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Target Operating Model Project

Project Initiation Document



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1. INTRODUCTION

The purpose of this document is to define the scope of the Target Operating Model (TOM) 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 TOM Project Objectives have been identified as follows:

- **Objective 1** - establish a short life working group (SLWG) consisting of key stakeholders (including SROs, senior users and senior suppliers and staff-side representatives) by end October 2019.
- **Objective 2** - develop an interim TOM based on information derived from commissions and projects by end January 2019.
- **Objective 3** –develop a final TOM based on additional information as needed by end March 2019.

1.2. Outline Project Deliverables and/or Desired Outcomes

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

Project Management:

- Deliverable 1 – Updated Project Initiation Document (this document)
- Deliverable 2 - Project plan with key dependencies
- Deliverable 3 - Product descriptions
- Deliverable 4 - Risk and Issue log
- Deliverable 5 - Monthly Progress reports
- Deliverable 6 - Project closure report

Objective 1:

- Deliverable 7 – Terms of reference with clear roles and responsibilities for the TOM SLWG

Objective 2:

- Deliverable 8 - Documentation outlining an early draft TOM and featuring some or all of the following components – Governance / Strategy / People and Roles / Organisational Design / Business Divisions / Culture / Processes / Technology / Information and Data / Customers and Geographies / Products and Services supported by some narrative. This will use information drawn from the commissioning process and set out early thinking in relation to organisational structure, senior management roles and responsibilities, staffing models and levels, additional skills and training requirements, additional IT systems, infrastructure and processes needed, additional physical equipment and estates and building that will be needed and any additional business processes, support processes or service management functions needed.

Objective 3:

- Deliverable 8 - Documentation outlining a detailed and final TOM featuring all the components above.

1.3. Constraints

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

- **Time:** Timeline for delivery is dependent on completion of work from other commissions/ projects
- **Cost:** Activities to support delivery need to be aligned with the budget available.
- **Resource:** Finite resource available to support delivery.
- **Resource (external):** Business as usual activities and other programme/ projects 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)</p> <p>Divisions/Departments:</p> <p>Health Protection Health Improvement Public Health Intelligence</p> <p>Groups</p> <p>PHR Commission/ project leads</p> <p>People:</p> <p>All PHI staff All HS staff</p> <p>Systems/ Processes:</p> <p>All PHI systems/ processes All HS systems/ processes</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>
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2. PROJECT DEFINITION

2.1. Method of Approach

This project will be delivered in accordance with standard Project Management methodology.

2.2. Assumptions

The following key assumptions have been identified for this Project:

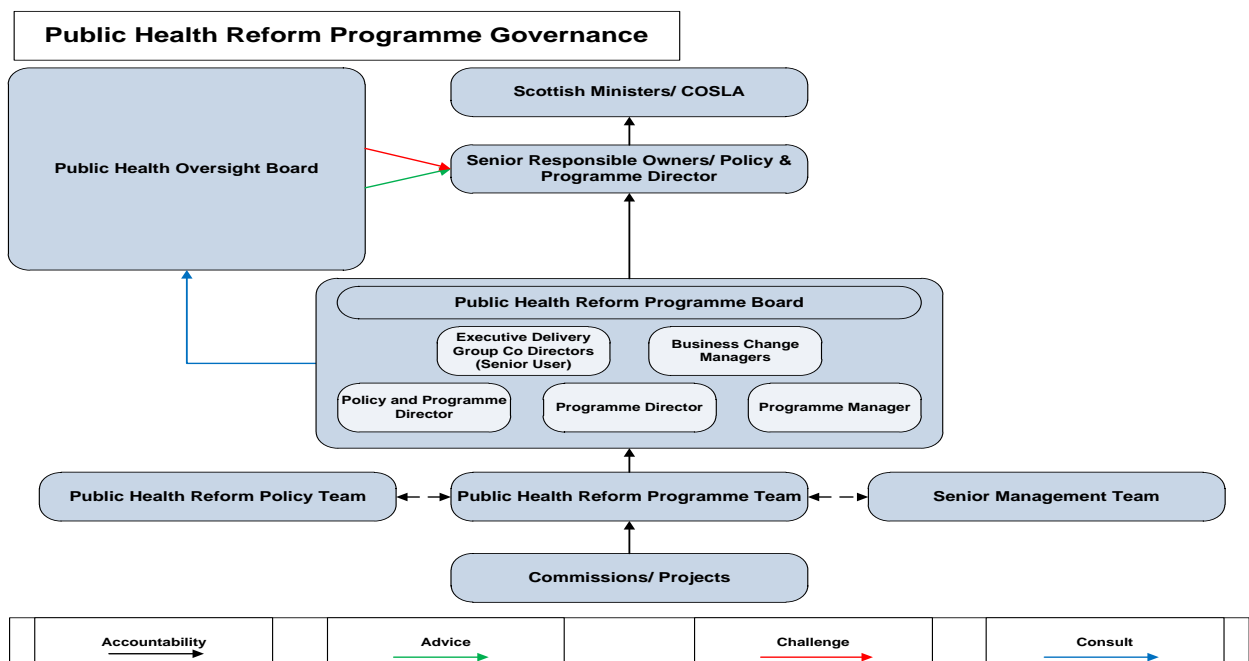
- All information will be provided by the PHR commissions and projects
- Public Health Scotland will be established in 2019.
- There will be sufficient resource available to undertake the work required.
- All information required will be made readily available by current organisations.
- All stakeholders 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 TOM Project Team are listed below:

- Tim Andrew, Project Lead
- Andrew Scott, PHR SRO
- John Wood, PHR SRO
- Michael Craig, Staffside
- Marion Bain, Co-Director
- Eibhlin McHugh, Co-Director
- Phil Couser, Business Change Manager
- Gerry McLaughlin, Business Change Manager
- Robert Skey, Programme Director
- Amanda Trolland, Programme Manager
- XXX, Project Manager

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 TOM 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
- Monthly 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 detailed project plan has been developed for the project and is embedded below:

(To be advised)

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

A number of high level risks have been identified:

- There is a risk that there will be a lack of resource capacity available to support the delivery of this project.
- There is a risk that the commissions/ projects will not provide enough detail to inform the TOM.

All risks identified will be detailed further and logged on the TOM project risk log.

5. IMPACT ASSESSMENTS (finalised by October 2018)

The following impact assessments will be undertaken at programme level and will cover all commissions/ projects.

- 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