

Gateway Review

**PROJECT: The Modernisation and Redesign of Primary and
Community Services for Alexandria, West Dunbartonshire -
The Vale Centre for Health & Care**

**Gateway Review 4
(Readiness for Service)**

Report Status:	Final v1.0
Date/s of Review:	26/06/13 to 28/06/13
Draft Report Issued to SRO:	28/06/13
Final Report Issued to SRO & Copied to PPM-CoE:	28/06/13
Delivery Confidence Assessment:	Green
Senior Responsible Owner:	Keith Redpath
Scottish Government's Accountable Officer:	Derek Feeley
Organisation's Accountable Officer:	Robert Calderwood

Contents

1. <u>Background</u>	4
2. <u>Purpose and Conduct of the Review</u>	6
3. <u>Gateway Review Conclusion</u>	7
4. <u>Findings and Recommendations</u>	9
5. <u>Previous Gateway Review Recommendations</u>	12
6. <u>Next Gateway Review</u>	13
7. <u>Distribution of the Gateway Review Report</u>	13
Appendix A - Purpose of a Gateway Review 4: Readiness for Service	14
Appendix B - Summary of Recommendations	15
Appendix C - Review Team and Interviewees	16
Appendix D - Scottish Government - Programme and Project Management Principles	17

1. **Background**

1.1 **Aims of the Project**

1.1.1 The West Dunbartonshire Community Health and Care Partnership (CHCP), on behalf of the NHS Greater Glasgow and Clyde Health Board (NHSGGC), is responsible for the delivery of The Vale Centre for Health & Care. The NHSGGC Vision for the Vale specifies the delivery of a substantially enhanced replacement for the existing Alexandria Medical Centre within the Vale of Leven Hospital site.

1.1.2 The 'Vision' for this new, state-of-art health and care centre is that it will be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. This new Centre will:

- Ensure a clear focus on the provision of excellent and continuously improving health and care services as an integral element of a positive patient experience.
- Provide a flexible base for a range of increasingly integrated and multi-disciplinary health and care services.
- Stimulate inter-disciplinary learning and networking through the optimal provision and creative use of shared and common space.
- Empower patients and visitors with clear information and diverse opportunities to make informed choices about their care and their health.

1.1.3 The new Centre will:

- Improve access to and range of services.
- Improve patient, carer and visitor experience.
- Enable integration of service provision.
- Enable integrated team working.
- Improve quality of clinical care.
- Enable better use of information and communication technology.
- Improve physical work environment for staff.
- Provide high quality education and learning facilities for staff and students.
- Improve environmental management and sustainable development contribution.
- Provide improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and those using public transport.
- Improve space utilisation and enhance adaptability for future change.

1.1.4 The investment objectives for the project are to:

- Deliver the Vale Vision.
- Improve health and care outcomes for patients using the Centre and its services.
- Generate experiential benefits for patients, carers/visitors, service staff and the surrounding communities through the design of the Centre
- Generate a variety of positive contributions across the sustainable development spectrum for patients, carers/visitors, service staff and the surrounding communities.

Driving Force for the Project

1.1.5 Improving the health and wellbeing within and across the area of the Vale of Leven requires its communities to be able to readily and sustainably access high quality and joined-up community health and primary care services. The current arrangement of services – most notably those based within the leased premises that form the existing Alexandria Medical Centre – are far from optimal and place substantial limitations on service improvements necessary to meet the current and future needs of patients and local communities.

1.2 Procurement/Delivery Status

1.2.1 The project has been procured via Frameworks Scotland route using the Health Facilities Scotland (HFS) NEC3 Engineering and Construction Contract. Laing O'Rourke were appointed as the Principal Supply Chain Partners (PSCP). The contract completion date for the construction of The Vale Centre for Health & Care is 16th July 2013.

1.3 Current Position Regarding Gateway Reviews

1.3.1 A Gateway 2 Review was carried out in October 2010 and a Gateway 3 Review was carried out in September 2011.

2. Purpose and Conduct of the Review

2.1 Purpose of the Review

2.1.1 Gateway Review 4: Readiness for service. This Review investigates the organisation's readiness to make the transition from the specification/solution to implementation; where appropriate it will assess the capabilities of delivery partners and service providers. The Review also confirms that ownership of the project is clearly identified after handover to operational services.

2.1.2 A full definition of the purpose of a Gateway Review 4 is attached for information at **Appendix A**.

2.1.3 This report is an evidence-based snapshot of the project's status at the time of the review. It reflects the views of the independent review team, based on information evaluated over a three to four day period, and is delivered to the SRO immediately at the conclusion of the review.

2.2 Conduct of the Review

2.2.1 The Gateway Review 4 was carried out on 26/06/2013 to 28/06/2013 at West Dumbarton Council Offices, Garshake Road, Dumbarton, G82 3PU.

2.2.2 The Review Team members and the people interviewed are listed in **Appendix C**.

2.2.3 The Review Team would like to thank the SRO, the Project Team and all interviewees for their support and openness, which contributed to the Review Team's understanding of the project and the outcome of this review. The administrative support and arrangements for the review were excellent.

3. Gateway Review Conclusion

3.1 **Delivery Confidence Assessment.** The Review Team finds that the overall delivery confidence assessment is **Green**.

The Modernisation and Redesign of Primary and Community Services for Alexandria, West Dunbartonshire is enabled by the unique and innovative design of the new Vale Centre for Health & Care. The new facility is on target to open on 19th August 2013. It is well supported by the local community and staff who will be using the facility and who have praised the way in which they have been engaged throughout the project delivery. The different future users of the new Centre have positively articulated the co-location benefits of further integrating health, social and community services in this high quality environment, which also offers excellent opportunities for education and training to enable further quality and service improvements.

The project is highly likely to be delivered on time and there are comprehensive plans for commissioning and the transfer of services to the new facility. The construction of the facility is likely to be delivered within target cost, although there will be a significant underspend on equipment costs due to a change in scope. There is clear project ownership from the CHCP senior management team who work effectively in partnership with NHSGGC capital planning, service users and framework suppliers, as well as wider stakeholders.

The timescale for completing outstanding work on the facility is challenging and, while certification of the building by the planned handover date is achievable, there is some outstanding work and minor defect corrections which will have to be carefully scheduled within the service commissioning period. There should be sufficient time within the service commissioning period and before opening to achieve this, if this is properly managed.

The project is on target to succeed and there are a few issues to address which may further improve the probability of success, including:

- Confirming equipment capital allocation, budget and spend for overall project cost reporting purposes.
- Setting out the detailed plans for the identification and measurement of the benefits and linking these to the stakeholder communications plans.
- Capturing the breadth of lessons learned, such as the further integration of health, social and community care service delivery and the design of the facility to help promote education, training and service improvement.

Successful delivery of the project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.

The Delivery Confidence assessment RAG status uses the definitions below.

<u>RAG</u>	<u>Criteria Description</u>
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun
Amber/Red	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible
Red	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The Project/Programme may need re-baselining and/or overall viability re-assessed

3.2 The project demonstrated significant good practice in communications and engagement with the wider community and through broad based user design groups which were involved in an early stage of the design process and have been engaged throughout the construction and delivery process.

3.3 A summary of the Report Recommendations is available at **Appendix B**. The Scottish Government is committed to learning lessons from programme and project delivery. To facilitate this the recommendations from this report have been categorised to align with the Scottish Governments PPM Principles. The SG's PPM Principles are listed at Appendix D. This allows the SG's PPM-CoE to analyse lessons across various reviews and present them in non-attributable reports.

4. Findings and Recommendations

4.1 Business case and stakeholders

4.1.1 The new facility is seen as a community building which has a unique and innovative design and brings together a distinctive mix of dentistry, primary care, social and community services, some of which have not previously been co-located. The design is driven from a desire to enable integration of services and delivery of emergent care models. The patient and staff educational space and staff room areas are designed to provide an environment and catalyst for service and quality improvements. The facility provides better and sensitive access for vulnerable groups as well as disabled access, parking and security.

4.1.2 The project has benefited from the Full Business Case having been prepared by the CHCP Project Team and its thoroughness of coverage has enabled it to be used as a live document for the overall management of different aspects of the project, rather than just being viewed as a historic document to secure an investment approval.

4.1.3 There is a high level of confidence that the new facility will open on time on 19th August 2013 and that the construction will be delivered within the cost envelope agreed at Full Business Case stage and secured through the target price mechanism. During the process of agreeing the target price, benchmarking of costs and rates from other similar PSCP schemes proved beneficial and provided additional confidence in the process of agreeing the price.

4.1.4 Equipment costs are likely to be substantially lower than anticipated in the Full Business Case although this is currently not reflected in the project cost reports. The required equipment scope and budget needs to be confirmed and the next project cost report needs to reflect revised equipment budget sums and planned expenditure. This should be reported to and approved by the Project Board.

Recommendation 1: Update the project cost report to reflect the current position on equipment budget and costs

4.1.5 The revenue sum identified in the Full Business Case for net additional costs has been agreed and allocated to the CHCP and hence the project is affordable.

4.1.6 This project is a major investment in integrated health, social and community care in the Vale of Leven and has taken place against a background of public being unsettled about the future of services at the Vale of Leven Hospital. There is support in the press for the new facility and the extensive engagement process with community groups indicates good support for this new facility. There are plans for managing communications about the opening of the centre with the different stakeholder groups. A formal opening is envisaged later in the autumn.

4.1.7 While the new ways of integrated working have been widely adopted and become business as usual for the CHCP and the users, it is worth emphasising for the wider audience the depth of integration that has already been implemented locally across primary care, community and social care services. This integration will be further enhanced by bringing together services such as dentistry and prescribing with other services in the new centre.

4.2 Risk management

4.2.1 The project has a risk register which includes strategic and construction risk. The strategic risk register includes an assessment of business, service, external and delivery risks. The construction risk register follows the requirements of the framework procurement recording the risks associated with the building programme. The Project Board minutes evidence an active risk management process with recent consideration and discussion of the risks associated with the service commissioning work.

4.2.2 Given the current position on completion of the project and the high degree of certainty around the opening of the new centre on 19th August 2013 there is no obvious need for a formal contingency plan for any delay in opening, beyond normal operational contingency plans. Arrangements are currently being considered on how to handle any incomplete works and fixing of outstanding snagging in the service commissioning period.

4.3 Review of current phase

4.3.1 The current phase covers the period through to the planned opening of the new facility on 19th August 2013 and includes two critical phases: practical completion of the construction planned by 16th July 2013 and then the service commissioning and migration of services into the new facility, ready for the planned opening.

4.3.2 The construction has been delivered using the Frameworks Scotland procurement process which has worked effectively for all parties. The facility is nearing completion, although there remains a challenging amount of finishing works, particularly on the building snagging and external works, to be completed within a short period of time. The contractor has provided additional management and supervision to focus efforts on a 'daily countdown' to improve the likelihood of meeting the timetable. A revised programme and countdown timetable has just been prepared setting out plans for completion. There is a high level of confidence that the building will be fit for occupation with statutory approvals in place by the planned start of the service commissioning period.

4.3.3 It is known now that certain works, such as the boundary wall and signage, will continue during the service commissioning period after handover to the client. There is some uncertainty about whether all soft and hard landscaping works will be complete by handover. In addition, the contractor is highly likely to need access after handover to complete correction work arising from the snagging process. Relevant parties are aware of this and practical and contractual arrangements to achieve this will need to be confirmed. While the contract

mechanism assumes handover with no outstanding issues, it is not uncommon for this to happen. The service commissioning period is five weeks and while the aim is to complete as much as possible of the works before handover, there is a commonly held view that there is sufficient time within the service commissioning period to finish off correction work and complete commissioning activities.

4.3.4 The facility will be handed over to the Commissioning Manager who will be supported by the Administration Manager throughout the service commissioning period and provide continuity through to when the facility is operational. The Commissioning Manager is working closely with the contractor and across the wider Project Team and stakeholders. There has been a thorough approach to agree with users what equipment will transfer and which equipment will be bought new. All new equipment has been ordered and there is a detailed installation plan which will be supervised by an in-house on-site procurement specialist. For information and communications technology, there is a detailed plan with some testing already undertaken to evidence that the different IT systems of GPs, GDS, Community Teams and the NHS and the Council will work effectively in the new facility. The importance of ensuring that IT works effectively from day one is clearly understood by the service commissioning team.

4.3.5 There is a comprehensive approach to planning the move of services into the new facility including a facility plan, staff handbook, planned induction events for about 180 staff, detailed move plans for each service, general communications, travel plans, and individual notification for dental patients. Arrangements for redirection from the current facility to the new centre have been made.

4.4 Readiness for next phase – operations review and benefits realisation

4.4.1 The new centre will have an Administrator and the recruitment process for this post is underway. This post will report to the Administration Manager who reports into the existing CHCP management structure. The project SRO also has managerial responsibility for service delivery and hence will continue to provide continuity of ownership and project SRO responsibilities until the end of the project.

4.4.2 The Administration Manager is fully involved in the planning for the operation of the new facility and will be on-site during the initial opening period. Hard facilities management will be undertaken by the NHSGGC Estates staff who are involved in the commissioning and handover of the building services. There are some new features requiring specific induction including the biomass boiler and the point of use water heaters.

4.4.3 The Full Business Case identified clear investment objectives together with review methods and anticipated benefits. Between the Outline Business Case and Full Business Case a headline benefits realisation update was produced showing interim measures. The most recent Project Board meeting recognised that the plans for benefits realisation post opening of the centre need to be put in place. It is important to get these plans and measures in place now, as it is usual to be clear on benefits measures and owners prior to the opening of a new facility.

4.4.4 The benefits realisation plan should include a benefit map for each investment objective, benefits by stakeholders, benefits measures and profiles and benefits owners. Linking benefits with stakeholder communications plans will enhance on-going engagement in the future of the facility and the services.

Recommendation 2: Prepare a process plan setting out how the identified benefits will be captured and measured as part of the post project evaluation

4.4.5 While there are already integrated NHS and social care teams, the move into a new centre brings together some teams which have not previously been co-located and provide further opportunities for joint education and training, service integration and improvement.

4.4.6 Many stakeholders were readily able to identify potential benefits from the new centre including recognising the key signs of the centre acting as a successful catalyst for further service improvement. These included, for example, the increase in partnership working across teams, the amount of face-to-face District Nurse and GP interaction, how the education space is being used (first floor staff and ground floor patient), activities in the staff room and use of the gym. The benefits realisation plans include working with staff and patients to capture benefits and identify scope for further improvements and this should be encouraged given the unique nature of the facility and the opportunities it provides.

4.4.7 Responsibility for the post project evaluation sits with the Head of Strategy, Planning and Health Improvement. The Commissioning Manager is planning for the post project evaluation of the facility and this includes an initial review after six months and a full evaluation after twelve months. There is particular interest in evaluating certain technical aspects of the new facility including the biomass boiler, the wind-catchers and the point of use water heaters.

4.4.8 The delivery of the project through the current phase has been effective and hence there have been few lessons learned from negative events. The most important of these was about planning arrangements for flood risk assessment. While it is encouraging that there were so few negative events, many stakeholders identified positive learning from the delivery of the project. This included community engagement, user involvement in design, degree of CHCP senior management involvement, detailed design of built environment to promote interaction between service teams and to encourage education and training, and further opportunities for integration of health, social and community care. These should be recorded and shared both to learn how this facility can be a catalyst for further change for services provided from it, as well as for use on other projects and with other project teams.

Recommendation 3: Record positive lessons learned from delivering the project as part of the post project evaluation

5. Previous Gateway Review Recommendations

5.1 The recommendations from the Gateway 3 Review, completed in October 2011, have been considered.

6. Next Gateway Review

6.1 The next Gateway Review, Gateway 5 benefits realisation is expected in late 2014, following completion of the post project evaluation.

7. Distribution of the Gateway Review Report

7.1 The contents of this report are confidential to the SRO and their representatives. It is for the SRO to consider when and to whom they wish to make the report (or part thereof) available, and whether they would wish to be consulted before recipients of the report share its contents (or part thereof) with others.

7.2 The Review Team Members will not retain copies of the report nor discuss its content or conclusions with others.

7.3 A copy of the report is lodged with the Scottish Government's Centre of Expertise Programme and Project Management (PPM-CoE) so that it can identify and share the generic lessons learned from Gateway Reviews. The PPM-CoE will copy a summary of the report recommendations to the Scottish Government's Accountable Officer, and where appropriate, to the Organisation's Accountable Officer where the review has been conducted on behalf of one of the Scottish Government's Agencies, NDPBs or Health Sector organisations.

7.4 The PPM-CoE will copy a summary of the report recommendations to the Scottish Government's Accountable Officer, and where appropriate, to the Organisation's Accountable Officer where the review has been conducted on behalf of one of the Scottish Government's Agencies, NDPBs or Health Sector organisations.

7.5 The PPM-CoE will provide a copy of the report to Review Team Members involved in any subsequent review as part of the preparatory documentation needed for Planning Meetings.

7.6 Any other request for copies of the Gateway Report will be directed to the SRO.

Appendix A - Purpose of a Gateway Review 4: Readiness for Service

- Check that the current phase of the contract is properly completed and documentation completed
- Ensure that the contractual arrangements are up-to-date
- Check that the Business Case is still valid and unaffected by internal and external events or changes
- Check that the original projected business benefit is likely to be achieved
- Ensure that there are processes and procedures to ensure long-term success of the project
- Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client's satisfaction and that the client is ready to approve implementation
- Check that there are feasible and tested business contingency, continuity and/or reversion arrangements
- Ensure that all ongoing risks and issues are being managed effectively and do not threaten implementation
- Evaluate the risk of proceeding with the implementation where there are any unresolved issues
- Confirm the business has the necessary resources and that it is ready to implement the services and the business change
- Confirm that the client and supplier implementation plans are still achievable
- Confirm that there are management and organisational controls to manage the project through implementation and operation
- Confirm that contract management arrangements are in place to manage the operational phase of the contract
- Confirm arrangements for handover of the project from the SRO to the operational business owner
- Confirm that all parties have agreed plans for training, communication, rollout, production release and support as required
- Confirm that all parties have agreed plans for managing risk
- Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side
- Confirm information assurance accreditation/certification
- Confirm that defects or incomplete works are identified and recorded
- Check that lessons for future projects are identified and recorded
- Evaluation of actions taken to implement recommendations made in any earlier assessment of deliverability.

Appendix B - Summary of Recommendations

Ref No.	Report Section	Recommendation	Status (C.E.R.)	Aligns with SG PPM Principle No.(s)
R1	Business case and stakeholders	Update project cost report to reflect the current position on equipment budget and costs	R	2
R2	Readiness for next phase	Prepare a process plan setting out how the identified benefits will be captured and measured as part of the post project evaluation	R	4
R3	Readiness for next phase	Record positive lessons learned from delivering the project as part of the post project evaluation	R	10

Each recommendation has been given Critical, Essential or Recommended status. The definition of each status is as follows:

CRITICAL - Critical for immediate action, i.e. to achieve success the project should take action immediately to address the following recommendations:

ESSENTIAL - Critical before next Review, i.e. the project should go forward with actions on the following recommendations to be carried out before the next Gateway Review of the project:

RECOMMENDED - Potential Improvements, i.e. the project is on target to succeed but may benefit from uptake of the following recommendations.

Each recommendation has been aligned with one (or more) of the Scottish Government's PPM Principles (Appendix D list the principles)

Appendix C - Review Team and Interviewees

Review Team:

Review Team Leader:	Martin Dove
Review Team Members:	John Connolly
	Hugh McDerment

List of Interviewees:

Name	Organisation/Role
Keith Redpath	SRO/CHCP Director
Soumen Sengupta	Head of Strategy, Planning and Health Improvement
Johnny Bryden	CHCP Head of Finance
Chris McNeill	Head of Community Health and Care Services
Colin Meharg	Turner & Townsend
Soma Kapur	Administration Manager
Kathryn McLachlan	GP
Derek Mullen	Gardner and Theobald
Steve Irvine	Laing O'Rourke
Simon Miller	Currie & Brown
Val McIver	CHCP Lead Nurse – District Nursing Team
Pamela MacIntyre	CHCP Prescribing Lead
Aileen Duncan	NHSGGC Oral Health Directorate
Margaret Campbell	NHSGGC Capital Planning
Jackie Maceira	Chair of West Dunbartonshire Access Panel

Appendix D- Scottish Government - Programme and Project Management Principles

1. Governance.

- Our approach to managing programmes and projects is proportionate, effective and consistent with recognised good practice.

2. Business case.

- We secure a mandate for our work; identify, record and evaluate our objectives and options for meeting them; and ensure that we secure and maintain management commitment to our selected approach.

3. Roles and responsibilities.

- We assign clear roles and responsibilities to appropriately skilled and experienced people and ensure their levels of delegated authority are clearly defined.

4. Benefits.

- We record the benefits we seek, draw up a plan to deliver them and evaluate our success.

5. Risk.

- We identify, understand, record and manage risks that could affect the delivery of benefits.

6. Planning.

- We develop a plan showing when our objectives will be met and the steps towards achieving them, including appropriate assurance and review activities, and re-plan as necessary.

7. Resource management.

- We identify the financial and other resources, inside and outside the organisation, required to meet our objectives.

8. Stakeholders.

- We identify those affected by our work and engage them throughout the process from planning to delivery.

9. Closure.

- We ensure that the transition to business as usual maximises benefits and that operational delivery is efficient and effective.

10. Lessons learned.

- We record lessons from our programmes and projects and share them with others so they may learn from our experience.