

GOOD PRACTICE GUIDE

LEARNING LESSONS FROM POST-PROJECT EVALUATION

Good Practice Guidance

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EXECUTIVE SUMMARY

Purpose and Audience

Evaluation is the process of assessing the impact of a project, programme or policy while it is in operation, or after it has come to an end. It is an essential aid to improving project performance, achieving best value for money from public resources, improving decision-making and learning lessons.

The advice offered in this guidance is aimed at all NHS bodies and advisers who are involved in the development of capital schemes, regardless of whether they are publicly or privately funded. These include senior managers, particularly project directors and managers, in NHS Trusts, commissioning Health Authorities and Primary Care Groups. Chief Executives in these organisations are required to take full responsibility for the management of all stages of capital projects.

The guidance is self-standing, and is designed to complement ***Public Private Partnerships in the National Health Service: The Private Finance Initiative***. It updates and replaces the guidance on ***Post-project Evaluation*** which was issued in 1994 as part of the ***Capital Investment Manual***.

Policy requirement

Sponsors of capital projects in the NHS are required by the Department of Health, HM Treasury, and the National Audit Office to evaluate and learn from their projects. This is mandatory for projects with a cost in excess of £1 million.

In the case of capital projects prioritised by the Capital Prioritisation Advisory Group (capital cost over £20 million) and major Information Management and Technology projects (whole life cost over £20 million), it is mandatory for the completed post-project evaluation (PPE) report to be submitted to the Department of Health.

For schemes below this threshold, the report should be disseminated to the Strategic Health Authority and other key stakeholders within the local health economy.

Business cases for capital projects will **not** be approved unless post-project evaluation has been properly planned in advance and suitably incorporated into the Full Business Case.

Administrative Arrangements

The main stakeholders for the completed evaluation are senior managers in Department of Health (PFI Branch), HM Treasury, Strategic Health Authorities, Primary Care Groups/Trusts, Trust Board, and other relevant stakeholders within the local health economy.

Four copies of completed documents for the major capital and IT projects should be sent direct to Peter Cockett, room 3W54, Quarry House, Quarry Hill, Leeds, LS2 7UE. PFI Branch (Leeds) will take responsibility for disseminating the document to HM Treasury and other interested parties.

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Prerequisites for successful evaluation

To ensure maximum pay-off from evaluation, it is important to:

- View the evaluation as an integral part of the project and plan for it at the outset. The evaluation should be costed and resourced as part of the project.
- Secure commitment from senior managers within the organisation. Chief Executives will be expected to take full responsibility for the management of all stages of a capital project.
- Involve all key stakeholders in its planning and execution. For large projects (over £20m) many organisations find it useful to set up an Evaluation Group at the inception of the project.
- Develop relevant criteria and indicators to assess project outcomes from the outset of the project.
- Put in place mechanisms to enable monitoring and measurement of progress.
- Foster a learning environment to ensure lessons are heeded.

The stages of evaluation: when should evaluation be undertaken?

Although evaluation may be carried out *continuously* throughout the life of a project to identify opportunities for continuous improvement, as an absolute minimum, project sponsors are required to undertake evaluation activities at four main stages:

Stage 1: plan and cost the scope of the PPE work at the project appraisal stage. This should be summarised in an Evaluation Plan.

Stage 2: monitor progress and evaluate the project outputs on completion of the facility.

Stage 3: *initial* post-project evaluation of the service outcomes six to 12 months after the facility has been commissioned.

Stage 4: follow-up post-project evaluation to assess longer-term service outcomes two years after the facility has been commissioned.

Beyond this period, outcomes should continue to be monitored. It may be appropriate to draw on this monitoring information to undertake further evaluation after each market testing or benchmarking exercise – typically at intervals of 5-7 years.

At each of these stages, evaluation will focus on different issues. In the early stages, emphasis will be on **formative** issues. In later stages, the main focus will be on **summative** or outcome issues. The guidance provides detailed advice on the type of issues to address at each stage. It also considers the advantages and disadvantages of using in-house and external contractors for undertaking the work.

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How to evaluate: some technical considerations

It is recommended that the Logical Framework should continue to be used for evaluation of NHS capital schemes. This is a matrix listing project objectives against indicators and measures for assessing outcomes. The underlying assumptions and risks are also considered.

The technical issues arising from application of the Logical Framework are discussed in the guidance. This includes:

- the merits and demerits of different data collection methods
- the role of different participants in the data collection process
- sampling methods
- sample size
- questionnaire design (types of questions, etc)
- piloting
- how to achieve a satisfactory response rate
- security and confidentiality of data
- data analysis and report writing

Feedback and dissemination of findings from evaluation

The potential value of an evaluation will only be realised when action is taken on the findings and recommendations emanating from it. Processes are needed to ensure that this happens.

Evaluation results should be signed off by senior management or at Board level. The results from the evaluation should generally lead to recommendations for the benefit of the organisation and wider NHS.

These may include, for example, changes in procurement practice; delivery; or the continuation, modification, or replacement of the project, programme or policy. The results should be widely disseminated to staff concerned with future project design, planning, development, implementation, and management.

The approach and underlying principles adopted in the guidance, including the questionnaires listed in Annex 4, has been developed from practical trials at a sample of early PFI schemes. These questionnaires can be straightforwardly modified to evaluate capital projects in NHS organisations.

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1. Introduction - Purpose and Audience

- 1.1 Evaluation is an essential aid to improving project performance, achieving best value for money from public resources, improving decision-making, and learning lessons for the corporate benefit of the National Health Service.
- 1.2 The guidance in this booklet sets out the *policy* and *technical* requirements for evaluation. It explains the practical steps which should be undertaken to monitor and evaluate the performance of NHS capital projects. The guidance is based on best practice from evaluation practice in both the public and private sectors.
- 1.3 The approach outlined in the booklet has been developed from practical trials at a sample of early PFI schemes. The guidance has also benefited from the views of Private Finance Unit Network members.
- 1.4 The guidance is self-standing, and is designed to complement ***Public Private Partnerships in the National Health Service: The Private Finance Initiative***. It updates and replaces the guidance on ***Post-project Evaluation*** which was issued in 1994 as part of the ***Capital Investment Manual***. This updated version addresses the policy requirement for evaluation, the practicalities of sample selection, questionnaire design, fieldwork, piloting, and much more.
- 1.5 ***Learning Lessons from Post-Project Evaluation*** should be read by all NHS bodies and advisers who are involved in the development of capital schemes, regardless of whether they are publicly or privately funded. These include senior managers, particularly project directors and managers, in NHS Trusts, commissioning Health Authorities and Primary Care Groups. Chief Executives in these organisations are required to take full responsibility for the management of all stages of capital projects.

Structure of the Guidance

- 1.6 Table 1 summarises the structure of the guidance. The guidance is available online at <http://www.doh.gov.uk/pfi> Further advice on evaluation should be sought in the first instance from your local Strategic Health Authority.

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Table 1: Structure of Guidance

Section 1	Introduction – purpose and audience
Section 2	What is evaluation?
Section 3	How does evaluation differ from monitoring?
Section 4	What is the policy requirement for evaluation?
Section 5	Benefits – why undertake evaluation?
Section 6	What are the pre-requisites for successful evaluation?
Section 7	Evaluation stages – when should evaluation be undertaken?
Section 8	What are the key issues to be addressed at each stage in the evaluation process?
Section 9	Who should undertake the evaluation? How should it be resourced (including indicative timetable)?
Section 10	How to evaluate: some technical considerations (data collection methods, sampling, questionnaire design, piloting, confidentiality, etc)
Section 11	Report Writing – issues to cover in the evaluation report
Section 12	Feedback and dissemination of findings
Section 13	Administrative arrangements for submitting final report
List of Annexes	Annex 1 – The ‘Logical Framework’ Annex 2 – Application of the Logical Framework Annex 3 – Monitoring Form Annex 4 – Sample Questionnaires Annex 5 – What the evaluation report should cover Annex 6 – Further guidance

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2. What is Evaluation?

- 2.1 Evaluation is the process of assessing the impact of a project, programme or policy while it is in operation, or after it has come to an end.
- 2.2 It involves consideration of the economy, efficiency and effectiveness of the project to determine whether the original objectives have been achieved. These will have been identified at the project initiation stage and documented in the business case.
- 2.3 Evaluation brings to the fore the lessons to be learnt for the future which, in turn, should be fed into future decision-making. Evaluation does not seek to create blame for what did not go well.
- 2.4 A distinction is normally made between 'formative evaluation' and 'summative evaluation' to reflect the type of issues which need to be addressed at the different stages in the project life cycle (see Box 1 below).

Box 1: Two Types of Evaluation

Formative Evaluation – As the name implies, this type of evaluation is carried out during the early stages of the project before implementation has been completed. It focuses on 'process' issues such as decision-making surrounding the planning of the project, the development of the business case, the management of the procurement process, how the project was implemented, and progress towards achieving the project objectives.

Summative Evaluation – The main focus of this type of evaluation is on outcome issues. It is carried out during the operational phase of the project. Summative evaluation builds on the work done at the formative stage.

It addresses issues such as the extent to which the project has achieved its objectives; how out-turn costs, benefits, and risks compare against the estimates in the original business case; the impact of the project on patients and other intended beneficiaries; and lessons learned from developing and implementing the project.

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3. How does evaluation differ from monitoring?

- 3.1 Evaluation should not be confused with monitoring. Monitoring is the systematic collection of routine financial and management information during the implementation of a project, programme or policy.
- 3.2 It provides an essential source of information, indicating the extent to which objectives are being achieved. This regular review can give an early warning of potential problems.
- 3.3 Monitoring also provides information which is useful at the evaluation stage. To be effective, plans for monitoring and evaluation should form part of the initial planning of a project.

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4. What is the policy requirement for evaluation?

- 4.1 Sponsors of capital projects in the NHS are required by the Department of Health, HM Treasury, and the National Audit Office to evaluate and learn from their projects.
- 4.2 It is a requirement of the Capital Investment Manual that a post-project evaluation must be completed for all building projects with a capital cost in excess of £1 million. For other projects, most notably Information Management and Technology, the corresponding figure is whole life cost in excess of £1 million.
- 4.3 In the case of capital projects prioritised by the Capital Prioritisation Advisory Group (**capital cost over £20 million**) and major Information Management and Technology projects (**whole life cost over £20 million**), it is **mandatory** for the completed PPE report to be submitted to the Department of Health. For schemes below this threshold, the report should be disseminated to the Strategic Health Authority and other key stakeholders within the local health economy.
- 4.4 The administrative arrangements for submitting completed evaluation reports are discussed in section 13 below.
- 4.5 Business cases for capital projects will not be approved unless post project evaluation has been properly planned in advance. The Evaluation Plan should be incorporated into the Full Business Case for the project and should be signed off by the Trust's Project Team and the designated officials in the Strategic Health Authority and Department of Health.
- 4.6 Decisions on whether or not to approve future business cases will also be based on the NHS organisation's track-record in complying with the evaluation requirements set out in this guidance.

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5. Benefits: why undertake evaluation?

5.1 Evaluation is crucial to sound decision-making. It should be given high priority and not be viewed as an overhead or a mechanism for allocating blame.

5.2 If properly planned and resourced, evaluation can produce significant benefits to an organisation. A review of evaluation activities in exemplary private and public sector organisations, conducted by NHS Estates and Institute of Advanced Architectural Studies, demonstrates that evaluation can help to:

- Improve the design, organisation, implementation and strategic management of projects
- Ascertain whether the project is running smoothly so that corrective action can be taken if necessary
 - Promote organisational learning to improve current and future performance
 - Avoid repeating costly mistakes
 - Improve decision-making and resource allocation (e.g., by adopting more effective project management arrangements)
- Improve accountability by demonstrating to internal and external parties that resources have been used efficiently and effectively
- Demonstrate acceptable outcomes and/or management action thus making it easier to obtain extra resources to develop healthcare services.

5.3 Further details on the benefits of evaluation are documented in **'The Organisation and Delivery of Post-project Evaluation'**, NHS Estates and the Institute of Advanced Architectural Studies (IAAS), 1997.

5.4 A recent evaluation study undertaken by the National Audit Office also highlights the benefits of post-project evaluation. Based on the findings of the study, the NAO made a number of recommendations aimed at improving outcomes from the projects studied, as well as future PFI projects (see <http://www.nao.gov.uk>, **Managing the relationship to secure a successful partnership in PFI projects**).

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Examples of Key Messages from Post-Project Evaluation (Extract from NAO Report – Managing the relationship to secure a successful partnership in PFI Projects)

- Project sponsors and contractors should always seek to understand each other's businesses and establish a partnership approach to each of their PFI projects based on a common vision of how they will work together to achieve a mutually successful outcome to the project.
- Project sponsors must give attention at an early stage in the procurement process of a PFI project to contract management issues and how their relationship with the selected PFI contractor will be developed.
- Project sponsors need always to consider when developing a PFI contract the factors which may require changes to the contract after it has been let. The sponsors' priorities may change or other factors may arise such as the opportunity to take advantage of improved technology. Appropriate contractual procedures for dealing with change should be built into the contract. The procedures need to ensure that value for money is maintained when contract changes occur.
- During the procurement stage, sponsors must develop a staffing and training plan to ensure they have staff with the right skills and experience to manage the contract after it has been let and to build a good working relationship with the contractor.
- Project sponsors should regularly re-assess their relationships with contractors, and the value for money their projects are delivering, to identify ways in which relationships can be improved.

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6. What are the pre-requisites for successful evaluation?

6.1 To ensure maximum pay-off from evaluation, it is important to:

- View the evaluation as an integral part of the project and plan for it at the outset (i.e., project initiation stage). The evaluation should be costed and resourced as part of the project.
- Secure commitment from senior managers within the organisation. The Chief Executive or a Senior Responsible Officer at Board level must take responsibility for ensuring evaluation is properly planned and resourced to meaningfully inform decision-making.
- Involve all key stakeholders in its planning and execution. For large projects, many organisations find it useful to set up an Evaluation Group at the inception of the project. This group should contain representation from the key stakeholders within the local health economy.
- Develop relevant criteria and indicators to assess project outcomes from the outset of the project.
- Put in place mechanisms to enable monitoring and measurement of progress.
- Foster a learning environment to ensure lessons are heeded.

6.2 There are several reasons why evaluation should be planned from the outset when the business case for the project is being developed:

- All the important questions for evaluation are fresh in the mind of the project team at this stage
- Budgets can be realistically set for evaluation along with the other requirements for delivering the project
- The baseline position is clear at this stage and this makes it easier to assess what would have happened in the absence of the project
- The arrangements for getting the required information can be set up from the start. It may be possible to set up a 'before and after' study.

6.3 Having developed the Evaluation Plan at the outset, this will need to be kept under constant review. Any changes in the project objectives, other project parameters, or changes in the external environment will impact on the Plan. The existence of the Plan enables such changes to be noted explicitly and allows the evaluation to take account of them.

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7. The stages of evaluation: when should evaluation be undertaken?

7.1 Evaluation should be conducted while the project is in operation as well as when it has come to an end. It should be carefully tailored to fit in with the organisation's information needs and decision-making processes.

7.2 An effective project team is always keen to learn from what they are doing. The project team should be encouraged to question the way they carry out the project activities.

7.3 Although evaluation may be carried out continuously throughout the life of a project to identify opportunities for continuous improvement, as an absolute minimum, project sponsors are required to undertake the following evaluation activities.

7.4 Given the importance of time in any evaluation, these are grouped into four stages:

Stage 1: plan and cost the scope of the PPE work at the project appraisal stage. This should be summarised in an Evaluation Plan.

Stage 2: monitor progress and evaluate the project outputs on completion of the facility

Stage 3: initial post-project evaluation of the service outcomes six months after the facility has been commissioned

Stage 4: follow-up post-project evaluation to assess longer-term service outcomes two years after the facility has been commissioned. Beyond this period, outcomes should continue to be monitored. It may be appropriate to draw on this monitoring information to undertake further evaluation after each market testing or benchmarking exercise – typically at intervals of 5-7 years.

7.5 At each of these stages, evaluation will focus on different issues.

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8 What are the key issues to address at each of the four stages in the Evaluation Process

Stage 1 : The Evaluation Plan and its requirements

8.1 The Full Business Case checklist requires the Trust's Chief Executive, the Strategic Health Authority and Department of Health Headquarters to satisfy themselves that adequate provision has been made at the outset to undertake post-project evaluation.

8.2 Full Business Cases will **not** be approved unless this requirement has been met. At the Outline Business Case stage, a detailed evaluation plan is not required. An indicative plan showing preliminary thoughts for evaluation is sufficient, together with an estimate of the resource requirement for these activities.

8.3 The Evaluation Plan submitted at the FBC stage should:

- Set out the objectives of the evaluation (i.e., what type of information is it designed to generate and for what purpose?);
- Set out the scope of the evaluation (i.e., the type of evaluation to be undertaken at the various stages of the project and the key issues to be addressed);
- Define the success criteria for assessing the success or otherwise of the project;
- Define performance indicators/measures for these criteria;
- Indicate the method(s) that will be used to obtain the information;
- Indicate the team who will be responsible for undertaking the evaluation and their respective roles;
- State the proposed membership of the Evaluation Steering Group;
- Identify the resources and budget for the evaluation (including the need for written reports and dissemination activities);
- Develop a dissemination plan for ensuring the results from the evaluation are used to re-appraise the project; and
- Clarify the timing of the evaluation (expected start and finish dates).

8.4 Other considerations for the Evaluation Plan are summarised in Table 2 below. The completion date for the evaluation is particularly important (**See table 4 below for an illustrative timetable for the various stages of an evaluation project**).

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8.5 It is good practice to develop the Evaluation Plan in conjunction with the Benefit Realisation Plan and Risk Management Strategy. All three strategies are closely related. An essential part of the evaluation is to assess whether the benefits expected from the evaluation, including the risks of non-delivery of the benefits, have materialised.

8.6 As with all aspects of the business case, the Evaluation Plan should be a live document. It should be kept under constant review. The existence of an Evaluation Plan allows changes in the project objectives and other important parameters to be explicitly noted.

Table 2: What to consider in the evaluation plan

1. A clear view of the objectives and purpose of the evaluation.	<ul style="list-style-type: none"> Who is the audience for the evaluation? What are their information needs? What decisions will the evaluation inform?
2. Consideration of the structural context	<ul style="list-style-type: none"> What is the baseline situation (status quo)? What are the internal and external constraints? What are the desired outcomes?
3. Inclusion of a comparative element	<ul style="list-style-type: none"> Are there plans to conduct a 'before and after' assessment? Is it clear what would have happened in the absence of the project?
4. Coverage of all relevant project impacts (outcomes and processes)	<ul style="list-style-type: none"> Is there a plan to assess immediate, intermediate and ultimate outcomes? Does the plan take into account the processes by which the outcomes are generated? Does the plan consider the impact of the project on patients, staff and other stakeholders?
5. An emphasis on learning	<ul style="list-style-type: none"> What are the lessons? Is there a plan to disseminate the lessons learnt? Is there an action plan to ensure the lessons are used to inform the project or future projects?
6. Recognition of need for robustness and objectivity	<ul style="list-style-type: none"> Is the evaluation team equipped with the skills and resources to undertake the evaluation? Should the evaluation be conducted by external contractors? What should be the role of in-house staff? Are there suitable arrangements to quality-assure the findings?
7. Sound methodology	<ul style="list-style-type: none"> What methods of data collection will be used to undertake the study? Are the proposed methods appropriate to meet the objectives of the evaluation?

Using the 'Logical Framework' - how should evaluation be planned?

8.7 The recommended method for planning a project evaluation for NHS capital schemes is to use the 'Logical Framework'. This is a tried and tested method which has been in use in the UK and elsewhere for several decades.

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8.8 The "Logical Framework Approach" (also known as the "Project Framework" provides a convenient way of planning evaluation. This framework:

- clarifies the relationship between inputs and outputs,
- alerts planners and managers to external factors over which they have no control, and
- aids monitoring and evaluation by requiring identification of success criteria and ways to measure or judge it.

8.9 The Project Framework is outlined in Annex 1. Annex 2 illustrates how this approach may be applied to the evaluation of NHS capital projects.

Stage 2: Evaluation requirement at the construction stage

8.10 All capital projects should be monitored for time, cost and service performance. Other aspects of the project which should be subject to monitoring include the management procedures, the procurement process, the design solution, and the contractor's performance during the building and operational stages of the project.

8.11 Monitoring reports should be produced at regular intervals to help managers judge whether project objectives are being met. It is recommended that such reports should be produced on a monthly basis for major capital projects. This need not be a resource-intensive activity.

8.12 A standard form such as the one shown in Annex 3 may be used for the purpose. The form may be automated and should be completed by the project director.

8.13 When the building has been completed, its construction record and functional suitability should be reviewed.

8.14 Key issues to address at this stage are likely to include:

- Was the project completed on time?
- Was it completed within the agreed budget?
- What were the reasons for any delay?
- What action would management recommend to prevent future problems?
- Has the estate maintenance backlog been eliminated as planned?
- Functional suitability of the building?

8.15 The issues identified in the previous paragraph should form the basis of the post-project evaluation report for this stage.

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Stage 3: Evaluation requirement during the operational stage

- 8.16 Once services are being delivered in the new healthcare facility and a reasonable bedding-in period has been allowed (usually six to twelve months after commissioning of the facility), a more wide-ranging evaluation of the costs and benefits of the project should be undertaken. This will build on stage 2.
- 8.17 It will involve reviewing the performance of the project in terms of the project objectives. These will have been defined clearly at stage 1 of the evaluation enterprise.

Stage 4: Evaluating longer-term outcomes

- 8.18 Further post-project evaluation may need to be undertaken at a later stage to assess longer-term outcomes and/or the extent to which short-term outcomes are sustained over the longer term. By this stage, the full effects of the project (including the clinical effects) will have materialised.
- 8.19 As well as re-assessing the preliminary outcomes identified in the previous phase, the evaluation at this stage should address issues such as:
- Changes in operating costs
 - Changes in maintenance costs
 - Changes in risk allocation and transfer
 - Changes in inpatient, out-patient and day case activity rates in the various specialities
 - Changes in bed occupancy rates, length of stay and other performance measures.
- 8.20 Table 3 provides an **example** of the type of 'before' and 'after' assessment which may be used to show changes in activity rates. Careful consideration should be given to the reasons for the observed changes. A judgement should be made as to whether the changes are a direct result of the project or other developments within the operating environment.

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Table 3: An example of Before and After Assessment (changes in activity levels)

Speciality	Baseline Activity	Projected Activity	Actual Activity rate achieved	Difference between what was projected and what was achieved (including reasons)
General Surgery				
Urology				
Ear, Nose & Throat surgery				
Trauma & Orthopaedics				
Haematology				
Oral & Maxillo-facial surgery				
Ophthalmology				
Nephrology				
Elderly Mentally Ill				
General Medicine				
Rheumatology				
Paediatrics				
Geriatrics				
Dermatology				
Radiotherapy				
Gynaecology				
Anaesthetics				
Endoscopy				
Rehabilitation				
Obstetrics				
Gastroenterology				
Cardiothoracic surgery				
Accident & Emergency				
Neurology				
Other (specify)				

How do we choose the questions for evaluation at each of the four stages?

8.21 A particularly effective way to select the issues for evaluation is to consider the following four questions:

- What sort of information do I need to meet my organisation's decision-making requirements?
- What sort of information do stakeholder organisations require from me?
- When is the right time to collect this information?
- Is it feasible to collect this information?

8.22 The answer to these questions will help to define the **purpose** and **scope** of the evaluation. Typical objectives for an evaluation are shown in box 2 below.

8.23 When thinking about information needs, remember to think about all the people who might be influenced by the results of your evaluation:

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- Senior managers within the Trust
- Staff within the Trust
- Strategic Health Authorities
- Primary Care Groups/Trusts
- Department of Health
- HM Treasury
- National Audit Office
- Audit Commission
- District Auditor
- Patients
- PFI service providers
- Advisers
- Community Health Council
- Other (as appropriate)?

- 8.24 Once you have identified the stakeholders for the evaluation, it is important to consider what information is **strictly** required to meet their needs. Gathering and analysing information costs money, time and effort. It is important to be selective.
- 8.25 You can prioritise the information to be collected by first considering the following questions:
- What performance indicators do you need to collect data about to satisfy your organisation's information needs?
 - What kinds of data do you need to collect to satisfy other people's purposes?
- 8.26 Some suggestions of the sort of questions which are relevant to evaluation of capital schemes are provided in the questionnaires provided in Annex 4. These questions have been piloted and are found to work in practice.
- 8.27 The questionnaires are provided to serve as a general guide. NHS organisations should tailor the forms and questions to meet their particular information needs.
- 8.28 Obviously, there are many questions which could be tackled, but there has to be selectivity. Some questions may be easy to answer, but are not very important. Others may be vital but very difficult to quantify or even to form a judgement about. A good evaluation plan will be concerned always with the potential usefulness of the exercise.

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Box 2: Typical Objectives for an Evaluation

- Assess whether and how the objectives of the project are being met
- Assess value for money
- Assess whether project is progressing according to plan and identify corrective actions
- Document the lessons to be drawn for others and for the future
- Take stock for the future: identify next steps
- Identify actions to consolidate current implementation
- Identify opportunities for improving current performance

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9. Who should undertake the evaluation?

9.1 For evaluation to be successful, all key stakeholders should be involved in its planning and execution. Stakeholders include any groups or individuals, whether internal or external to the project, who have an interest in the performance of the project.

9.2 The Chief Executive Officer and the project director will find it useful to set up an Evaluation Steering Group at the inception of the project, representing the interests of all stakeholders. The particular stakeholders will depend on the nature of the scheme and whether it is in the acute, mental health or primary care sector. The Evaluation Steering Group should also include, or have access to, professional advisers who have appropriate expertise for advising on all aspects of the project.

9.3 It is a standard requirement to appoint a project manager to co-ordinate and oversee the study. The Project Organisation part of the Capital Investment Manual provides further details on how to establish effective project structures, including evaluation structures.

9.4 In-house staff, external advisers or a team comprising of both may conduct the evaluation. There is a strong case for carrying out an “arms length” evaluation using a team that is unrelated to the project to promote a detached and objective assessment.

9.5 The evaluation team should be multi-disciplinary. Depending on the type and size of the project, team members are likely to include:

- Clinicians
- Nursing staff
- Commissioners
- Patients
- Department of Health staff
- Estates professionals
- Accountants and finance specialists
- IM&T professionals

9.6 The team should be established with the following considerations in mind:

- the review process should be impartial, objective and carried out in a blame free or learning culture;
- specific expertise and external support may be required;
- the specific information needs of the audience and stakeholders for the evaluation;
- the evaluation team typically reports to the Evaluation Steering Group, with the Chief Executive as the owner of the evaluation and its outputs.

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9.7 The evaluation team, whether internal or external, needs facilitation for:

- Access to documentation and other information
- Access to individuals for interviews and meetings
- Access to the site, the systems and buildings which are the focus of the evaluation
- Administrative support.

9.8 If you decide to use an external contractor, you will have to:

- produce a tender specification to state the project requirements (objectives and purpose of the evaluation, scope of the evaluation, questions which senior managers and other stakeholders need to be answered by the study, how the results will be used, resource requirement, time-scale for results, project management arrangements, etc)
- undertake a competitive tendering exercise (depending on the cost of the project, an OJEC advertisement may need to be placed – see chapter 9 of **Public Private Partnerships in the NHS** for further guidance on the selection and management of advisers)
- award a contract to the preferred contractor
- manage the contract
- close the project and disseminate the results.

What are the resource requirements for evaluation?

9.9 Project evaluation should not be unduly time-consuming or expensive. The likely benefits must justify the costs. The cost of evaluation must be included in the overall project costs at the point at which the business case is developed.

9.10 Experience from the NHS and other organisations (both public and private sector) suggests that up to 1% of the capital cost of the project should be allocated for evaluation. The actual amount will depend on a number of factors such as:

- The scope of the evaluation
- The methodology adopted
- The size and calibre of the evaluation team
- The balance between in-house and external consultancy resources

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- The importance attached to the evaluation (see Box 3 for factors to consider)
- 9.11 In general, studies with a wide scope and complex design will be more expensive than those with few objectives and a simple methodological approach. The former will also require input from a wider range of personnel from both inside and outside of the organisation.

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Box 3: Factors to consider in judging the importance of an evaluation project

Likely benefits – Is there scope to feedback any lessons from evaluation into the improvement of the project? Does the project have the potential to provide useful lessons to the wider NHS?

Interest – Is the project of major interest to senior managers, policy-makers, ministers, and the public? Is it likely to attract much media coverage? Are there signs or risks of something going wrong?

Ignorance and novelty – do we have comprehensive and reliable information about the performance and results of the project?

Corporate significance – how important is the project to stakeholders? Is it likely to have a major impact on how services are delivered?

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9.12 To gain a better understanding of how much resource the project will require, it is useful to list the main activities and estimate the amount of time each stage will require to complete. An illustrative time-table is shown in Table 4 below:

Table 4: Illustrative Timetable

Activities	Indicative time-scale
Research specification, briefing and familiarisation	1 week
Appoint research team (may require tendering for suitable experts)	3-4 weeks
Study design, identification of sample frame, selection of sample	2-4 weeks
Questionnaire design	2-4 weeks
Piloting and revision of questionnaire design	2-3 weeks
Conduct of fieldwork	4 - 6 weeks
Data processing	3 weeks
Analysis and report writing	4-6 weeks
Consultation and revision of report	4-6 weeks
Publication and dissemination of findings	2-4 weeks

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10. How to evaluate: some technical considerations

The need for a base case

- 10.1 Evaluation is a comparison as well as a test of achievement. It is an attempt to judge what has happened as a result of the project as compared with what would have happened in the absence of the project.
- 10.2 It is vital therefore to specify the base case against which the comparison is to be made. One of the simplest way to establish the base case is to extrapolate from the existing situation at the time the project was initiated. In the original business case, this will have been assessed as the 'do nothing option'.
- 10.3 The assumptions in the business case should be made explicit. Evaluation should also seek to ascertain whether these assumptions were valid. This will help to inform the design of future projects.
- 10.4 Outcomes should be compared against the objectives and targets specified in the original business case and **Benefit Realisation Plan**. Stated alternatively, the counterfactual should be specified. The counterfactual refers to the situation that would have existed had the project not been undertaken. It is not the same as the original situation before the project got underway. It is necessary to consider how the service would have developed in the absence of the project.
- 10.5 Specifying the counterfactual might be done by extrapolating trends that were already in place (e.g. the costs of running the existing facility will be known and could be up-rated by inflation to show how they would compare with current costs as a result of the new facility).
- 10.6 Sometimes management changes and other changes in the operating environment are undertaken in tandem with the physical and organisational changes brought about by the project. It then becomes difficult to disentangle these changes from those directly attributable to the project. The evaluators will, therefore, need to exercise sound *judgement* in identifying and assessing the true effects of the project, rather than simply attributing all outcomes (both positive and negative) to the project.

Measures and Indicators

- 10.7 It is unlikely that all the questions can be answered in precisely measurable form. For some issues, there may be no substitute for a qualitative judgement. Whenever possible, an evaluation should look for exact measures and, if they are not obtainable, for indicators which throw light on those aspects which are not easily measurable.
- 10.8 It is helpful to consider the questions and the measures in three groups:
 - (a) effectiveness measures and indicators
 - (b) input measures and indicators
 - (c) efficiency measures and indicators

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- 10.9 In deciding on **effectiveness measures or indicators** you should consider the following:
- (i) **Achievement** – what measures would help me to know whether the objectives of the project have been met, or to what extent the objectives are being met?
 - (ii) **Relevance of the project** – If the objective is being met, to what extent can this be directly attributable to the project? Could this be due to other factors in the project environment? This is where tests of cause and effect and environmental assumptions are most important.
- 10.10 Typical measures to consider are speed of completion, comparison of the physical facility relative to the project specification, indicators of risk management, comparison with the performance of other similar projects. You should pay attention to the views of patients, staff and other local stakeholders.
- 10.11 **Input measures and indicators** are reasonably straightforward. They include all the costs of the project. Inputs also include non-monetary measures such as number of hours devoted to the project by the project manager, the project team and other stakeholders.
- 10.12 **Efficiency measures or indicators** are generally ratios of outputs to inputs. An efficient project achieves the highest possible level of output for a given quantity of inputs; or alternatively uses the lowest possible quantity of inputs to achieve a given level of output. Ideally, efficiency measures or indicators express the ratio of costs to benefits of each project objective. One measure of efficiency is the cost of building a square metre of a hospital ward. This enables comparisons with other similar projects.

Data Collection Methods and Study Participants

- 10.13 You need a planned, systematic approach to collect evaluation data. It is not sufficient to react to information that happens to come your way, such as throw-away comments made by staff or patients about the project.
- 10.14 Logically, you ought to decide what information you need and then select the appropriate method(s) to collect it. You also need to decide on who is best placed to supply the information. Depending on the scope of the evaluation, the relevant groups are likely to include:
- Project Team
 - Staff – nurses, doctors, other clinical staff, managers, administrative staff, auxiliary staff (cleaners, porters, etc)
 - Patients
 - Health Authorities
 - PCTs and PCGs
 - Advisers (finance, legal, estates, etc)
 - Service providers (hard facilities management providers, soft facilities management providers, other consortium members)

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10.15 Typically, one or more of the methods shown in Box 4 are used to collect the required information.

Box 4: Data Collection Methods

Documentary Analysis

- Review of project documentation (business case, contract, project specification, payment mechanism, other project documents)
- Previous feasibility studies
- Review of routine records, project files, and monitoring information

Other Methods

- Face to face interviews
- Telephone surveys
- Postal or self-completion surveys
- Observation

10.16 As part of the design of the evaluation, it is also important to give early consideration to the following issues before undertaking the study:

- Size (i.e., both sample size and coverage of different groups)
- Questionnaire design - subject coverage and drafting questions
- Piloting the study
- Fieldwork
- Data analysis and presentation
- Confidentiality

Sampling

10.17 Surveys are based on two key ideas. First, the best way of summarising information obtained from a large group is to put it in a statistical form. To do this, the information has to be obtained in a regular format, typically by using a standard questionnaire.

10.18 Second, there is no need to collect information from everyone in the population. Information provided by a sample of the relevant stakeholders can provide a good picture of the group as a whole so long as it is carefully selected. Validity depends more on the appropriateness of the questions asked, on the skill of the investigators, and on the fullness, accuracy and honesty of the responses.

10.19 It is also possible to calculate the sampling error to show how close to the truth the sample is likely to be. The larger the sample, the smaller the sampling error, and the more likely it is that the sample is giving a true picture.

10.19 To minimise bias, the method of 'random' or 'probability' sampling is typically chosen. With this method, the selection is ultimately dictated by chance. If properly executed, each member of the population will have an equal chance of being

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chosen. The starting point for a random sample is a good list (i.e. sampling frame) of the group to be sampled.

10.20 For example, to assess whether a new healthcare facility is meeting patients' needs, a list of all the patients who use the facility may be drawn up. A random sample may be selected from this list by arranging the names in alphabetical order and selecting sample members according to a pre-defined rule which is **consistently applied**. For instance, we could select every third surname from the list until we arrive at the desired sample size (see next section).

10.21 Other sampling methods are sometimes used, usually because they are cheap and quick to administer. These include 'quota' sampling and 'cluster' sampling. They do not have as sound a basis as random sampling, and they are much more open to bias as they do not meet the exacting standards of a probability sample. Further details of sampling approaches can be found in A.N. Oppenheim (1992), **Questionnaire Design, Interviewing and Attitude Measurement**, Pinter Publishers, London).

Sample size

10.22 A large population does not need to be measured by a large sample to give valid results. For most purposes, a sample of 25 to 30 cases is recommended. A sample of this size allows us to measure sample statistics against the standard normal distribution and estimate confidence levels on the basis of probability.

10.23 Some statisticians believe that even a smaller sample can be 'representative' of the population as a whole ***so long as it is carefully selected***. For example, the basis of the use of juries in serious criminal cases in the English Legal System is that the 12 people chosen are randomly selected and comprise a 'representative' sample of the population as a whole!

10.24 The level of '**sub-group**' analysis which you intend to undertake is often the determining factor in setting the sample size. For example, if you are interested in whether a new hospital is meeting patients' needs, it would be sufficient to select a random sample of 25 to 30 patients if you were only interested in analysing the results at the **aggregate level (i.e., without any separate sub-group analysis)**. However, if you were interested in the views of different types of patients (say in-patients, out-patients, day-case patients and Accident and Emergency patients), you would need to select a random sample of 100 to 120 patients in order to undertake valid **sub-group** analyses. You would need to ensure your sub-group has enough cases – 25 to 30 – for the results to be reliable.

Non-response

Few surveys, if any, ever obtain interviews or completed questionnaires from all the people selected for the sample. Some of the key staff may have changed job. Others will refuse. They may agree to participate in the study but subsequently change their mind or priorities.

Non-response can distort the results. Surveys done 'on the cheap' that do not take all the necessary steps to get a good response can prove a false economy. A good survey should

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have a response of 65% or more. Response rates are usually high (65% or more) when the questionnaire is relatively short, properly designed (clear wording of questions, etc), well focused, and highly relevant to potential respondents.

Questionnaire Design

10.25 Careful consideration should be given to the ordering of questions and the lay-out of items in a questionnaire. Groups of questions should be logically arranged around themes and topics with questions seamlessly building on each other. Key themes in the evaluation of a construction scheme are likely to include:

- The planning of the scheme
- The role of advisers
- The design of the scheme
- The construction phase
- The commissioning of the scheme
- The effectiveness of the building

10.26 There should be no repetition of questions, except in the special case where these are deliberately included in order to help assess the reliability and consistency of the responses provided.

10.27 Questionnaires should be worded clearly and unambiguously. Leading and 'value-loaded' questions should be avoided as they will produce inaccurate or biased answers. Similarly, emotive and unclear words should not be used.

Closed and Open Questions

10.28 Most questionnaires are based on closed questions. This allows the data to be easily coded, entered onto a computer and become subject to statistical analysis. Although not readily amenable to computer analysis, it is good practice to include some open-ended questions as well. These should be designed to encourage respondents to amplify their responses or explain reasons for their choice to closed questions.

10.29 A 'closed question' forces the respondent to provide a single response or option, usually from a list of pre-defined categories to the question asked. Closed questions generate *quantitative* data. For example, do you own a car? The answer will generally be 'yes' or 'no' in this case.

10.30 An 'open question' does not constrain choice. It provides scope for respondents to express their views on the issue raised. Open questions typically generate *qualitative* data. For example, following up on the previous question, an open-ended question could be as follows: why did you decide to acquire a car? Or if the response was in the negative, why did you decide not to acquire a car?

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10.31 Given the purpose of the two types of questions, it is good practice to include a combination of closed and open questions in a questionnaire. If a questionnaire is based entirely on closed questions, the information provided will be limited as we will not know the reasons why respondents have responded in the way they respond.

10.32 Response formats to closed questions can take a number of different formats (see box 5 below).

Box 5: Common Response Formats for closed questions				
Binary:		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
Ordinal:	My age group is:			
	Under 16 years		<input type="checkbox"/>	
	16 – 25		<input type="checkbox"/>	
	26 – 35		<input type="checkbox"/>	
	36 – 45		<input type="checkbox"/>	
	46 – 55		<input type="checkbox"/>	
	56 – 65		<input type="checkbox"/>	
	Over 65		<input type="checkbox"/>	
Five Point Likert Scale : Five Point Scale of the Form:				
Strongly Agree	Agree	Strongly Disagree	Disagree	Can't Say/Undecided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of pre-defined categories:				
Why did you register with your present GP?				
Only practice in the area			<input type="checkbox"/>	
The nearest practice			<input type="checkbox"/>	
The GP's reputation			<input type="checkbox"/>	
The facilities available			<input type="checkbox"/>	
Personal recommendation			<input type="checkbox"/>	
Some other reason (please specify)			<input type="checkbox"/>	

Piloting

10.33 It is good practice to pilot the design which has been adopted for the study. Piloting should include the evaluation procedures, the robustness of the questionnaires and other forms designed for the purpose, and the resource requirements for implementing the study.

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10.34 Resource requirements should include the amount of time required for completing the questionnaires, duration of meetings, and time for administering the study throughout its various stages.

10.35 The results from the pilot should be used to:

- Fine-tune the design of the study,
- iron-out problems in the wording and clarity of the forms, and
- ensure the study is properly resourced and realistically planned.

Confidentiality

10.36 Many of the people who will be interested in the feedback from your evaluation are also people you may have collected your data from. For example, you will want to ask staff about their views about how well the project is meeting their needs. Later, they may want to hear how their perceptions fit into the overall results.

10.37 Ethical issues – like confidentiality and ownership – should be negotiated before an evaluation gets under way. Examples of issues to consider include:

- The focus and extent of the evaluation
- Access to individuals and documents
- The degree of anonymity to be preserved
- Who should have access to the results
- The uses to which the results may be put

Data Analysis and Report Writing

10.38 Resources should also be set aside from the outset to cover this important stage in the process. The lessons learnt during a project should be documented. Opportunities for improving processes and procedures are often identified during a project when everyone is too busy to make changes. These opportunities can soon get lost in the mists of time. The final report thus acts as the memory or history of the project. It is the file that others can check to study the progress and impediments of the project.

10.39 Roles and responsibilities in analysing the data and writing the report should be clearly defined in the Evaluation Plan.

10.40 Although the data analysis may be delegated to junior managers or even outside contractors, it is important for senior managers in the organisation to take responsibility for the writing of the report. At the very least, they should vet the content of the report.

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10.41 The findings of the evaluation should be validated. It is good practice to share drafts of the report with those who have provided the information (i.e., the study participants). It is important to ensure their views have been fairly and accurately taken into account.

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11. The Final Report

11.1 The final report acts as the memory or history of the project. It is the file that others can check to study the progress and impediments of the project’.

11.2 To promote **consistency**, the content of the evaluation report should, as far as possible, address the following issues:

- Were the project objectives achieved?
- Was the project completed on time, within budget, and according to specification?
- Are users, patients and other stakeholders satisfied with the project results?
- Were the business case forecasts (success criteria) achieved?
- Overall success of the project – taking into account all the success criteria and performance indicators, was the project a success?
- Organisation and implementation of project – did we adopt the right processes? In retrospect, could we have organised and implemented the project better?
- What lessons were learned about the way the project was developed and implemented?
- What went well? What did not proceed according to plan?
- Project team recommendations – record lessons and insights for posterity. These may include, for example, changes in procurement practice, delivery, or the continuation, modification or replacement of the project.

11.3 A list of more detailed issues is provided in Annex 5.

11.4 The post-project evaluation report need not be a lengthy document. It should present the findings concisely to enable the reader to make an informed judgement about the outcome of the project. Each report should include an executive summary of 1-2 pages drawing out the main points of the evaluation.

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12. Feedback and dissemination of findings from evaluation

12.1 The potential value of an evaluation will only be realised when action is taken on the findings and recommendations emanating from it. Processes are needed to ensure that this happens.

12.2 Evaluation results should be signed off by senior management or at Board level. Results should be widely disseminated to staff concerned with future project design, planning, development and management.

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13. Administrative Arrangements for submitting completed evaluation

- 13.1 The main stakeholders for the completed evaluation are senior managers in Department of Health (PFI Branch), HM Treasury, Strategic Health Authorities, Commissioners within the local health economy, and the Trust Board.
- 13.2 Four copies of completed documents for major capital and IT projects should be sent direct to Peter Cockett, room 3W54, Quarry House, Quarry Hill, Leeds, LS2 7UE.
- 13.3 PFI Branch (Leeds) will take responsibility for disseminating the document to HM Treasury and other interested parties.
- 13.4 PFI Branch (Leeds) have now established a central database which holds information on all projects approved to date. This includes due date for evaluation reports. Copies of all completed post-project evaluation will be available for use by other NHS project managers and for scrutiny by HM Treasury and other public watchdog bodies.

Further Information

- 13.5 For further information about the guidance in this document, please contact Peter Cockett, room 3W54, Quarry House, Quarry Hill, Leeds, LS2 7UE.

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ANNEX 1: PROJECT FRAMEWORK MATRIX

OBJECTIVES	PERFORMANCE INDICATORS	METHOD OF MEASUREMENT	ASSUMPTIONS AND RISKS
Policy/Business Aims <i>Health of the Nation</i> Patient's Charter Care in community National IM&T strategy Purchaser's needs	<i>Health of the Nation</i> Targets Charter targets Targets for strategy Other relevant targets Increase activity	National data and norms	Commissioners' revenue Policies change Targets change
Project Objectives Reduce mortality Increase activity Increase effectiveness Reduce output costs	Mortality by specialty Actively by specialty Outcome indicators Output prices	Local data and norms Clinical data Patient survey Finance database	Management objectives change Savings not achieved
Outputs Building Equipment IM&T system	Building phases Implementation progress reports	Time and cost monitoring Benefits realisation	Time overruns Delayed/reduced benefits
Inputs Capital Revenue Personnel	Target capital cost Target running cost Planned staffing mix	Time and cost Finance database Personnel database	Cost overruns Savings not achieved Staff recruitment

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ANNEX 2 : APPLICATION OF PROJECT FRAMEWORK TO A CAPITAL PROJECT (MATERNITY HOSPITAL)

OBJECTIVES	PERFORMANCE INDICATORS	METHOD OF MEASUREMENT	ASSUMPTIONS AND RISKS
<p>Business Objectives</p> <p>To improve the health of pregnant women and their babies in the local area</p> <p>To fully meet any relevant statutory policy requirements, e.g. accommodation categories, energy efficiency</p> <p>To cope with any contingencies that may arise</p>	<p>Reductions in number of stillbirths and early neonatal deaths</p> <p><i>Health of the Nation/Patient's Charter</i> indicators: Backlog maintenance, Energy efficiency</p> <p>Improvement in consultant cover</p>	<p>Korner indicators</p> <p>Perinatal mortality returns</p> <p>Maternal mortality returns</p> <p>Percentage of target PMR</p> <p>% in Categories C & D</p> <p>% reduction in energy volume</p> <p>Consultants/children; Consultants/caseload</p>	<p>Financial constraints on both providers and purchasers</p> <p>No fundamental change in NHS policy</p>
<p>Project Objectives</p> <p>Increase the efficiency and effectiveness of the unit</p> <p>Enhance the unit's competitive position</p> <p>Ease the recruitment and retention of staff</p> <p>Improve staff morale</p> <p>Reduce running and maintenance costs</p> <p>Improved customer satisfaction</p> <p>Improved security</p>	<p>Bed to knife in 19 mins</p> <p>Ability to provide increase in service (births per annum)</p> <p>Increased market share</p> <p>Contracts placed by purchasers including surrounding DHAs</p> <p>(FHSA, CHC) retention, turnover, sickness</p> <p>Costs/1000; Costs/case</p> <p>Satisfaction surveys</p> <p>Reduction in no. of incidents</p>	<p>NHS PI record</p> <p>Count by sponsor</p> <p>Reduction in outflow/ Increase in inflow of residents from other districts</p> <p>Raised staff morale indicated by retention levels and reductions in sickness/absence levels</p> <p>Cost per case comparison</p> <p>Security incidents log</p>	<p>No unexpected change in birth rate</p> <p>Continuation of 'deprivation' trend</p> <p>Continuation in patterns of referral</p> <p>No major change in social/economic conditions in local area</p> <p>Improved facilities successful in attracting clinical staff</p> <p>No major change in customer expectations</p>
<p>Outputs</p> <p>Provision of an up-to-date service within a modern maternity unit</p>	<p>Increase in throughput</p> <p>Annual satisfaction survey</p> <p>Improved functionality of building</p>	<p>Comparison to previous figures</p> <p>Comparisons (longitudinal/cross sectional)</p> <p>Transfer and transmission of information times</p>	<p>No increase in home delivery trend</p> <p>Patients may prefer more privacy and less clinical surroundings.</p> <p>Purchasers prepared to pay for quality care in an improved environment</p>
<p>Inputs</p> <p>Capital</p>	<p>Project sponsor's report on costs</p>	<p>Percentage overrun on cost and time (slippage)</p>	<p>Commercial viability of contractor</p>

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OBJECTIVES	PERFORMANCE INDICATORS	METHOD OF MEASUREMENT	ASSUMPTIONS AND RISKS
Running <ul style="list-style-type: none"> • Maintenance • Energy • Labour Staffing <ul style="list-style-type: none"> • Numbers • Skill mix 	Commissioning costs £ per m ² /birth/case Heating/maintenance costs Count Percentage in grade	Commissioning document (stage 6) signed off A management information system plus Kormer Personnel records	Price stability - effects of housing market recovery Purchaser able to meet revenue consequences of project (capital change) Required additional consultant recruited

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ANNEX 3: MONITORING FORM

Name and Description of Project

Project Elements Brief Description	Expected Date Of:		Cost		Reasons for any difference between planned and actual time-scales and costs
	Start	Completion	Original Estimate	Final Out- Turn	

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ANNEX 4: GENERIC SAMPLE QUESTIONNAIRES (STAFF SATISFACTION SURVEY)

POST-PROJECT EVALUATION STUDY:

Dear Colleague

*We are undertaking an evaluation of the recently completed PFI scheme for development of services at Good Practice Community Hospital. This will be used as a **learning exercise** to improve the current contract and to learn lessons for the future across the NHS.*

The questionnaire below gives you the opportunity to express your views about the performance of the scheme to date.

SECTION A : EVALUATION OF THE PLANNING OF THE SCHEME

Our aim in this section is to assess whether staff were sufficiently involved in the planning of the scheme.

A1. Please state your staff group in the space provided (e.g. Doctor, Nurse, Audiologist, Management, etc.).

--

A2. Please indicate the Department to which you belong.

--

For each of the following statements, please tick the box which applies. Supplementary information should be provided in the space provided or on separate sheets.

		Strongly agree	Agree	Disagree	Strongly Disagree	Can't say
A3	There was adequate consultation of staff during the planning and development of the project.					
A4	The project team communicated progress on the project at regular intervals.					

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A5. If a similar project were to be undertaken in the Trust in future, are there any improvements which you would like to see to the way staff are involved and communication is carried out? If yes, please indicate in the space provided.

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SECTION B : EVALUATION OF THE DESIGN

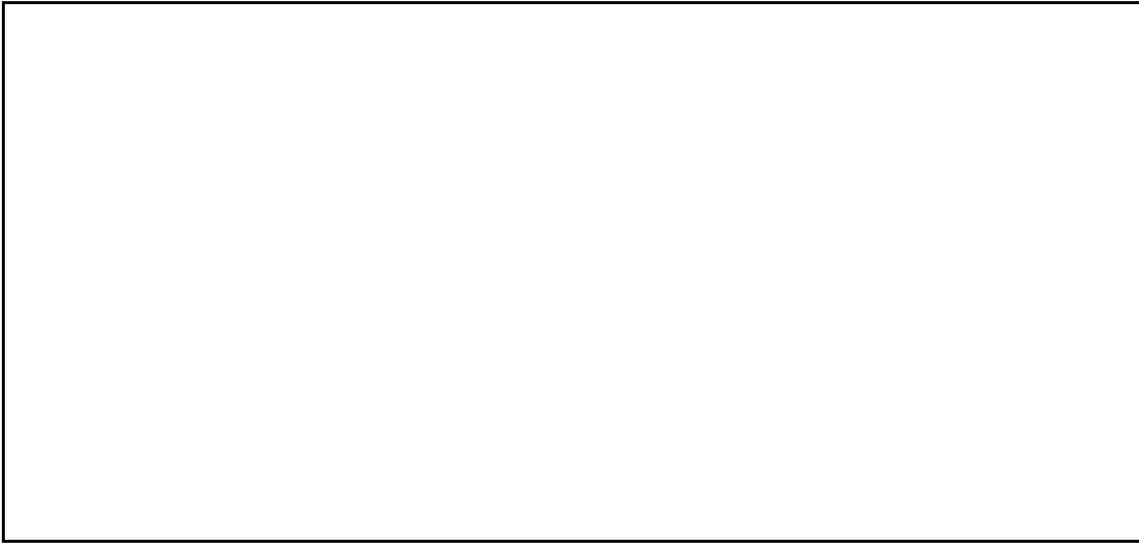
Our aim in this section is to assess the extent to which the actual design of the new facility meets users' needs.

		Strongly agree	Agree	Disagree	Strongly Disagree	Can't say
B1.	The project team put mechanisms in place to ensure the design solution meets staff's needs.					
B2.	The final departmental designs fully reflected our requirements.					
B3.	The design of the new facilities resulted in good functional adjacencies (i.e., rooms and facilities in the right place).					
B4.	The rooms and facilities are adequate to meet my needs.					
B5.	The rooms and facilities (including bed numbers) are adequate to meet patients' needs.					
B6.	I am able to perform my duties with greater ease in the new facility.					
B7.	The new facility makes effective use of the available space.					
B8.	The new facility is a major improvement on the old facilities.					
B9.	The design of the new facilities is innovative.					

B10. If your response to B7 and B8 is 'agree' or 'strongly agree', please provide supporting commentary in the space provided or on a separate sheet.

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B11. What improvements, if any, would you like to have seen to the way the new facility is designed?



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SECTION C : EVALUATION OF THE CONSTRUCTION PHASE

Our aim in this section is to assess the extent to which services were disrupted during the construction phase of the project.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
C1.	There was minimum disruption to operational services during construction.					
C2.	I was kept well informed about progress.					
C3.	I was given good access to the building prior to handover.					

C4. What improvements, if any, would you like to have seen to the way the construction of the facility was managed?

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SECTION D : EVALUATION OF THE COMMISSIONING OF THE BUILDING (i.e. Process of Preparing the Building for Occupation, Service Delivery and Moving In)

Our aim in this section is to assess how well the commissioning of the building was organised.

- | | Strongly agree | Agree | Disagree | Strongly disagree | Can't say |
|-----|----------------|-------|----------|-------------------|-----------|
| D1. | | | | | |
| D2. | | | | | |
| D3. | | | | | |
| D4. | | | | | |
| D5. | | | | | |
| D6. | | | | | |
| D7. | | | | | |
| D8. | | | | | |
| D9. | | | | | |

D10. What improvements, if any, would you like to have seen to the way the commissioning process was managed?

D11. Are there any **lessons** (i.e. how to commission a new facility effectively) which future schemes could learn from this experience?

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SECTION E : EVALUATION OF THE OPERATIONAL PHASE

Our aim in this section is to assess the extent to which the scheme is meeting its objectives.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
E1.	Access to the facility is easy by public transport.					
E2.	Access to the facility is easy by car.					
E3.	Parking facilities for staff are satisfactory.					
E4.	Parking facilities for visitors and patients are satisfactory.					
E5.	Sign posting on the approach to the facility and on internal areas is satisfactory.					
E6.	Movement around external areas is easy.					
E7.	Facilities for the disabled are good.					
E8.	Room sizes are adequate.					
E9.	Moving around the department is easy.					
E10.	The department is equipped with all necessary facilities.					
E11.	The internal décor is pleasing.					
E12.	The new facility provides a better environment in which to provide patient care.					
E13.	There are improved facilities for training, teaching and research activities.					
E14.	The new facility enables us to make better use of healthcare resources.					
E15.	There are improved facilities for day-case treatment.					
E16.	The equipment, space and other facilities are adequately utilised.					
E17.	The new facilities make us better placed to respond to unanticipated service changes.					
E18.	Cleaning services are satisfactory.					
E19.	Estate maintenance services provided by the PFI contractor are satisfactory.					

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E20. What improvements, if any, would you like to have seen to the new facilities?

E21. If you think health outcomes have improved as a result of the new facilities, please state the nature of the improved outcomes.

E22. Are there any measures which can be taken to improve the efficiency, effectiveness and outcomes from the investment in the new facilities? Please record your views in the space provided.

E23. Have you got any general comments (or additional points) to make on any aspect of the new scheme? Please note your comments in the space provided. Thank you for completing the form.

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GENERIC SAMPLE QUESTIONNAIRES (PATIENT SATISFACTION SURVEY)

Dear Patient

We are undertaking an evaluation of the new facilities which the Trust has recently provided at Good Practice Community Hospital to improve services to patients.

*The questionnaire below gives you the opportunity to express your views about the extent to which the new facilities are meeting your needs to date. This will help us to make any necessary changes to improve your experience in future. We would be very grateful if you could complete the questionnaire and return it promptly to the manager on duty. **Thanks for your co-operation.***

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
1.	Access to the new facility is easy by public transport.					
2.	Access to the new facility is easy by car.					
3.	Car parking facilities for patients and visitors are good.					
4.	Facilities for the disabled are good.					
5.	Sign posting on the approach to the new facility and on internal areas is satisfactory.					
6.	The wards, waiting rooms and other patient facilities are of the right size.					
7.	The lay-out of the wards, waiting rooms and other patient facilities is convenient.					
8.	The design of the facilities enables me to have sufficient privacy.					
9.	I feel very safe in the new facility.					
10.	I am happy with the temperature in the new facility.					
11.	I can get to the grounds and recreation facilities easily.					
12.	The grounds and recreational facilities are adequate to meet my needs.					
13.	The grounds and gardens are properly maintained.					
14.	There are enough rooms and facilities to meet my needs.					
15.	The floor, waiting room, toilets and other internal areas are clean and tidy.					
16.	The meals are available at convenient times.					
17.	The quality and choice of the meals is good.					
18.	The food is available in sufficient quantities.					
19.	The linen is clean and tidy.					
20.	Noise level in the new facility is acceptable.					
21.	The décor for the new facilities is satisfactory.					

22. Do you think the new facilities are a major improvement on the old one?

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Yes

No

Can't say

23. If yes, please list the improvements in the space provided.

24. Are there any changes that the Trust could make to the new facility to improve your experience in future?

Yes

No

Can't say

25. If you answer yes to Question 24, please indicate in the space provided the changes that you would like to see.

Good Practice Guidance

GENERIC SAMPLE QUESTIONNAIRES (TOPIC GUIDE FOR USE WITH TRUST'S PROJECT TEAM)

Dear Colleague

We are undertaking an evaluation of the recently completed capital scheme for development of services at Good Practice Community Hospital. This will be used as **a learning exercise** so that lessons can be applied to improve the contract with our service providers. Generic lessons, once cleared with the Trust's management team, will be disseminated to the wider NHS to improve the design and execution of future projects.

The questionnaire below gives you the opportunity to express your views about the performance of the scheme to date. Please complete the questionnaire, consulting the relevant members of the Project Team (**including the PFI service providers and advisers**) as appropriate and provide us with a **composite/corporate** view on the issues addressed in the questionnaire. We may follow this up with a supplementary meeting. **Please feel free to add supplementary sheets or extracts from project documents.**

SECTION A : EVALUATION OF THE PLANNING OF THE SCHEME

Our aim in this section is to assess the project planning, organisation and management arrangements for the scheme.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
A1	The Trust put robust management arrangements in place to manage the project from the initiation stage to the service delivery stage.					
A2	There was a dedicated project management team to manage the project.					
A3	The project management team was fully equipped with project management and contract management skills.					
A4	The project management function was properly resourced in terms of staff and other resources.					
A5	The original investment objectives of the scheme remain valid.					
A6	The Trust consulted with all the relevant organisations and individuals within the local health economy during the planning and procurement stage.					
A7	The consultation process was properly managed.					
A8	Communication with internal and external stakeholders was satisfactory.					
A9	The scheme was properly scoped (in terms of size, bed numbers, functional content and services).					

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A10. If your response to any of the statements above is 'disagree' or 'strongly disagree', please briefly explain the reason(s) in the space provided below or ATTACH separate sheets if more space is needed.

A11. If you had to plan and organise another capital project on a similar scale, please indicate what changes, if any, you would make to the planning, organisation, and management of the project.

A12. What lessons, if any, can future projects learn from your organisation's experience of planning, organising and managing capital projects?

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SECTION B : IDENTIFICATION AND ASSESSMENT OF OPTIONS

Our aim in this section is to assess the validity of the process for generating and assessing options.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
B1	The Trust made proper use of the Capital Investment Manual in generating and assessing options for meeting the investment objectives.					
B2	The Trust identified all the relevant options.					
B3	The costs associated with the options were properly identified and assessed.					
B4	The benefits associated with the options were properly assessed.					
B5	The assumptions made in the economic analysis (e.g. activity and performance levels) were valid.					
B6	The risks associated with the options were properly identified and assessed.					
B7	The best prevailing value for money option was selected.					
B8	Other options have emerged since the business Case was approved.					
B9	If we had to go through the investment process again, we would have selected the same option.					
B10	The existing guidance for facilitating options appraisal was satisfactory.					

B11. In retrospect, are there any material costs, benefits, and risks which were overlooked at the appraisal stage and which has since become apparent? If yes, please indicate in the space provided. (Please list any cost, benefit or risk with an annual value of £10k or more).

B12. In retrospect, could the decision-making process have been improved?

Yes	No	Can't say
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B13. If yes, please indicate in the space provided and include any lessons which other schemes may learn from your organisation's experience.

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SECTION C : EVALUATION OF PLANNED AND OUTTURN COSTS, BENEFITS AND RISKS

Our aim in this section is to compare planned costs, benefits and risks against outturn costs, benefits and risks. This will help us to assess the robustness of the original estimates in the business case.

C1. Please complete the table below (before and after assessment). The figures should relate to the preferred option (i.e., the PFI option). (If it is too early to say, please indicate whether out-turn figures to date are within agreed or projected profile).

Cost, Benefits/Savings and Risks	Business Case Figure/Assumption	Out-turn	Within agreed profile	Can't say
Construction cost for new facility (please consult the construction provider).				
Equipment costs for new facility				
Facilities management costs for new facility				
Unitary charge to service providers				
Bed numbers				
Total net savings delivered (i.e. savings arising from the investment and the preferred option). Please provide a breakdown to indicate source of savings.				
Affordability envelope (annual cost to commissioners)				
Estimated design risks transferred to private sector				
Estimated construction and development risks transferred to private sector (i.e. up to end of construction phase)				
Other risks (i.e. post-construction phase)				

C2. If there are any differences between the original business case figures and actual out-turns, please provide an explanation in the space provided.

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C3. To what extent were the assumptions made at the appraisal stage (business case) borne out by actual experience?

Fully borne out by experience

Partially borne out by experience

Can't say

C4. Please provide supporting commentary to C3 in the space provided.

C.5. Which of the following risks were transferred to the contractor?

Risk Category	Retained by Trust	Transferred to Contractor	Shared	Can't say
Design risks				
Construction and development risks				
Availability and performance risks				
Operating cost risks				
Variability of revenue risks				
Termination risks				
Technology and obsolescence risks				
Control risks (risks relating to ownership and control of the asset)				
Demand and volume risks				
Residual value risks				
Other project risks (Please specify)				

C.6. Did any of the risks transferred to the service providers materialise?

Yes

No

Can't say

C.7. If yes, please list the risks in question

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C.8. To what extent do you agree with each of the following statements:

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
C8a	The Trust allocated risks to the party best able to manage them at the contract award stage.					
C8b	In retrospect, the risks could have been better allocated.					
C8c	Since award of the contract, the Trust has taken steps to improve the allocation of risks.					

C8d. Please provide some commentary in the space provided to supplement your assessment for C7a, C7b, and C7c.

C9. Are there any **new risks** which have emerged since the contract was awarded? Please comment in the space provided, and explain how these risks have been allocated.

C10. Are there any **lessons** about risk identification, assessment and management which may be learnt from this project? Please comment in the space provided.

Good Practice Guidance

SECTION D : EVALUATION OF THE MANAGEMENT OF THE PROCUREMENT PROCESS

Our aim in this section is to assess the efficiency and effectiveness of the procurement process.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
D1	The Trust fully complied with EC and other relevant procurement guidelines.					
D2	The correct procurement procedure was followed (open, restricted or negotiated).					
D3	The advertisement was properly worded.					
D4	All relevant documents were prepared before the procurement began.					
D5	Communication with bidders throughout the procurement process was satisfactory.					
D6	The advertisement attracted a great deal of interest from potential bidders.					
D7	The bidding process was very competitive.					
D8	The evaluation criteria were fit for purpose.					
D9	The Trust selected the preferred bidder at the right point in the process.					
D10	Competitive tension was maintained throughout the whole process up to contract award.					
D11	The best value for money deal was obtained.					
D12	The Trust benchmarked the preferred bidder's costs (including the cost of capital).					
D13	The procurement process went according to plan.					

D14. Thinking of the procurement process as a whole, what improvements would you make if you had to go through the process again? Please indicate in the space provided.

D15. Are there any **lessons** which other NHS organisations can learn from your experience? Please indicate in the space provided.

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D16a. Did actual procurement costs exceed the expected procurement costs? Please indicate.

Outturn costs were same as planned costs

Outturn costs exceeded planned costs

Outturn costs were below planned costs

Can't say

D16b. If there are differences between actual and planned procurement costs, please state the percentage change and the reasons for the difference.

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SECTION E : EVALUATION OF THE USE OF EXTERNAL ADVISERS

Our aim in this section is to evaluate the extent to which advisers were used efficiently and effectively.

E1. What types of advisers have you used to advise on the project? Please indicate and comment on how helpful the advisers were.

	Very helpful	Helpful	Unhelpful	Can't say
Legal advisers				
Financial advisers				
Estate advisers				
Other advisers (please specify)				

E2. How much did you spend on fees to advisers from initiation of the project to financial close? Please indicate in space provided.

E3. Were advisers appointed through a competitive process?

Yes

No

Can't say

E4. Were advisers costs benchmarked for quality and value for money?

Yes

No

Can't say

E5. How were advisers managed? Please describe in the space provided.

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E6. Would you say you obtained good value for money from external advisers?

Type of Adviser	Yes	No	Can't say	Comments
Legal				
Financial				
Estate				
Other (please specify)				

E7. Would you say you made effective use of staff from within the Trust who had relevant specialist procurement skills?

 Yes No Can't say

E8. Please provide supporting commentary in the space provided.

E9. In retrospect, are there any steps which you could have taken to make more efficient and effective use of external advisers? Please comment in the space provided.

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SECTION F : EVALUATION OF TECHNICAL GUIDANCE AND SERVICES PROVIDED BY NHS EXECUTIVE STAFF (REGIONAL OFFICE AND HEADQUARTERS)

Our aim in this section is to assess the guidance and support provided.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
F1	The available business case and procurement guidance was fit for purpose.					
F2	The business case was handled efficiently and effectively by the parties involved in the approval process.					
F3	Staff at the Regional Office were helpful.					
F4	Staff at the NHS Executive Headquarters were helpful.					
F5	The guidance which we needed was not available.					

F6. If you answer 'strongly agree' or 'agree' to question F5 please indicate what other guidance you would have liked to have had.

F7. What improvements would you have liked to see to the **available** guidance?

F8. Are there any changes which you would like to see made to the approval process? If yes, please indicate in the space provided.

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SECTION G : EVALUATION OF THE CONTRACTORS' PERFORMANCE (BUILDING AND FACILITIES MANAGEMENT PROVIDERS)

Our aim in this section is to assess how well the contractors have performed to date in delivering the agreed services to the Trust.

G1. Was the building completed within the planned time scale?

Completed ahead of
schedule

Completed behind
schedule

Completed on time

Can't say

G2. If the answer to Question G1 is '**completed ahead of schedule**' or '**completed behind schedule**' please indicate the number of months by which it overran/underran and the reasons.

G3. The building was delivered within the planning budget.

Exceeded budget

Fell below budget

Delivered within
budget

Can't say

G4. If the answer to Question G3 is '**exceeded budget**' or '**fell below budget**' please indicate the percentage change in outturn costs and the reason for the difference.

G5. The building complied fully with the requirements specified in the Output-based Specification.

Fell below our
requirements

Exceeded our
requirements

Complied fully with
our requirements

Can't say

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G6. If the answer to Question G5 is '**fell below our requirements**' or '**exceeded our requirements**' please provide supporting commentary in the space below.

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Please tick the appropriate box and provide supporting commentary as necessary on separate sheets.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
G7	We have a strong partnership with the service providers.					
G8	There is room for improvement in the relationship with our service providers.					
G9	The service providers resolve service delivery problems speedily.					
G10	The Trust has appointed a dedicated manager to monitor the contract.					
G11	The service providers have appointed a dedicated manager to monitor the contract.					
G12	We have established integrated project teams (i.e. containing contractor staff and trust staff) to monitor the contract.					
G13	The service providers' senior management team are very committed to the deal.					
G14	There is appropriate representation on working groups at all levels.					
G15	The contractors demonstrated innovation during the procurement stage.					
G16	The contractors demonstrated innovation during the design and build stage.					
G17	The contractor demonstrated innovation during the commission and operational stages.					
G18	Communication between the service providers and the trust is very good.					
G19	Roles and responsibilities between the service providers and the trust are clearly defined.					
G20	The dispute resolution procedures are working satisfactorily.					
G21	The methodology for calculating payments – including performance deductions – is clearly defined.					
G22	The payment mechanism is working satisfactorily.					
G23	The contractor managed risks during the pre-construction phase efficiently and effectively.					
G24	The contractor managed risks during the construction and development phase efficiently and effectively.					
G25	The contractor managed risks during the commissioning stage phase efficiently and effectively.					
G26	The contractor managed risk during the operational phase efficiently and effectively.					
G27	The Trust is receiving the services which it has contracted for.					

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G28. If you answer 'strongly agree' or 'agree' to Questions G15, G16 or G17 please indicate the nature of the **innovation**.

G29. How often does the Trust monitor the contract?

Daily	Weekly	Fortnightly	Monthly	Other (please specify)
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G30. Please describe the approach and procedures for contract management (please attach supporting documentation if considered necessary).

G31. What improvements, if any, need to be made to the existing contractual management arrangements to increase its effectiveness? Please indicate in the space provided.

Good Practice Guidance

SECTION H : EVALUATION OF THE COMMISSIONING OF THE BUILDING (i.e. Process of Preparing the Building for Occupation, Service Delivery and the Move)

Our aim in this section is to assess how well the commissioning of the building was organised.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
H1.	The time allowed for commissioning of the new facility was sufficient.					
H2.	The commissioning programme was well organised and managed.					
H3.	All necessary equipment for the new facility was provided before it was commissioned.					
H4.	Proper provision was made for Information Technology requirements.					
H5.	Cleaning services were satisfactorily carried out during the commissioning period.					
H6.	Estate maintenance services were satisfactorily carried out during the commissioning period.					
H7.	Linen and laundry services were satisfactorily carried out during the commissioning period					
H8.	Reception and communication services were available when the building opened.					
H9.	Cables and other facilities for information technology were available when the building opened.					
H10.	The move took place smoothly.					
H11.	The commissioning of the new facility did not cause any significant disruption to service Provision.					

H12. Did everything go **according to plan** with the commissioning of the building? Please comment on **any problems encountered** in the space below (including the factors which facilitated effective resolution).

H13. Are there any **lessons** which future schemes could learn from the way the commissioning programme for this project was managed? Please indicate in the space provided.

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H14. Are there any **lessons** which future schemes could learn from the way staff were transferred to the PFI service provider? Please consult TU staff representative if considered necessary.

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Good Practice Guidance

SECTION I : EVALUATION OF THE BUILDING IN USE

Our aim in this section is to assess the extent to which the scheme is meeting its objectives.

		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
I1.	Access to the facility is easy by public transport.					
I2.	Access to the facility is easy by car.					
I3.	Parking facilities for staff are satisfactory.					
I4.	Parking facilities for visitors and patients are satisfactory.					
I5.	Sign posting on the approach to the facility and on internal areas is satisfactory.					
I6	Movement around external areas is easy.					
I7	Facilities for the disabled are good.					
I8	The layout of individual departments is logical (right rooms in the right location).					
I9	The facility is the right size to meet our needs (not too large or too small).					
I10	Room sizes are adequate.					
I11	The design of the facility is inherently flexible.					
I12	Moving around the department is easy.					
I13	The department is equipped with all necessary facilities.					
I14	The internal décor is pleasing.					
I15	The new facility provides a better environment in which to provide patient care.					
I16	The new facility provides space for additional patient activity in order to reduce waiting time.					
I17	There are improved facilities for day-case activity.					
I18	There are improved facilities for in-patient activity.					
I19	There are improved facilities for out-patient activity.					
I20	There are improved facilities for training, research and teaching.					
I21	Energy consumption has improved as a result of the new facilities.					
I22	The new facility helps to reduce the Trust's operating costs.					
I23	Overall, the new facility helps us to make better use of available resources (finance, materials, space, staff time, etc.)					
I24	The new facility makes the Trust better placed to respond to unanticipated service changes.					
I25	Cleaning services provided by the service provider are satisfactory.					
I26	Linen and laundry services provided by the service provider are satisfactory.					

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		Strongly agree	Agree	Disagree	Strongly disagree	Can't say
I27	Estate maintenance services provided by the service provider are satisfactory.					
I28	Other facilities management services provided by the service provider are satisfactory. (Please specify)					

I29. If you answer 'strongly disagree' or 'disagree' to any of the statements in the above section (section I), please support your response with brief commentary in the space provided. You may attach separate sheets.

I30. What further steps could have been taken by the service (provider(s) to improve **the preliminary outcomes** from the scheme? Please comment in the space provided.

I31. What further steps could have been taken by the Trust to improve the **preliminary outcomes** from the scheme? Please comment in the space provided.

I32. Are there any changes which need to be made to **improve the functioning of the contract**? Please describe actual and anticipated changes.

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I33. Based on your experience, what recommendations would you make to improve the planning and execution of **future** capital projects within your organisation and elsewhere in the NHS? Please state in the space provided.

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ANNEX 5: WHAT SHOULD THE POST PROJECT EVALUATION REPORT COVER (ILLUSTRATIVE GUIDE ONLY)?

1. Characteristics of Project

Brief description of project covering service objectives, expected benefits (as outlined in Benefit Realisation Plan), start date, completion date, original capital costs at time of approval, final outturn capital costs, and reasons for any variances between approved and final costs. What lessons were learned?

2. Revisiting the Strategic Context

Is the investment what was needed? Had anything changed in the project environment that rendered the original project objectives to be unsound? Were the assumptions made at the appraisal stage borne out by actual experience? Was the organisation ready (i.e. cultural readiness) for the investment? What lessons were learned?

3. The Investment Decision

Was the decision-making process robust, sound and consultative? Were any important stakeholders overlooked or insufficiently involved during the consultative process? Were the right options identified and assessed? Was the right option chosen? Was the risk analysis valid? Was the affordability analysis robust? Could the decision-making process have been improved? What lessons were learned?

4. The Procurement

Was the procurement conducted robustly and in accordance with all relevant procurement guidelines? Was the bidding process competitive? Was the contract negotiated and managed robustly and properly? Could any steps have been taken to improve the procurement process? What lessons were learned?

5. Project Management and Implementation

Was the project and implementation conducted and managed effectively and properly (including communication and consultation with staff and other stakeholders, management of suppliers, contract, benefit realisation, evaluation)? What lessons were learned?

6. Benefits Management

Was the need for benefit management recognised? Were benefits identified properly? Were suitable plans made to effect their realisation? Were benefits monitored and assigned to appropriate managers or business units? Was timing for their delivery correctly assessed? Were appropriate targets sets for benefits? Were the risks to benefit delivery identified and properly assessed? What lessons were learned?

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7. Organisational Impact and Change Management

What support was provided by senior management to prepare for implementation of the project? Was change managed properly? Was appropriate support and training provided? Was change communicated effectively? Was the consultation process effective and sufficiently comprehensive? What lessons were learned?

8. Outcome and Impact

What were the direct and indirect outcomes from the project? Were there any undesirable outcomes? What impact did the project have on the organisation which sponsored the project? What impact did it have on users of the service? What impact did it have on commissioners? What impact did it have on patients? What impact did it have on other stakeholders (including non-NHS organisations) in the local health economy? How did the actual outcomes compare with what was envisaged in the original business case? How do outturn costs and risks compare against what was assumed and estimated in the original business case? How does the timing of the various outcomes compare with what was assumed in the business case? What was the process by which outcomes were achieved? What lessons were learned?

9. Lessons for Future Projects

With the benefit of hindsight, would you have considered other options for meeting the project objectives? Would you have chosen the same preferred service solution?, Would you have approached the testing of PFI in the same way? Would you have managed the procurement process in the same way? Would you have implemented the project in the same way? Is there anything that you would have done differently?

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ANNEX 6: FURTHER READING

Department for Education and Employment, (1993), **Commissioning and Managing Evaluation Projects** (TEC Research and Evaluation Branch, Sheffield)

Department for Education and Employment, (1993) **The Planning of Evaluation and Research** (TEC Research and Evaluation Branch, Sheffield)

Department for Education and Employment, (1993) **ROAMEF – An Evaluation Strategy**, (TEC Research and Evaluation Branch, Sheffield)

Department of Health, **Capital Investment Manual**, London: The Stationery Office, 1994)

Department of Health, **Public-Private Partnerships in the NHS** (London: The Stationery Office, 1999)

HM Treasury, **Appraisal and Evaluation in Central Government - “The Green Book”** (London: The Stationery Office, 1997)

HM Treasury, **Policy Evaluation: A Guide for Managers** (London: The Stationery Office, 1987)

NHS Estates and the Institute of Advanced Architectural Studies (IAAS), 1997, **The Organisation and Delivery of Post-project Evaluation**’

Oppenheim, A.N. (1992), **Questionnaire Design, Interviewing and Attitude Measurement**, (Pinter Publishers, London).