

Legislation Project

Project Initiation Document



Author: Miriam Wallace/ Robert Skey

Date Published: 17th July 2018
Version: V0.1

Table of Contents:

DOCUMENT CONTROL SHEET:	3
1. INTRODUCTION	4
1.1. Project Objectives	4
1.2. Outline Project Deliverables and/or Desired Outcomes	4
1.3. Constraints.....	5
1.4. Project Scope (and any exclusions).....	5
2. PROJECT DEFINITION	6
2.1. Method of Approach	6
2.2. Assumptions	6
2.3. Stakeholders	6
2.4. Project Organisation Structure.....	6
2.5. Risk Management Strategy	7
2.6. Communication Strategy	7
2.7. Project Quality Strategy	8
2.8. Project Controls.....	8
3. BUSINESS CASE	Error! Bookmark not defined.
4. PROJECT PLAN	8
5. RISK LOG	8
6. IMPACT ASSESSMENTS	8
6.1. Equality & Diversity Impact Assessment.....	8
6.2. Healthcare Quality Impact Assessment	8
6.3. Privacy Impact Assessment.....	Error! Bookmark not defined.

DOCUMENT CONTROL SHEET:

Key Information:

Title:	Public Health Reform – Legislation Project Initiation Document
Date Published/Issued:	17 th July 2018
Date Effective From:	1 st August 2018
Version/Issue Number:	V0.1
Document Type:	Project Document
Document Status:	Draft
Author:	Miriam Wallace/ Robert Skey
Owner:	
Approver:	PHR Programme Board
Approved by and Date:	
Contact:	
File Location:	

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
V0.1	17 th July 2018	Draft document	Miriam Wallace/ Robert Skey	No

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:

Distribution: This document has been distributed to

Name:	Title/Division:	Date of Issue:	Version:

Linked Documentation:

Document Title:	Document File Path:

1. INTRODUCTION

The purpose of this document is to define the scope of the Legislation Project, the deliverables or outcomes which will be produced as a result of the project and the timescales the project will be delivered by.

The PID will provide assurance to the Public Health Reform Programme Board (PB) that the project has a sound basis and the document will also act as a foundation document against which the Senior Responsible Owner (SRO) and PB can monitor progress.

Approval of the PID is sought from the PB, together with authorisation to proceed with the project.

1.1. Project Objectives

The Legislation Project Objectives have been identified as follows:

- **Objective 1** - to identify legislative options for the establishment of Public Health Scotland by July 2018.
- **Objective 2** - to produce a paper outlining options, cost, risk, resource and timelines for the options identified to establish Public Health Scotland in order for the PB to make an informed decision by July 2018.
- **Objective 3** - to oversee the procedure required to have the necessary legislation put in place for Public Health Scotland to be vested from April 2019 (or an agreed later date).

1.2. Outline Project Deliverables and/or Desired Outcomes

The following deliverables and outcomes have been identified for the Legislation Project:

Project Management:

- Project Initiation Document
- Project plan
- Product descriptions
- Risk and Issue log
- Project closure report

Objective 1:

- Documentation outlining the legislative options for Public Health Scotland to be discussed by PHOB in July 2018.

Objective 2:

- Documentation outlining options and associated cost, risk, resource and timelines for the options identified to establish Public Health Scotland in order for the PB to make an informed decision by July 2018.

Objective 3:

- Develop policy instructions for the Scottish Government Legal Directorate, who will draft the legislation by end of October 2018. This may involve more than one SSI.
- Legislate by end of April 2019, including the following:
 - Draft SSI or SSIs: include partners to ensure best possible accountability model
 - Lay and make SSI or SSIs: Super Affirmative procedure – 60 day laying of draft SSI for consultation followed by laying of SSI by Affirmative Procedure for 54 days, including Delegated Powers and Law Reform Committee (DPLRC) (20 days) Health and Sport Committee (20 days), and plenary vote (14 days). Days include

weekends but not recess dates. Likely 7 month process in total, including recess dates, dependent on level of amendments required.

- May also require laying and making of Negative Procedure SSI for 40 days, including Delegated Powers and Law Reform Committee (DPLRC) (20 days) and Health and Sport Committee (20 days). Likely 1.5 month to 2 month process including recess dates, unless annulled by Parliament.

1.3. Constraints

The following constraints which could impact on successful delivery of the Projects objectives have been identified:

- **Time:** Extent of stakeholder engagement limited by the timescales set for delivery. Timescales rule out use of usual public body route of primary legislation, given that a parliamentary slot would have to be identified.
- **Cost:** Activities to support delivery need to be aligned with the budget available.
- **Resource (Policy Team):** Finite resource available to support delivery.
- **Resource (external):** Priorities and PHS work competing with existing commitments of stakeholders.

1.4. Project Scope (and any exclusions)

<p><u>In Scope:</u></p> <p>Organisations:</p> <p>The Scottish Government COSLA NHS Health Scotland NHS National Services Scotland (ISD and HPS) The Scottish Parliament</p> <p>Divisions/Departments:</p> <p>Health Protection Health Improvement Directorate for Children and Families: Health Improvement Mental Health Division Active Scotland CNO : Healthcare and Associated Infections/Regulation Unit DHWSC : Strategic Change DHSCI : Integration Scottish Government Legal Directorate Public Appointments Unit OCENHS : Corporate Business Management (NHS Board governance and accountability) Public Bodies Unit Parliament and Legislation Unit (PLU) SSI Unit</p>	<p><u>Out of Scope:</u></p> <p>Organisations:</p> <p>All other Organisations not listed as in scope</p> <p>Divisions/Departments:</p> <p>All other Divisions/Departments not listed as in scope</p> <p>Groups</p> <p>All other Groups not listed as in scope</p> <p>People:</p> <p>All other People not listed as in scope</p> <p>Systems/ Processes:</p> <p>All other Systems/Processes not listed as in scope</p>
---	---

<p>Groups</p> <p>Health and Sport Committee Finance Committee Local Government Committee Delegated Powers and Law Reform Committee Cabinet Sub-Committee on Legislation</p> <p>People:</p> <p>Minister for Public Health and Sport Minister for Parliamentary Business</p> <p>Systems/ Processes:</p> <p>SSI/Legislative Process Public Appointments Process Creation of new Public Bodies process</p>	
--	--

2. PROJECT DEFINITION

2.1. Method of Approach

This project will be delivered in accordance with standard Project Management methodology. The project will consist of one workstream.

2.2. Assumptions

The following key assumptions have been identified for this Project:

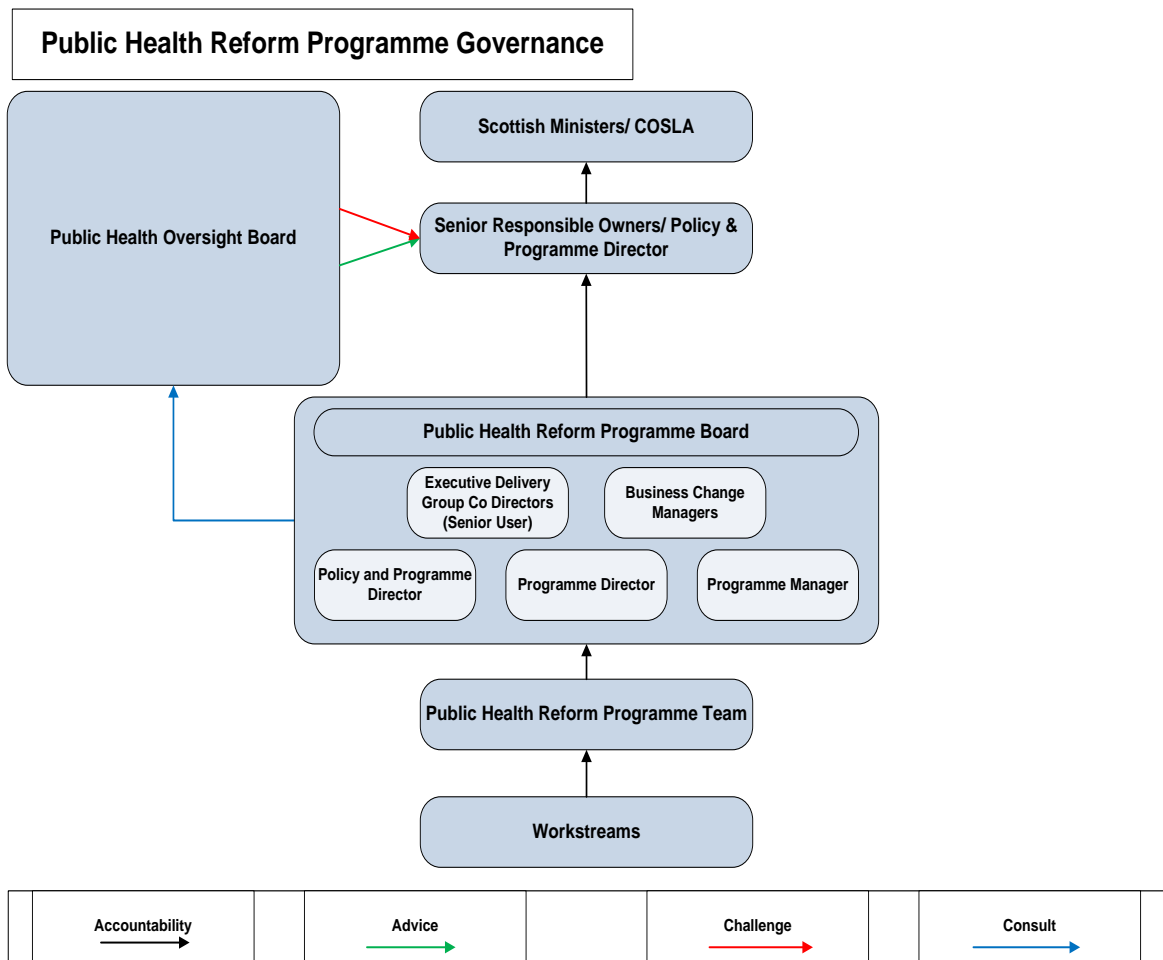
- The programme will deliver to the dates outlined by COSLA/Scottish Government.
- Public Health Scotland will be established in 2019.
- There will be sufficient resource available to undertake the work required.
- The finance function of the new PH body will be delivered under a shared services approach.
- All information needed will be made readily available by current organisations.
- All stakeholders listed as in scope will actively engage in the programme.

2.3. Stakeholders

All key stakeholders will be managed in line with the PHR communications and engagement strategy.

2.4. Project Organisation Structure

This project forms part of the overall PHR Programme. The diagram below outlines the overall Programme Structure.



Members of the PHRPS Project Team are listed below:

- Robert Skey, Programme Director
- Amanda Trolland, Programme Manager
- Miriam Wallace, Project Manager
- Robert Girvan, Policy Lead

2.5. Risk Management Strategy

Risks will be managed in line with the PHR Programme risk management approach and reported to the Programme Board via the PHR Programme Team. The programme Risk Register, once created, will be regularly reviewed and updated by the Programme Team and SRO. Projects within the programme will have their own Risk Registers operating on the same basis and will be managed at project level in accordance with the agreed risk management approach, escalating to the programme where applicable.

2.6. Communication Strategy

Communications for the Legislation project will be managed in line with the PHR communications and engagement strategy.

2.7. Project Quality Strategy

To ensure all project deliverables and outputs will meet the expected quality requirements; a number of quality measures will be put in place across the project. These include:

- Product description(s) being agreed with the PHR programme team
- Regular updates to the PHR programme board

2.8. Project Controls

The following project controls will be implemented to monitor progress and where necessary take remedial action should the project deviate from the agreed timescales or costs:

- Regular highlight reports to the PHR programme team

3. PROJECT PLAN

A project plan has been developed for the project and is embedded below:

XXX

In addition to the plan, a number of reporting milestones have been identified for the project which will be included in the overall PHR Programme Milestone chart.

4. RISK LOG

The key risk will be that an SSI has to be withdrawn, or is annulled due to challenges from Parliament. In that case the SSI will have to be amended and laid again, repeating the relevant parliamentary process.

5. IMPACT ASSESSMENTS

- Equality & Diversity Impact Assessment
- Healthcare Quality Impact Assessment
- Data Protection Impact Assessment
- Child Rights and Wellbeing Impact Assessment
- Strategic Environmental Assessment
- Human Rights Impact Assessment
- Business and Regulatory Impact Assessment
- Fairer Scotland Impact Assessment