savings
• Document case studies demonstrating best practice for potential use in other contracts
• Report on actual benefits / cost savings made within individual contracts

Report on any other improvements identified as a part of the data collection exercise

In-depth Reviews
Scottish Futures Trust (SFT) will carry out three in-depth reviews of major acute PFI/PPP contracts. SFT’s approach is to carry out the reviews working alongside the NHS Board staff involved in contract monitoring and management rather than producing an audit or consultant’s report and to share good practice across projects. In-depth reviews are being undertaken for a number of reasons, including to:
• Ensure that boards get the level of service they are paying for and are confident in their application of the remedies that the contracts set out in relation to poor performance
• Ensure that the correct monitoring tools are in place
• Increase the confidence of the monitoring teams
• Identify opportunities for savings and efficiencies
• Identify lessons to be learned by other boards as well as good practice and to disseminate that among the NHS Boards

1.3. Constraints

The following constraints have been identified for the project:
Funding
Programme funding is provided by Scottish Government QuEST and is currently budgeted for until 31st March 2015. Each project within the programme is reviewed on an annual basis by QuEST.

Timescales
The initial stage of this project will work to a timescale of December 2013. Some achievements are possible in the short term in advance of this date. Benefits may not be fully realised until 2014/15.

Resources
The required resources are available to the project but may not be available to support the project at the required time during the project lifecycle. In particular,

- Cross NHS Board commitment
- Time of Managers and staff to contribute to the process
- Specialist subject matter expertise

The workplans of the Strategic Facilities Group (SFG) will also have to be taken in consideration when releasing resources for the project. The Strategic Review of Soft Facilities Management Programme also draws on resources from NHSScotland Estates and Facilities Management and resource conflicts will have to be managed at a programme or portfolio level.

Data
The availability of reliable, timely data in order to establish a baseline of service provision and benchmark, will act as a constraint on the progress of the project.

Legal
Some of the savings initiatives may not require a formal change to the contracts. The indemnities issue is perhaps a specific point: the generality is that there are existing contracts in place with formal variation/change procedures which will need to be considered and renegotiated as required. Recognition of the commercial position of the NHS Boards and the private sector parties will be required.

1.4. Project Scope (and any exclusions)

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2. **Project Definition**

2.1. **Method of Approach**

It is estimated that the programme of work will run until 31\textsuperscript{st} March 2015. The five projects (of which PFI/PPP is one) will each deliver work into the programme. The work delivered by the workstreams will cover each of the five lifecycles stages shown below.

The project team will undertake a planning exercise at the beginning of the Proposal Stage to understand requirements. This will enable the team to develop detailed plans with associated timescales for Initiation through to Closure and Review.

**Proposal**
- Establish project team infrastructure (i.e. Core Project Team)
- Establish governance structure
- Agree Terms of Reference

**Initiation**
- Identify sub activities
- Produce a comprehensive Project Plan and Project Initiation Document (PID) and achieve sign off
- Create and maintain a Risk and Issue Log
- Support the development of a Communication Strategy and Communications Plan

**Implementation**
- Engage key stakeholders in the project deliverables and/or project outcomes
- Delivery of the agreed sub activities as detailed in the Project Plan
- NHS Board implementation of identified opportunities and recommendations to achieve benefits

**Closure and Review**
- Lessons Learned Report
- End Project Report to include savings/benefits realised
- Handover to Business as Usual (BAU)
- Schedule of Post-Project Review

2.2. **Assumptions**

Each assumption will be managed as a risk via the Risk Log by the Project Manager.

**Resources**
- The Workstream (Project) Lead will be resourced from NHS Lothian and will lead the workstream project from Proposal through to Closure and Review
- SFT will provide resources and legal expertise to review existing PFI/PPP contracts, scope potential collaborative opportunities/national standardised approaches, and engage with the respective NHS Boards
- QuESt will provide resources to manage communications
- NSS PgMS will provide project management support
• NHS Boards will provide resources to attend the Operational Management Advisory Group and Core Project Team (CPT).
• The project stakeholders are aware of, agree and fully understand the shared objectives and deliverables of the project.
• The NHS Boards will implement the recommendations within the agreed timescales.

**Timescales**
• NHS Boards can work to the agreed timescales for each of the objectives.

**NHS Board Contract Management**
• NHS Board PFI/PPP contracts will be readily accessible to the project team.
• There will be a sufficient level of Contract Management expertise within each NHS Board that can support the data capture.
• The development of HUB contracts management will be clearly defined.
• Saving opportunities and robust contract management will be implemented.

### 2.3. Stakeholders

The following stakeholders have been identified below:

**Responsible**
• Facilities Review & Shared Services Programme Board

**Accountable**
• Efficiency Portfolio Board

**Consulted**
• Board Chief Executives Group
• Capital and Facilities Division, Scottish Government Health Finance, eHealth and Pharmaceuticals Directorate
• NHS National Services Scotland
  o CLO
  o HFS
  o National Procurement Commissioning and Facilities
• NHSScotland Directors of Finance Group
• NHSScotland Directors of HR Group
• NHSScotland Employee Directors Group
• NHSScotland Strategic Facilities Group
• NHS Staff
• QuESt, Scottish Government Health Workforce & Performance Directorate
• Partnership
• PFI/PPP Operational Management Advisory Group
• Scottish Futures Trust

**Informed**
• Department of Health (England) PFI Benchmarking Groups
• Energy suppliers
• Individual NHS Boards
• NHS Departments:
  o Energy/Waste Departments
  o Estates/Facilities/Contracts Departments
  o Finance Departments
• Programme Workstreams
  o Capital Planning/Hard FM
  o Fleet/Transport Management
Details of these stakeholders and how they will interface will be contained in the respective Project Communication Strategy and Plans.

2.4. Project Organisation Structure

A high level draft Facilities Shared Services Governance Structure is set out in Appendix 2.

The project organisation structure is detailed in Appendix 3.

The delivery of the project activities will be managed by the CPT and Project Manager who has responsibility for reporting progress to the Programme Director.

2.5. Risk Management Strategy

All risks and issues will be documented within the PFI/PPP Project Risks and Issues Log. All project risks will be reviewed regularly by the Project Manager and Workstream Lead. Red and amber risks and issues will be discussed by the Core Project Team and escalated to the FR&SS Programme Board where appropriate.

2.6. Communication Strategy

A request will be made to the Scottish Government’s QuEST to identify communications resource to support this programme of work.

2.7. Project Quality Strategy

The quality techniques to be employed during the project which will help to ensure that the project achieves the required quality levels will be:

Project Progress Reporting and Review
This will be discussed at each workstream Core Project Team and the FR&SS Programme Board meeting to ensure that the projects remain on track and any issues or potential deviations from plan are dealt with appropriately.

Project Quality Review
This will be undertaken for all project products and will ensure that these meet the required expectations of project stakeholders. This includes all project documents developed during the project lifecycle.

2.8. Benefits Management Strategy
The programme will adopt the QuEST Measurement Benefit plan to document and track benefits.

2.9. Project Controls

Quality Control
The quality techniques to be used throughout each project’s lifecycle have been documented in section 2.7 above.

Project Initiation
Based on the information contained within this Project Initiation Document, the Programme Board will be asked to assess and confirm the viability of the project and confirm approval to the next stage in the project lifecycle.

Issue Management
All issues will be documented in the Risk and Issues Logs which will be maintained by the Project Manager and reviewed regularly via the project governance processes. All issues requiring escalation will be discussed by the Core Project Team and escalated to the FR&SS Programme Board where appropriate.

Progress Monitoring & Reporting
The Project Manager will be responsible for producing and consolidating reports as a means of communicating and updating on progress to the Programme Director as required and to the Programme Board on a quarterly basis. Project Team members will be asked to contribute to the monthly reporting cycle for the areas they have responsibility for.

Exception Reports will be produced by the Project Manager to provide warning of any forecast deviation beyond activities identified in the project plans and out with the allocated resources.

Key Controls for Project Closure
An End Project Report will be completed by the Project Manager for the project and any outstanding items handed over to Business as Usual (BAU), as appropriate. Upon approval of each End Project Report, the FR&SS Programme Board will be asked to confirm project closure.

Project Configuration Management
The Project Manager will file all documentation relating to the project within an NSS Project shared working area. All relevant documentation will be stored in the appropriate folder relating to the projects lifecycle. Emails relating to key decisions will also be stored in this location to ensure a full audit trail.

Benefits Realisation Plan
Upon agreement of the objectives for this project the development of a Benefits Realisation Plan will be discussed with the Workstream Lead and Programme Director. Where a plan is developed the Project Manager and the project team will be responsible for producing a Benefit Profile that will document the benefits expected to be delivered by the project. The Benefit Profile will be agreed by the FR&SS Programme Board and reviewed on a regular basis.

3. Initial Business Case

There was no formal Business Case created for this project; however, FR&SS Programme was established by NHSScotland and is supported by Scottish Government.
4. **Initial Project Plan**

A high level draft Project Plan has been developed by the Project Manager. The agreed Project Plan will be managed on a regular basis through the Core Project Team and FR&SS Programme Board.

5. **Initial Risk Log**

A Risk and Issue Log will be developed by the Project Manager and managed on a regular basis through the Core Project Team and FR&SS Programme Board.

6. **Impact Assessments**

6.1. **Equality & Diversity Impact Assessment**

It has been agreed that until a preferred option has been identified and approved by the Programme Board that an Equality & Diversity Impact Assessment is not required.

6.2. **Healthcare Quality Impact Assessment**

It has been agreed that until a preferred option has been identified and approved by the Programme Board that a Healthcare Quality Impact Assessment is not required.

6.3. **Privacy Impact Assessment (if applicable)**

Not applicable to this project.

6.4. **Systems Security Policy (if applicable)**

Not applicable to this project.
7. DOCUMENT CONTROL SHEET:

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Distribution: This document has been distributed to
### Name:  
CPT  
Advisory Group

### Date of Issue:  
02/09/13  
02/09/13

### Version:  
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APPENDIX 1 – Operational PPP/PFI Projects in Healthcare

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APPENDIX 2 – Facilitates Shared Services Programme Governance Structure
APPENDIX 3 – Project Organisation Structure

- PPP Advisory Group
  Chair: George Curley

- PPP Core Project Team
  Chair: George Curley

- FSS Programme Steering Group
  Chair: Douglas Seago