



**Lessons
Learned
Report**

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1. Executive Summary

This report presents the lessons learned from the iSIMPATY project funded by Special EU Programmes Board (SEUPB) Interreg VA programme between 2019 and 2023. The report offers a list of lessons learned throughout the project; based on reported successes and areas for improvement. The report also presents recommendations for implementation of projects of a similar nature e.g. cross border, multiple partners, and EU funded.

Recommendations from the project include:

- Project outputs to be realistic and achievable, detailed planning and scoping prior to application, or if not possible at that stage, a thorough verification of agreed outputs once funding is awarded.
- Regular and focused cross jurisdictional planning sessions should be scheduled to take place throughout the project. These are effective in promoting teamwork, informing decisions, gaining consensus, and providing clear direction.
- Clinical cross border projects should include an operationalisation phase with input from subject matter experts from outside the core project team. This phase should include production of a Standard Operating Procedure for delivery.
- Project roles should be carefully scoped, ensuring that all deliverables are mapped to a resource or role and individuals do not undertake multiple roles. Consider a Programme Director role to support the SRO, if appropriate, and Business Change Managers in each operational location. Support roles, including communications and finance experts, should be included at the outset.
- For clinical projects, ensure access to clinical advice for the implementation team through local networks and peer groups.
- In future European funded projects with complex Programme Rules, ensure there is relevant expertise to interpret the regulations and navigate the reporting and financial claims.
- To support 'buy-in' for the project it is recommended that an effective Communications Strategy is planned and delivered, with the accompanying resources budgeted for.
- Utilise and adopt a Governance Strategy to agree a mechanism for decision making and ensure an agreed process to make progress where there are differing viewpoints.
- Follow a Programme Management design in future projects ensuring an understanding by all participants of the Project Management Office (PMO) function. Establish Benefits Management from the start and ensure Risk Management practices are embedded across the project.
- For similar cross border projects plan regular Shared Learning Events both in person and virtually in order to support peer support and learning, and project promotion.
- A single data collection tool for both evaluation and monitoring purposes should be mandatory for similar projects.
- The complexity of Information Sharing and Data Processing Agreements should not be underestimated, and adequate resource and budget should be allocated.

Material for this report was gathered through a number of sources including specific workshops and interviews for capturing lessons learned, Project Board meetings and regular meetings with the PMO and project implementation teams. Some data was collected across the duration of the project lifecycle with the majority arising from final year workshops and interviews. The feedback was collated prior to project closure and the report completed after closure.

The report is serving two sets of stakeholders. The format is familiar to NHS National Services Scotland (NSS) recipients and is adopted, as an exemplar, for all iSIMPATY Project Partners to circulate and make use of within their organisations.

The intended use is to inform future projects, particularly if funded by SEUPB or involving multiple jurisdictions. The report will be of particular interest to projects concerning the implementation of polypharmacy medicine reviews and for all other projects in general, especially those with more than one Project Partner.

The report will be approved by iSIMPATY Project Board Members prior to submission to the necessary governance groups who may require it.

iSIMPATY

iSIMPATY was a €3.15m European Union funded project that ran across the three jurisdictions of Northern Ireland, Scotland, and the border areas of the Republic of Ireland from October 2019 until March 2023.

iSIMPATY sought to transform the approach to optimisation of medicines through the delivery of medicines reviews to over 5,000 patients taking multiple medicines, and in delivering training to over 120 GPs, hospital doctors and pharmacists. It provided a significant contribution towards the embedding of a single approach for polypharmacy management as well as firmly establishing the value of cross-border working in this field.

Comprising 3 formal Project Partners, and 6 delivery partners in multiple locations, across 3 jurisdictions: careful project planning and adept project management was critical from the start. The Scottish Government was the Lead Partner, and the Project Management Office worked with partners to ensure the project progressed and delivered, despite the challenges encountered.

The iSIMPATY PMO team included three Project Managers (one 0.8 WTE in Scotland who was also the Lead Project Manager (50/50 split), one 0.5 WTE in Northern Ireland, and one 0.5 WTE in Republic of Ireland); and a 1.0 WTE Project Support Officer based in Scotland.

2. Purpose of the Document

The purpose of this report is to gather all relevant information for better planning of future projects, improving implementation of new projects, and preventing or minimising risks for future projects.

There was significant learning taken from the iSIMPATY project, due to its relative rarity within the NSS PgMS portfolio i.e. the international partners and this particular EU funding model. It is anticipated the learning captured would be of benefit to projects approved under the new Peaceplus Programme managed by SEUPB. Notwithstanding, the lessons learned may also be instructive for any multi-partner projects being delivered by Project Partners.

3. Lessons Learned

Lessons learned have been detailed according to the theme that described them best. Inevitably, some lessons fall into more than one theme, but repetition has been avoided and where required cross-reference has been made between relevant content.

There are some lessons that occurred because of exceptional events such as Covid-19, these have been captured despite being abnormal events.

When describing the lessons, consideration was given to what the event was and what the effect was; the causes of such events and if there was any particular trigger or early warning indicators. Lessons have also been drawn from the risks and issues captured.

3.1.Planning and Scheduling

Positives related to in-person meetings and events during the project. These were effective in supporting collaboration, planning across, and sharing learning for, cross-border teams. Similar meetings and events should be held regularly throughout future projects. Another positive was the importance of project management throughout the project.

The significant contribution of planning and scoping at project initiation came across strongly, coupled with the need to have a range of expertise involved, including subject matter experts in planning delivery of outputs. In future, with regard to SEUPB or similar projects where budgets are inflexible and Programme Rules are complex, resources should, where possible, be scoped prior to the approval of timescales, outputs, and budgets. Planning should continue throughout the project, and it should be ensured the correct project members and expert resources are involved throughout.

What went well?	Recommendation:
The in-person Management Steering Group (MSG) planning meetings and workshops which occurred during the project were effective in promoting collaboration, sharing learning, and reducing ambiguity in decisions.	The value of face-to-face working and meetings should be recognised when working across geographic and national boundaries. The implementation of these meetings in the early phase is recommended to build relationships.
Regular shared learning events promoted peer group relationships and knowledge exchange.	Ensure a regular schedule of shared learning meetings for remote and cross border teams, hosts rotated amongst partners to provide opportunities to learn from on-site visits and share the administration. Do not underestimate the time and skill required to design an engaging schedule of events, consider appointing an individual to manage activity.
Planning of outputs worked well when the lead project manager was involved and consistently provided updates and timelines for planning, and logging risks and issues.	Ensure an experienced project manager manages all project outputs.

What could be improved?	Recommendation:
<p>Insufficient planning and scoping at application stage led to unachievable timescales and objectives, this was reported to significantly impact on resource allocation and on objectives and outputs.</p> <p><i>Refer to 3.2 and feedback reported on project roles.</i></p>	<p>Future projects should include considerable planning and scoping prior to submitting application to funding body. Ideally the planning should involve resources from a range of disciplines and functions including those with operational delivery experience.</p> <p>Although difficult in EU projects due to the nature of the application process every effort should be made.</p>
<p>There was limited 'operationalisation' planning or documented guidance for the implementation team. Following training the pharmacists had limited operating procedures to follow, leading to frustration and inefficiencies.</p> <p><i>Refer to 3.9 relating to effective delivery two years into the project.</i></p>	<p>Ensure that there is time built into the planning phase to develop standard and localised operating procedures. Aim to reduce ambiguity, inefficiency and frustration for implementation team.</p>
<p>The subject matter experts with experience of local operations were not always included in the planning stages. This resulted in agreeing outputs that were unrealistic and impractical.</p>	<p>Ensure the right subject matter experts are included in early planning especially operational delivery. Recognising that project team resources will not necessarily have been recruited, and therefore seek input from external experts.</p>
<p>MSG planning meetings were challenging, as intended outputs were frequently unrealised. Meetings were regularly derailed by issues and crisis management, and consequently ineffective in recording agreed decisions. This impacted on the ability to plan effectively as a group.</p> <p>It is noted some local planning did occur in some locations.</p>	<p>Make planning a priority from project start up for central and local implementation teams, ensure the attendees are clear on the meeting remit and objectives, and the chair keeps the meeting focussed on planning alone.</p> <p>Have shorter focussed workshops when unable to meet face to face.</p> <p>Ensure the right attendees and subject matter experts are present for the planning topic to prevent derailed sessions.</p>

What could be improved?	Recommendation:
<p>Timescales and complexity of information governance and data protection were underestimated.</p>	<p>In future projects, particularly those involving patient data, ensure Information Governance experts are included at application stage or at the very least from the initiation phase after award. Be mindful of timescales involved and the expertise required, and that IG representation is available for advice within each partner.</p>
<p>Recruitment, Risk, and Governance strategies were written and approved at the start of the project. These were not revisited as the project evolved, and their content did not always direct project delivery, as intended.</p>	<p>Project strategies should be applied as intended and revisited throughout the project; updated to reflect the current requirements of the project.</p> <p>It should be noted that in some cases there is little or no flexibility to amend Strategies, particularly with respect to SEUPB projects.</p>
<p>The management of the Evaluation was primarily by the team writing the report rather than by the project manager. When timelines slipped or scope changed this was not always communicated to the wider team impacting on dependant tasks and timelines.</p> <p>The Evaluation report was not specifically included as a deliverable in the Funding Body's monitoring system. Its production was implied in the Management work package under the Monitoring and Evaluation Strategy. This resulted in an underestimation of the project management input required.</p>	<p>In projects with a defined set of deliverables be mindful that there may be some desirable deliverables that emerge and are not required by the Funding Body.</p> <p>When this is the case ensure that a project manager has an active role in their planning, communicating identified risks and issues in a transparent manner, and is aware of all additional resources required and can assess the impact on 'contracted' deliverables.</p> <p><i>See above, 'What went well' referencing the need for project management in all deliverables.</i></p>

3.2. Project Organisation, Roles, and Responsibilities

This theme garnered considerable input during review. This was inevitable as leaders and staff reflected on how the project could have been organised more effectively, and staff considered how their roles could have supported delivering more.

This section provides insight to the governance groups established and utilised, the efficacy of project roles and what other posts could have been introduced to support the project.

There is a strong cross over with 3.1 above in that roles were not scoped fully at the initiation stage resulting in under resourcing of key functions. The need for separating out roles so that one person does not hold too many functions came across strongly. The impact of this is negative for both the person involved and the project.

What went well?	Recommendation:
The project governance structure was clear in relation to groups' responsibilities and was clearly documented within a strategic document from the outset.	Ensure future projects have a clear governance structure which is approved, documented and communicated at project start up. <i>Refer to 3.1 relating to applying and updating strategy documents.</i>
The Project Board operated strategically, keeping a defined function separate to the operational management of the project.	Ensure future projects' Board membership is suitably senior and strategic. Ensure that the role of the board is clearly defined and does not overlap with operational management.
Local Steering groups were effective at implementing the project at a local level, where the membership was correct. This was reported as including engaged operational leads, with capacity, local influence and empowered to deliver.	Consider how to influence and deliver locally through local groups. Consider membership with operational skills, local influence and networks (essential), ability to implement, and capacity to commit time.
Regular meetings with Project Pharmacists were effective in understanding and resolving issues faced in delivery. Local project managers were able to take issues and escalate upwards as appropriate.	Ensure future projects have a communications chain between implementation team and the strategic decision makers.
The Project Management Office (PMO) team were collaborative and approachable and once adequately resourced were efficient. Their attendance at a variety of meetings was invaluable.	Ensure the PMO recruitment is completed early during start-up, consider the right skillset. <i>Refer to 3.5, recommending gaining understanding of recruitment timelines across organisations to support resource planning</i>

What went well?	Recommendation:
<p>Whilst the project did not have an official Programme Manager or Project Director, the Lead Partner Project Manager's Line Manager was a positive influence providing guidance and support to the PMO and influencing senior members of the project team.</p>	<p>In future projects ensure budget is available for a level of seniority above the Project Manager to support and influence where needed.</p> <p>There is a recommendation below for a more senior formal Programme Mgr. / Dir. role for future projects of a similar scope.</p>
<p>The Lead Partner Project Manager and their counterpart at SEUPB had regular meetings and a good working relationship. This benefitted the project particularly when requesting support and modifications.</p>	<p>Actively manage the funding body's key personnel. A good relationship is invaluable and a poor one extremely negative. In general, promote positive working relationships with and between key roles across organisations. This provides support and effective communication.</p>

What could be improved?	Recommendation:
<p>The role and remit of the Work Package Lead was often misinterpreted at a local level.</p>	<p>Consider avoidance of project management 'jargon' and communicate remit of roles in plain language with all stakeholders at project Start-up.</p>
<p>Recruitment of the implementation team (pharmacists) did not overtly request skills required to work in a project environment (e.g. change management, influencing skills and ability to cope with a level of uncertainty). In some locations this skillset was recruited, evidencing this skills-mix can be achieved.</p>	<p>In similar projects ensure that the recruitment process identifies skills that are suitable to project work. Be considerate to professionals coming from a process driven role with a hierarchy of decision making who may be uncomfortable in the exploratory and sometime ambiguous environment of project working. Ensure there is ongoing training and support in change projects, particularly where the local environment is challenging.</p>
<p>In Scotland the Health Boards were not clear on the required local roles and responsibilities, this negatively impacted on delivery of outputs and undue stress for the implementation team. Absent was work manager support for the pharmacists, negatively impacting on their wellbeing and on their substantive line manager's capacity.</p>	<p>In future projects ensure that roles and responsibilities of delivery partners are clearly prior to them committing to the project. This includes defining the responsibilities of the Lead Partner and ensuring that implementation teams retain a local work or line manager with an understanding of the project and have access to clinical support. (See below).</p> <p>It should be noted that a Memorandum of Understanding was drawn up but this was not until two years into the project.</p>

What could be improved?	Recommendation:
<p>Scottish Health Boards did not prioritise the project and not all established local steering groups. One did after a year's delivery which provided better local governance, leadership and communication.</p>	<p>In future projects ensure that local steering groups are included in the remit of delivery partners. There is a need for local governance and accountability beyond the implementation team. Consider Benefits Management to aid ownership and Stakeholder mapping across the organisation to improve awareness and communications.</p>
<p>There was no requirement for health organisations to sustain the service beyond the project end date and this has resulted in a one organisation not implementing the service.</p>	<p>A senior executive within local organisations or jurisdictions, must be accountable for maintaining and scaling the project benefits post project.</p> <p>This should be covered by the Benefits Management Strategy and included in Benefits Realisation Plan.</p>
<p>It was reported that the pharmacists did not have easily accessible clinical risk management support. They had to rely on support from other pharmacists and their local teams who did not have a good understanding of the project objectives and new ways of working. This at times left them feeling exposed.</p>	<p>For clinical projects, ensure staff that need clinical support link in with the support infrastructure provided, the project should address issues encountered with the support during the project.</p> <p>It should be noted that support was introduced but was not accessed as it was not available as and when needed, instead it was a scheduled process</p>
<p>Key stakeholders carried out multiple roles impacting on their capacity and access to them. This was noted as an issue in Scotland where the Senior Responsible Office (SRO) was also the Scottish WPL, the Chair for the operational meetings, and line manager for the Evaluation team. The SRO often became involved in the day to day running of the project.</p>	<p>In future projects have a clearer distinction between strategy and operations. An SRO has, inevitably, limited capacity but is fundamental to sponsorship and authorisation not delivery. Ensure operational and planning meetings are not chaired by the SRO or a WPL. Instead, someone with an operational remit e.g. this could be supported by a service lead, improvement advisor or a change manager.</p> <p>Avoid the SRO and a WPL being the same person. Look at alternative structures that will ensure the SRO and WPL responsibilities are not owned by one person.</p> <p>Ensure that there is a role to whom the SRO can delegate in recognition of their limited capacity.</p>

What could be improved?	Recommendation:
<p>There was no Programme Director or Programme Manager assigned to the project to provide a link between the Lead Project Manager and the SRO.</p> <p>This led to an expectation that the Lead Project Manager would fulfil roles requiring more seniority, including negotiations with the NHS Directors of Pharmacy. It impacted on the Lead PM's workload and at times left them feeling exposed and lacking in support.</p>	<p>Ensure that there is a role above the Project Manager to provide the two-way linkage to the PM and upwards to the SRO.</p> <p>The recommended role is a Programme Manager or Director. The role requires an appropriate level of seniority to influence stakeholders and the senior project team. The role should take on some of the delegated decision-making identified above; to varying degrees depending on Director or Manager.</p>
<p>The Lead Project Manager (PM) role and Scottish PM role were undertaken by the same person which was not effective. The Scottish PM role became overlooked and it was difficult to carry the workload in 0.8 wte.</p> <p>It was not easy for the PM to 'access' the Health Boards to fulfil a 'Scottish PM' role. This affected collaboration, and ability to fully understand and escalate issues.</p> <p>In retrospect, the Lead PM role should have been undertaken by a Programme Manager with PM support.</p>	<p>In future projects avoid one person carrying out multiple roles as there is potential for overlooking one of the roles.</p> <p>Consider the practicality of the PM role being fulfilled as 'compressed hours' or in a less than 1.0 wte. The latter was the case here. Also realise part time posts can be difficult to recruit.</p> <p>It should be noted that had site visits been possible the PM might have had more access to Scottish Health Boards. In future projects with remote working, the PM needs to be empowered and given time to build up the relationships and local knowledge.</p> <p>Consider a Business Change Manager function within implementation organisations to support delivery of the intended benefits. The Business Change Manager role is well defined in Managing Successful Programmes and is distinct from the Programme or Project Manager. The function can be more than one person acting as 'change agents'. Service Improvement advisors are able to fulfil this role if available.</p>

What could be improved?	Recommendation:
<p>All project operational decision making sat with the WPLs (and SRO- see above).</p> <p>Decisions were frequently revisited, often overturned, and there was no clear policy for reaching consensus when there were differing viewpoints.</p> <p>As a result there were delays in making key decisions, the PMs often waited considerable periods for a decision on an operational activity which caused bottlenecks on delivery, impacting on timelines, morale, and quality of outputs due to consequently restricted timescales.</p> <p><i>Refer to 3.5 in relation to impact on PMs.</i></p>	<p>Ensure that there is a clear policy on delegating decisions, defining what level can be delegated and to whom. Ensure that the Governance Strategy includes policies on decision making and reaching consensus.</p> <p><i>Refer to 3.1 regarding revisiting and applying strategies as project evolves.</i></p> <p>Ensure that key decision makers are able to commit the time to this function throughout the project. Be mindful that senior directors are likely to have a portfolio of similar projects and will need to delegate and empower deputies to make operational decisions.</p> <p>Implement a decisions log to track agreed decisions and a procedure for requesting change.</p>
<p>Informal conversations, outside of governance groups, resulted in decisions on key topics taking place without subsequently providing updates to the wider team to act on new decisions.</p> <p>It should be noted that, weekly then fortnightly, calls with the WPLs were scheduled to address delayed decision making but ‘offline’ discussions remained, and changes continued to not be communicated outward.</p>	<p>Ensure informal decisions and discussions are communicated to the wider team especially the Project Managers who will be able to identify the implications of a change in direction. Inevitably ‘offline’ conversations will happen but aim to ensure the right people contribute and any decisions are communicated widely.</p> <p>Implementation of a decision log and change mechanism can prevent informal decision making not being communicated.</p>
<p>The Lead Project Manager’s workload exceeded their capacity throughout the project.</p> <p>This was due to a number of factors including: slower recruitment of a Project Manager in Ireland adding to workload; the first Project Support Officer appointed lacking the required experience; a key Marcomms role being vacant, and these actions being given to the PM.</p> <p>Primarily the need for project planning and operationalisation was overlooked: forward planning was not as thorough and effective at it should have been impacting on communicating progress, issue management and effective avoidance of identified risks.</p>	<p>In future projects ensure that the role of the Project Manager is understood by the project team. Adapting the NSS PMO Handbook, if available at the time, would have been very effective in describing roles, remit and the flow of communications and decisions.</p> <p>Ensure that the Project Manager is given recognition and space to undertake their defined role effectively, this includes contributions from a Support Officer and Programme Manager or similar role (refer to 3.2 recommending a role above the PM). Due to the complexity of the EU funding, multiple jurisdictions and partners, experienced project personnel are required (for the most part).</p>

What could be improved?	Recommendation:
<p>ROI and NI did not appoint qualified project management professionals to their Project Manager roles and therefore key outputs in planning, risk and issues management and reporting were not easily presented.</p> <p>However, it should be noted that both postholders had considerable experience in working within projects, one being from a clinical background and the other from a research perspective. As a PMO team each PM brought different and essential skills and talents, which added richness though not necessarily project management specific outputs produced as consistently as anticipated.</p>	<p>Be careful of assumptions that presume two roles with the same job title bring the same skillset.</p> <p>If partners cannot access local project management experience adapt accordingly and aim to achieve robust governance and management with additional project management training and an avoidance of jargon and technical language.</p> <p>For planning and risks and issues review skillset needs as early as possible and adapt accordingly.</p>
<p>Meetings were frequent and not always effective with topics covered multiple times. Those with the right expertise were not always included when relevant and their input was at times overlooked.</p>	<p>Delegate work to short life working groups with the right expertise and empower them to make progress and decisions.</p> <p>Reduce the number of management meetings requiring the full project team in attendance once the project has begun.</p>
<p>The Researcher was based in the lead partner organisation and he and the team around him had to work hard to ensure the Evaluation report was a collaborative exercise, sometimes this was challenging, at least other partners reported this impression.</p>	<p>There can be value in having an independent organisation or team writing an Evaluation report. If not desirable, or affordable, especial effort needs to be applied so all partners feel they are participants.</p>
<p>The Researcher role required more clinical and statistical knowledge than advertised. The final postholder did have extensive experience of statistical analysis and the impact was limited. Understandably they required clinical support to interpret findings.</p>	<p>Be mindful that statistical researchers will need to have access to clinicians to interpret some of the findings. Consider this need when planning resources.</p> <p>Ensure that the requirements of the researcher role is understood prior to advertising.</p> <p><i>Refer to 3.1 about planning and scoping roles.</i></p>
<p>Partners expressed differing expectations of what the output of the Evaluation report would be. The lead project manager sought input and approval for a Product Description, but this approach was not adopted by MSG.</p>	<p>Consider persevering with a Product Description to gain agreement before work commences. If necessary, drop the form itself and identify the content r</p>

What could be improved?	Recommendation:
<p>The implementation teams expressed an impression they had limited access to clinical support and guidance.</p> <p>When questions arose it was not easy to find support and a timely response, sometimes causing delays in delivery, and stress.</p> <p>At times the support, when provided, was too strategic and not practical.</p>	<p>Peer support was available to the teams. In future consider use of a messaging channel (maybe on Teams) where queries can be posted to multiple people and not reliant in one person. The project had a vast body of knowledge but that can only be useful if accessible. Ensure contact is established with the local clinical network and remains accessible to the project team.</p>
<p>The administrative burden on the pharmacists was greater than anticipated, impacting their capacity to deliver medicines reviews.</p>	<p>Recognise projects inevitably have requirements to report and capture information not otherwise requested in an established service. For EU projects and complex projects with additional evaluation requirements consider administrative support in each jurisdiction.</p>
<p>Some deliverables were not allocated resources at application stage. This was a particular issue in delivering the Communications Work Package (see 3.3).</p>	<p>In future projects map resources to tasks at application stage and do not assume 'in-kind' resources will always be available for specified deliverables and outputs.</p>
<p>Assumptions were made the PMO could deliver a range of activities outside their skillset and remit (e.g. Marketing and Communications) impacting on delivery of PMO activity and the requested additional activity.</p>	<p>In future projects ensure the remit of the PMO is clearly communicated and that it is resourced accordingly. Consider a range of solutions including accessing corporate resources, or reprioritising activity. Focus on activity that is within the project application or Business Case. Consider full time Project Managers where possible.</p> <p>As mentioned above, similar projects should consider a local administrator due to the significant 'clerical' tasks involved.</p>
<p>The SRO felt they did not have a direct relationship with a named SEUPB contact impacting on decision making and relationship building.</p>	<p>In future projects explain the relationship between project funders and the Lead Partner at the outset- it is commonly, but not exclusively, Project Manager to Project Manager.</p> <p>If a higher-level engagement is required, formalise arrangements at agreed points throughout delivery between the SRO and their counterpart.</p>

3.3. Communications and Stakeholder Engagement

Positive insights on this theme related to the level of communication and collaborative working that occurred across the three jurisdictions through the cross-border relationships developed throughout the project. Project events, both in-person and virtual, were effective for stakeholder engagement and promotion of the project. COVID-19 impacting on the number of in-person events did have an advantage in that the virtual events enabled more stakeholders to attend. The importance of a strong brand also came through in the feedback.

The main negative feedback of this theme relates to the fact that there was no dedicated communications resource for the project, whilst solutions were sought some were more effective than others. Early engagement with local stakeholders was found to be lacking, impacting on ability to embed and deliver. Within the project team knowledge sharing portals should be thoroughly researched.

What went well?	Recommendation:
<p>Cross border events, such as the Shared Learning Events in 2023, were very well received. Their success highlighted the scale of the loss in previous years due to Covid-19 travel restrictions.</p> <p>Virtual events enabled more to attend and face to face events promoted networking.</p>	<p>For similar projects ensure a schedule of cross border events similar to those planned by iSIMPATY.</p> <p>A mix of in person and virtual events provides variety. Early events should be in person so relationships can be built.</p> <p>Do not underestimate the time and effort required to manage a schedule of events. Try to share the activity across team albeit delivering an agreed schedule and agenda.</p>
<p>In person meetings with stakeholders including the Project Board and the Implementation teams were effective in promoting stakeholder engagement.</p>	<p>Ensure in person meetings are planned regularly throughout the project.</p>
<p>The development of networks and relationships across the three jurisdiction’s project teams were effective in supporting communication, collaboration and shared learning. They were also reported to enable solid working relationships for the implementation team.</p>	<p>Ensure other projects that are set across multiple jurisdictions and have Multidisciplinary Teams (MDT) have effective communication channels. Consider WhatsApp groups and online platforms. Be mindful of compatibility of tools (<i>see note below regarding online communication tools</i>).</p>

What went well?	Recommendation:
<p>The design of communication material and tools such as branding, templates and infographics provided a strong professional project image.</p> <p>A comprehensive suite of tools was developed by project end and were easily accessed by the whole project team.</p>	<p>Ensure these are developed during early phases of the project and updated and accessible throughout the project. Plan for communications tools promoting the benefits and objectives for a wide range of stakeholders at the outset.</p> <p><i>Refer to 3.1 in relation to operationalisation phase to plan and develop communications tools.</i></p>
<p>The input from Scottish Government’s communications officer for the website copy and project closure was a positive contribution.</p>	<p>In future projects ensure that an experienced communications officer is recruited to ensure the desired outcomes and outputs of a Communications and Marketing Strategy can be professionally delivered.</p>
<p>In the last year of delivery the management of social media and the website was effective with new content and regular updates.</p>	<p>For similar projects consider planning a social media campaign and regular website updates.</p>
<p>Team members representing the project at conferences, events, and meetings was perceived to be a positive for the individuals and a positive impact for dissemination of the project.</p>	<p>In future projects include event attendance into the communication plan and identify relevant events. Ensure that preparation and attendance time is permitted for participants; especially where attendees are responsible for delivery of project outputs.</p>

What could be improved?	Recommendation:
<p>The project’s predecessor SIMPATHY had communication tools (website, flyers, leaflets) that were not available to iSIMPATHY.</p> <p>The original website domain expired resulting in the content being lost.</p> <p>Much of the content and the tools could have been used with minor changes saving time and money.</p>	<p>At project end ensure outputs and collateral are organised and stored in an accessible location for future use.</p> <p>In future projects where a website will be required beyond the project’s lifespan, ensure the domain names and hosting arrangements are managed and paid post project (propose 3 to 5 years).</p>

What could be improved?	Recommendation:
<p>There was no communications resource budgeted as part of the project team despite a communications Work Package agreed at application stage. This resulted in non MarComms professionals attempting the outputs and a subsequent shortfall in communications activity and reduced quality.</p>	<p>In future similar projects identify communications strategy, planning and delivery resource.</p> <p>Marketing and Communications is a distinct skillset. Avoid assumptions these actions can be delivered by administration and project management staff.</p> <p><i>Refer to 3.2 in relation to roles.</i></p>
<p>The Scottish Government member of staff who provided a significant contribution to the Communications Work Package was as a result distracted from core responsibilities.</p>	<p>In future projects ensure all Work Packages are mapped to a role or resource in order to deliver them. Where deficits are found during the project aim to share the issue across the Project Partners.</p> <p>Be wary of balancing existing responsibilities with additional project activities.</p>
<p>NSS Marketing and Communications team were engaged on the project part-way through to provide input into design, communications, and content creation and social media.</p> <p>Their lack of history with the project inevitably caused delays and limited their impact as they sought to “get up to speed”.</p>	<p>Refer to above, ‘what went well’, note the design aspect of NSS Marcomms was very effective.</p> <p>In future projects do not underestimate the challenges of embedding new resources into a project part way through especially when not wholly allocated to a project. Remember to provide the same induction to new starters as was provided in the project start-up.</p>
<p>The project name iSIMPATY was frequently misspelt and reported as sounding similar to a funeral director function.</p>	<p>More time, collaboration and consideration to be given to the project name prior to application stage.</p>
<p>Early engagement with local sites was lacking in some partners impacting on promotion and stakeholder involvement. Local stakeholders were not sufficiently engaged to influence adoption of the project’s activities.</p>	<p>With multi-site, multi-partner, projects implementing a marketing plan early is essential. Telling people about the project’s ambitions and “what’s in it for them” will increase local adoption and ownership, increasing the likelihood of the desired project outcomes.</p>
<p>Engagement with patient groups throughout the project was not evident to all participants, it did occur in some jurisdictions but was not always fed back into the wider project team to influence their practices.</p>	<p>Recognise the importance of patient engagement and include in stakeholder mapping at project start-up. Share the output as often likely to be relevant regardless of geography.</p>

What could be improved?	Recommendation:
<p>No scientific or academic articles published during the project, these are opportunities to promote and gain recognition for the work and share learning between clinicians.</p>	<p>Request a regular update to the centre of engagement activity through status reports. Also, suggested projects plan and utilise publications to assist with wider promotion, shared learning and implementation.</p>
<p>Some implementation teams reported difficulty receiving timely responses from data collection and evaluation team members. As a result the data collection was viewed negatively as a frustrating exercise for the implementation teams.</p> <p>Without guidance local teams made informed assumptions and spent significant time problem solving. It also led to some incomplete data submissions.</p>	<p>Clearer communication channels and agreed response times to ensure that the implementation staff have support and guidance on critical operational processes enabling them to deliver.</p> <p>Ensure the research and evaluation strand is adequately resourced to allow for the implementation team and data collection teams to be supported on a day-to-day basis.</p> <p>As above, consider local administration support.</p>
<p>Online communication tools for collaboration were lacking. No single collaboration tool was identified and used, resulting in missed opportunities for collaboration and poorer communications.</p> <p>An effective tool could have provided a platform to ask questions, provide updates and share documents in a timely and efficient way.</p>	<p>Consider the best tools for communications across jurisdictions and organisations.</p> <p>Understand that MS Teams does not necessarily provide full functionality across all organisations.</p> <p>The host Teams instance may not need to be the Lead Partner if functionality is greater elsewhere. Review in start-up.</p>

3.4. Documentation and Reporting

Feedback noted there was good use of documentation and reporting throughout the project. The templates adopted were effective for different audiences and contained the appropriate amount of information and used consistently by central and local teams minimising duplication. It was also noted, documentation and guidance on how to deliver the intended service was advantageous to the implementation team who were recruited at the start of the project.

The main negative response related to the challenges in data and collection tools to inform the evaluation. The original application overlooked the need for a resource to manage the data collection scoping, tool development, and guidance; instead focussing on the analysis of data. The result was that the researcher and the associated local team were under significant pressure to undertake tasks for which they were not resourced. This impacted on the service provided to the implementation team who were working with the tools and data.

What went well?	Recommendation:
Documentation and reports provided by the PMO to the project governance groups were appropriate and contained the correct level of information which was subsequently easy to share locally.	Ensure PgMS templates are used in similar projects. Present example templates to the Project Partners and the Board, seek agreement to adopt, amending where required. Use the project’s branding, if available, for any cross-organisational documentation; aiming to avoid imposition from above.
There was regular support to Project Partners from the PMO to guide documentation and reporting.	Ensure expectations of reporting quality is included at initiation and maintain the necessary level of support throughout project delivery, remembering to revisit for later recruits.
The three Project Pharmacists who were recruited to the project in 2022 benefitted from a comprehensive onboarding pack and project delivery guidance. This enabled them to confidently deliver the medicines reviews for the project soon after being in post.	Guides and project information should be developed prior to implementation staff recruitment; they need to have clarity around their remit, support network and the context for the project; remembering to revisit for later recruits.

What could be improved?	Recommendation:
<p>Project status reports were provided at local operational groups but were not contributed to or consistently shared with the implementation teams.</p>	<p>Give more consideration to implementation team's role within project reporting. Consider templates and escalation channels for reporting between the implementation team and governance groups. Provide the necessary support from experienced Project professionals.</p>
<p>Some project staff reported that meeting and project documentation was necessary but at times extensive, causing email storage issues for some.</p>	<p>Explore alternative communication tools other than email for circulating meeting papers and project documents. <i>Refer to 3.3 relating to online communication tools.</i></p>
<p>Implementation staff recruited at the start of the project reported a lack of guidance, parameters and the specifics for delivering the medicines review.</p> <p>They noted a lack of a forum for asking questions and getting timely support. The initial training was comprehensive, but the follow-up support was lacking; impacting on their ability to deliver effectively.</p>	<p>In future projects ensure there is sufficient support for implementation teams, particularly when delivering in isolation e.g. single handed or rural. The information can evolve throughout the project, but the value of a draft standard operating procedure should not be overlooked.</p> <p>It is also important that in the early stages of a project responses to queries and requests for guidance are prompt; new staff want to know they have support from which they can build their confidence in potentially unfamiliar roles.</p> <p>Note the feedback above from staff starting later in the project when guides and project documentation was available.</p>
<p>Reporting of Evaluation findings were delivered later in the project than desirable; subsequently updates were infrequent and agreed timelines missed. This resulted in extremely tight deadlines towards the end of the project and heavy workloads for those involved in the Evaluation report.</p>	<p>For future projects ensure that reporting requirements and timelines are agreed at the outset by the strategic decision-making bodies, and that slippages are communicated. <i>Refer to recommendations below relating to data collection.</i></p>

What could be improved?	Recommendation:
<p>Agreement on the Evaluation dataset was reached after implementation began. The data collection tool subsequently took longer to build and become available to the project teams (in total 2 years into the project).</p> <p>A not uncommon tension existed between the desirable data for Evaluation and the practical collection and access to data at Service level; compounded by local preferences and systems across the three jurisdictions.</p> <p>The lack of a definitive dataset impacted on the ability to provide clear data collection guidance. Project Pharmacists felt unclear on where to store data prior to the data collection tool launch. The result of this was that some did not collect appropriate data for the first two years which did not contribute to the final analysis.</p>	<p>In future projects, do not underestimate the complexity of agreeing an Evaluation dataset, and developing a collection tool for multiple jurisdictions. Consider a core dataset with some local differentiation, if necessary.</p> <p>Recognise the efficiency of a short life working group, including end users. It is critical to ensure the researcher is included in this group at an early stage.</p> <p>Aim to implement both the dataset and data collection tool at start of project and have an agreed interim dataset and collection tool available from day one of implementation.</p> <p>Where there are delays in delivery provide clarity on where data should be stored locally in the interim.</p>
<p>The project target outputs were reported by partners on a different tool to that which the Evaluation data was reported on. This caused an issue as the reported target numbers did not initially align with evidence for the outputs.</p>	<p>Performance monitoring & reporting and Evaluation data should be sourced from the same collection product and not allowed to be a separate process i.e. no reporting of activity without supporting data and evidence.</p>
<p>The qualitative data for the Evaluation reporting was only introduced in the last nine months of the project.</p> <p>There were further delays due to ethics approval to collect this information.</p> <p>Consequently, the data had to be collected over a short period of time, negatively impacting on the breadth of contributors and quality of data collected, and subsequently the time available to analyse.</p>	<p>Plan all aspects of Evaluation reporting at the start of a project.</p> <p>Be aware that a change of data collection will impact on factors including ethics approval and associated information governance requirements.</p>
<p>Information Governance and Data Processing Agreements (DPA) were perceived to be onerous and complex by Project Teams. It took almost three years for some of the agreements to be in place.</p>	<p>Adequate budget and expert resource need to be allocated to Information Governance including Data Processing Agreements.</p> <p><i>Refer to 3.2 on importance of Information Governance role.</i></p>

3.5. Resource Availability and Commitment

Positive themes related to the initial number and calibre of applicants who applied for the Project Pharmacist positions and the commitment to the project by many stakeholders. Another positive response from the pharmacists in post related to the exciting development opportunities the project provided them, this influenced their commitment to the project. The availability of personnel with extensive EU project experience eased the management of the funding body and adherence to programme rules.

This theme (and 3.2) identified the need to build a good understanding and knowledge of local recruitment landscapes, policies and timelines. Local infrastructure (office space, line management, clinical leadership, expert networks etc.) need to be assessed at commencement to ensure recruited staff are retained. It is also important to manage resource availability within the risk management process.

What went well?	Recommendation:
There was a high calibre of applicants for the pharmacists' posts when recruiting.	Future projects should ensure the application pack for resources is robust to attract applicants.
There was a strong commitment from Scottish Ministers throughout the project, this had a positive impact on promoting the project in Scotland	To gain commitment from Ministers future projects should be mindful of having access to relevant Government departments (potentially as Lead or Project Partner) to maximise the links between the project and policy teams.
The project benefitted from senior leadership support, including that of the Project Board. Endorsement and sponsorship were strong at both national and local levels.	Ensure similar projects gain support and sponsorship from suitably senior colleagues both nationally and locally.
Project team members recognised their roles within the project provided good career development opportunities and this had a positive impact on their commitment to the project.	This should be considered a priority in similar innovative projects, to ensure the project team and staff can contribute to project development for their own Professional Development and job satisfaction. Include this positive when advertising.
The SRO's influence within Scottish Health Boards enabled swift recruitment of NHS Ayrshire and Arran at a late stage in the project. A significant impact was gained from short term contracts in settings that were able to initiate and deliver outputs rapidly.	Ensure that there are project team members within each area that are of the right seniority and have existing relationships to influence decisions and change requests.

What went well?	Recommendation:
<p>The NSS International Engagement Team (IET) provided support from two managers with extensive experience of EU project which aided funding body management and adherence to programme rules.</p>	<p>Where specialist EU knowledge and experience is required to support the management of the project identify the resources at application: this stage will establish the project's parameters and expertise is required. Include these specialist hours in budgets.</p>

What could be improved?	Recommendation:
<p>Some partner's recruitment timelines were at least six months from advert to start date. This was underestimated in planning and negatively impacted on delivery of outputs as key roles including a PM were not in place at the start.</p>	<p>Seek informed timelines and commitment to support the project recruitment plan from local HR teams. Assess and plan for the impact organisational recruitment variance will have on induction, training and output plans.</p>
<p>It is noted in 3.2 the SRO fulfilled multiple roles within the project. It was reported access to and availability of the SRO was a barrier at times.</p> <p>The SRO is a senior member of a Scottish Government Directorate with many non-project responsibilities and a compressed 4-day week.</p> <p>Delays in decisions resulted, and some decisions made in absentia of the SRO, by the remaining MSG members, to facilitate progress, were subsequently overturned due to a concentration of operational decision-making in this experienced subject matter expert and SRO post-holder.</p> <p>Every effort to respond to enquiries was made by the SRO (often 7 days a week and out of hours). The SRO showed significant and unquestionable commitment to the project, but undoubtedly their core responsibilities with multiple project roles impacted their availability to contribute to decisions and keep to schedule.</p>	<p>Consider when appointing the SRO the defined (as per Managing Successful Programmes) roles and responsibilities of the post. If necessary, appoint a Programme Director or Programme Manager with delegated responsibility to support the SRO, restricting referral to the SRO for only exceptional and strategic decisions.</p> <p>Recognise the SRO's strategic role to ensure a project meets its objectives and delivers projected benefits. Do not confuse the role with operational delivery of the project outputs and outcomes which are the responsibility of a business change manager and programme manager.</p> <p>Defined roles and responsibilities applies to all Project Board Members not just the SRO. It is important to confirm at initiation sufficient capacity is available to fulfil the role requested of them.</p> <p>Lastly consider the best role for subject matter experts. The person with the most knowledge of the project's specialty may be too busy with their 'day job'. Their expertise may be more effective for the project in an advisory role without additional governance and operational tasks.</p>

What could be improved?	Recommendation:
<p>WPLs were at times unable to commit the time to the project to make decisions in a timely manner due to competing demands. This impacted on the PMs capacity and ability to progress work due to the need to make repeated requests for decisions.</p>	<p>In future projects where the decision makers also hold other senior posts, be mindful that whilst they are committed to the project, they will need to ensure they are able to dedicate time to the project.</p> <p><i>Refer to 3.2 in relation to delegation of decisions.</i></p>
<p>There was a significant amount of implementation staff leave (annual leave, sick leave, maternity leave) throughout the project, reducing availability to deliver project outputs. The difficulties in recruitment noted above exacerbated availability of resources to meet target outputs.</p>	<p>Ensure resource absence is managed within the risk register and contingencies are considered. In future EU funded projects clarify what is allowed to cover absence in the programme rules: it should be noted that it is not always permitted to backfill illness and maternity absence whilst also claiming the costs of the absent staff member.</p>
<p>Retention of pharmacists within Scottish delivery partners was challenging. Feelings of under-appreciation, isolation and stress were reported. In some cases the local infrastructure was not present to support project delivery.</p> <p><i>Refer to 3.2 – the remit of the delivery partners should be clear: the requirement to line-manage and support the Scottish implementation team, by the employing Health Board, was reported as not clear.</i></p>	<p>Ensure implementation staff have a robust support system in place locally. Both locally and through regular formal and informal project exchanges, peer groups and networks.</p> <p>Consider the physical setting for local project team members, this was a challenge due to COVID-19, however ensuring there is access to services, resources and support is critical.</p>
<p>In Scotland, when pharmacists left the project, it was not possible to fill vacant posts due to a lack of applicants and limited capacity within the GP Practices.</p> <p>Suitably skilled Pharmacists and the short duration of contracts on offer were barriers. This impacted on the number of project outputs achieved in Scotland and on the morale of the remaining pharmacist who felt isolated and under pressure to perform.</p>	<p>Local staffing issues within delivery partners should be reviewed and managed within the risk register throughout the project.</p> <p>Where a team is drastically reduced in size, the wellbeing of those remaining should be prioritised.</p> <p>Worth noting, the introduction of another Health Board by the SRO was highly effective in minimising vacancies.</p>

3.6. Cost Management and Budgeting

This theme focused on the financial reporting requirements of the project. Negatives were that these were complex and financial claims required a significant amount of documented evidence. The complexity and time required to collect evidence caused delays with financial claims and payments. It is highly recommended future Project Partners have experience with similar financial reporting, or are provided with additional, and regular, training and support to assist with this. The availability of personnel with this previous experience was found to be invaluable for iSIMPATY Project Partners.

A positive was the availability of knowledgeable project support from the Scottish Government's International Engagement Team, the HSE's North-South Unit and access to MOIC's EU experiences.

What went well?	Recommendation:
<p>Financial expertise from the Scottish International Engagement Team, MOIC and HSE North-South Unit allied to extensive knowledge of SEUPB regulations was invaluable in navigating the complexities of reporting, budgets and claims.</p>	<p>Ensure finance teams involved in future EU projects have sufficient experience of EU projects and the often-complex financial structures.</p> <p>If no previous knowledge, ensure in depth training and support is provided throughout. All partners should be required to send finance colleagues to SEUPB workshops, these were paused due to Covid-19. Experienced Lead Partners should also complement this training with additional workshops and 1:1 support.</p>
<p>Financial allowances for travel, accommodation and conference costs were budgeted for. This supported in-person attendance at events, meetings, and conferences.</p>	<p>In future projects include a budget for conference and event attendance for the wider project team (not just the WPLs). Be mindful eligible attendance will need to adhere to programme rules and the evidence retained.</p>

What could be improved?	Recommendation:
<p>The Lead Partner being a Scottish Government Directorate meant access to evidence, especially financial information, was more difficult than encountered with the project's Health and Care Organisations.</p> <p>It should be recognised that large organisations, particularly Governmental ones, can have complex and restrictive policies in place regarding personnel, contract and salary details.</p>	<p>In future projects ensure the requirements and level of evidence associated with EU funding are shared and understood within the partner organisations prior to committing to the project.</p> <p>Prior to starting work within a project, individuals must be made aware that some aspects of their contract and salary details will need to be securely shared with the funding body for claims to be made.</p>

What could be improved?	Recommendation:
<p>Some Project Pharmacists reported they had no understanding or knowledge of the project budget and finances which diminished their understanding of the overall project and what was possible.</p>	<p>In future projects, EU or otherwise, provide the implementation team with an overview of the budget available, financial policies applicable and processes. This should be the case whether the team members have budget holding responsibilities or not.</p> <p>It is advantageous for the teams to understand the constraints of EU funding and understand their part in complying. Also, helping to enhance a one-team approach and being part of a bigger programme making significant impact.</p>
<p>SEUPB financial claims process was complex and time consuming. Without significant experience of the SEUPB processes submitting a claim was challenging. This impacted on the ability to submit claims according to deadlines.</p>	<p><i>See note above in 'what went well' referencing benefits of experience that was available.</i></p> <p>Recommend for similar projects that all partners are given clear information at application stage to understand the nature of the claims process. This includes the potential impact on cashflow from delayed verification and consequent later payments.</p> <p>EU and Programme Rules and Financial processes cannot be contested.</p> <p>Advise Project Partners from beginning of project of the time required for financial claims and require a resource is dedicated to this- ideally with budget from the project.</p>
<p>It was reported that the evidence required for each financial claim was perceived to be excessive, considering that the partners are robust public bodies with their own governance and regulations, particularly with regards to fair recruitment.</p> <p>The former was expressed in particular by the Lead Partner (a department of a national Government).</p>	<p>Requests have been made by participants to share this frustration to SEUPB, asking them to consider alternative means of evidencing certain processes.</p> <p>Consider lobbying them to review organisation's processes rather than each project, especially where organisations are involved in a number of SEUPB projects – similar to a framework agreement with named organisations.</p>

What could be improved?	Recommendation:
<p>Procurement rules were not understood by project staff. This was particularly the case for procurement for implementation staff requiring, printing and posting letters, equipment and support.</p>	<p>As above with financial rules (of which procurement is an important part) provide more support and guidance to implementation teams on the applicable rules.</p> <p>Partners should be encouraged to build a relationship with their corporate and local procurement teams to ensure compliance with organisational policy. The latter will often align to EU rules and procurement colleagues can advise on adhering to additional requirements. Consider adding procurement hours to the budget at application.</p> <p><i>Refer to 3.2 in identifying administrative support for pharmacists.</i></p>
<p>Budget allocation to individual budget lines were restrictive when change and flexibility was required as the project evolved.</p> <p>There were challenges in accounting for changes within budget lines including staff pay rises for instance.</p>	<p>Where possible build flexibility into the allocation of budgets across lines at application stage to support future implementation.</p> <p>Allow flexibility within budget lines for changes in costs and pay scales.</p>

3.7. Risk and Issue Management

The process for reporting risks and issues at PMO level was clear and structured throughout the project and these were managed effectively.

This theme identified that the project would have benefitted from more time spent on risk management at MSG and Board meetings, and a better way of managing risks across the project jurisdictions and the implementation teams was required.

What went well?	Recommendation:
<p>Reporting and documentation of risks and issues was clear and well structured.</p> <p>Identified risks and issues were managed appropriately at PMO level.</p>	<p>Ensure a structured methodology for Risk management is documented in a Risk Management Strategy and implemented in future projects.</p> <p>Ensure this is a key part of the PMO team’s practices for similar projects.</p>

What could be improved?	Recommendation:
<p>Communicating and managing risks between PMO, MSG, delivery partners and the implementation staff was not always effective. This resulted in risks not being escalated and missed opportunities to mitigate risks by getting the wider project team involved.</p> <p><i>Refer to 3.2 regarding Project Managers in ROI and NI</i></p>	<p>In similar projects, as well as highlighting risks in status reports, ensure that Risk management is a standing item at management meetings and that sufficient time is spent on it.</p> <p>In future projects ensure the Risk Management Strategy is applied and revised through the project as required. The Strategy should include how Risks flow through the levels / organisations and where and when Risks should be reviewed and actioned. The Strategy also defines project team members’ roles in Risk Management which should be part of induction for everyone.</p> <p>Undertake Risk training sessions with the full project team. Recognise how risks and issues are managed in each jurisdiction and adapt if practical whilst retaining best practise approaches.</p>

What could be improved?	Recommendation:
<p>Jurisdictions did not all have their own project Risk Registers. This negatively affected the way that local risks were managed.</p>	<p>In future cross border projects encourage separate Risk Registers for each jurisdiction, each owned by the local professional project manager.</p> <p>As noted above undertake workshops if required to provide participants with enough knowledge to actively participate in risk and issues management.</p>
<p>Local risks and issues raised by Project Partners were not always acted upon by members of the project team, resulting in a feeling of ‘voices not being heard’ and unresolved issues.</p> <p>This was partially a result of the above ‘missing’ process for managing risks and issues locally and insufficient opportunity to escalate.</p>	<p>Forge effective relationships and communication channels between senior stakeholders, project managers, and their local delivery partners. Ensure there is a process to capture and manage risks and issues raised locally and to report back on mitigation for escalated items.</p> <p>Risk Registers should be easily accessible to all Project Team members to enhance transparency and ownership of actions.</p>
<p>Not enough time was spent on identifying mitigations for risks and issues at the planning stage.</p> <p>COVID-19, whilst a significant and rare event, led to a number of major issues relating to resources, budgets, delivery timings, and processes, and there were no mitigations in place. If the initial register was sufficiently robust some entries could have been adapted to respond to COVID-19.</p>	<p>Projects must have realistic risk management including contingency and resilience planning from the outset which includes mitigations.</p> <p>Be careful not to compare previous similar projects when planning risk, outside factors can impact a similar project significantly.</p> <p>Consider regularly completing Political, Economic, Social, Technological, Legal and Environmental (PESTLE) analysis throughout the project to assess future environments.</p>
<p>It was reported that it appeared there were duplications of risks and issues open on the Registers. This was noted as confusing and hard to manage.</p> <p>On investigation this was found to be due to a number of risks and issues relating to similar themes but with different mitigations. More complex concerns were given multiple entries to permit tracking of each relevant component part.</p>	<p>In future registers consider better ways of differentiating between the individual risks and issues which includes consideration for risk and issues labels.</p> <p>Ensure that the management team has sufficient support in the project’s risk management strategy (e.g. why similar risks may need to be managed separately).</p>

3.8. Delivery / Rollout / Implementation

This theme highlights the need for a carefully planned rollout which included input from many stakeholders to design a Standard Operating Procedure (SOP) against which to deliver. A key factor highlighted is the need to have SOPs to provide clarity of what needs to be delivered, these must be considered against different settings and jurisdictions. There is a danger of assuming a one size fits all.

There is cross over between this theme and 3.1 Planning and Scheduling which highlights the need for planning and scoping at the start of project and to include an operationalisation phase prior to delivery.

Also noted is the need to balance an ambitious project with realistic project outputs, being over ambitious can actually slow down delivery because staff are frustrated, stressed and demotivated.

What went well?	Recommendation:
<p>Primary Care adoption, support, and buy in where expressions of interest were sought from GP practices prior to implementation was very successful. Benefits of this were a strong commitment to the work and a good understanding of expectations from the GP practices.</p>	<p>In future projects consider asking for expressions of interest rather than 'imposing' a service. Ensure that the local implementation sites are clear about what the project responsibilities are and what they are committing to. They need to ensure they too have the capacity and motivation before formal making a formal engagement. Consider whether the relationship would be best managed through a service level agreement.</p>
<p>Paying GP practices in the Republic of Ireland for their time commitment per medicine review to ensure that they are not financially impacted. This enabled them to see the benefits of the service without impacting on their existing work.</p>	<p>In future cross border projects consider what will encourage the trialling of a new service in each jurisdiction and implement accordingly. Each jurisdiction will have different policies, funding models and challenges so avoid assuming a 'one size fits all' approach.</p>
<p>The Project Pharmacists' initial five days training covered delivery of medicines reviews, but also the potential impact of the service and their role. This was thorough and provided clarity for their remit and the impact they would have.</p>	<p>In future projects ensure similar intensive, multi-disciplinary if required, training is delivered prior to implementation. Ensure new staff members joining later in the project are provided with the same standard of induction and training.</p>

What went well?	Recommendation:
<p>Developing a delivery workflow prior to implementation in the Republic of Ireland. This worked well in defining engagement processes and responsibilities between the GP practices and the pharmacists.</p>	<p>In future projects ensure the implementation team and local stakeholders have a process to follow for delivery. This can be a simple model to follow, a flow chart or a SOP, whatever works and is acceptable to users.</p> <p><i>In contrast refer to 3.4 in reference to the impact of a lack of documentation and parameters within which to deliver.</i></p>
<p>After two years of implementation the project was successfully delivering across three jurisdictions and in different settings. At this stage the project had developed a set of delivery workflows and guidelines. This was a benefit to the implementation team because it provided a clear framework for them to undertake their role.</p>	<p>In similar projects ensure that the implementation team have an outline delivery model to follow when they start delivering. Encourage shared learning to improve and change the delivery model.</p>

What could be improved?	Recommendation:
<p>There was insufficient planning involving input from a range of disciplines to map the initial delivery and implementation phase. This resulted in the project lacking in clarity as to what they were delivering in the first 18 months which led to key activity being missed out and frustrations from the implementation team. The latter resulted in some implementation team members leaving.</p>	<p>In future projects ensure initiation includes development, or validation of an existing, Standard Operating Procedures for the project to follow. Be mindful that cross border projects will need input from each jurisdiction, and this will generate acceptable variations but these should be documented and reviewed for effectiveness on an agreed basis.</p> <p>This relates to planning the operationalisation phase stated in point 3.1 and noted above where it was achieved in due course and had a positive impact.</p>
<p>Project team as a whole frequently delivered beyond the project scope impacting on core outputs.</p> <p>This occurred with Pharmacists where the host service recognised their value and additional activity was requested.</p> <p>Also, the project inevitably evolved and desired outputs were requested from the same PMO resource e.g. Marcomms.</p>	<p>Ensure project scope is clearly defined and disseminated using appropriate messages for different groups.</p> <p>Consider how to keep the project delivery aligned to outputs and avoid scope creep. A robust change governance process which incorporates assessment of time, budget and resources would be advantageous. Probable role in this process for Project Board.</p>

What could be improved?	Recommendation:
<p>The intended Target Output of 15,000 medicines reviews was ambitious from the beginning and proved unrealistic in practice. Chasing unreachable targets had a negative impact on the project (pharmacist moral and resignations, tendency to focus on numbers rather than quality and innovation).</p>	<p>For EU projects limit the project proposal to the target requested by the funding body. In this case 5,000. It should be noted that SEUPB are aiming to follow a quality approach in the future, this will be in addition to the target output measure for success currently in place.</p> <p>Post project sustainability and economic viability often require significantly greater scale than can be achieved within a change project. The latter also has to accommodate the requirements of a temporary project with inexperienced staff, variable readiness across partners, new ways of working, additional reporting and evaluation all of which limit capacity.</p> <p>A compromise may be to seek scalable pace in the last few months of the project or a limited location. Be wary of losing staff near their contract end and additional closure activities in the last six months of any time limited project.</p>
<p>The target output timeline and planning were based on Scottish practice for an experienced practitioner undertaking a medicines review. This did not acknowledge the time needed to become experienced nor the administration and follow up of a single medicines review.</p> <p>There was uncertainty at application stage of what actually counted towards the targets e.g. was it number of reviews (including follow-ups) or individual beneficiaries (counted as one regardless of follow-ups).</p>	<p>As noted elsewhere the Project Pharmacists would have benefitted from administration support to facilitate reviews e.g. appointments, calls, letters etc.</p> <p>New projects are advised to seek clarity on the definition of the target outputs. EU projects tend to focus on individual citizens counting once regardless of the multiple contacts required.</p> <p>Include preparation time, all the possible follow-ups, and any closure activities when calculating the time per intervention and therefore capacity of project resources.</p> <p>Do not make calculations assuming 100% of the resource's time will be spent on achieving target outputs. Annual leave, personal development, administration etc should all be incorporated.</p>

What could be improved?	Recommendation:
<p>A standard set of patient selection criteria and estimated timelines was not appropriate. Each settings faced different issues such as patient selection and engagement in hospitals where patients were in acute care with limited communication levels vs patients in rural areas requiring significant administrative time to 'on-board' them. This led to frustrations from the implementation team and slow delivery.</p>	<p>In similar projects delivering in different jurisdictions and settings, more consideration should be given to the different contexts and the impact of local policies, issues and opportunities.</p> <p>As above drafting of localised Standard Operating Procedures within a project model would be a suitable way to capture, understand and plan variance.</p> <p>Undertake site visits when engaging with partners to understand challenges. Where not possible (e.g. COVID), hold workshops with multidisciplinary teams (MDT).</p> <p>Consider MDT support for the implementation team to problem solve and reduce isolation and improve efficiency.</p>

3.9. Project Closure and Appraisal

This theme highlighted the benefit of learning from similar projects (mPower and other previous EU projects) when closing a project, this worked well for developing the Lessons Learned and other final reports but most notably for the delivery of the Closure Event. Issues raised in relation to this theme are in respect to scheduling of key deliverables within the last quarter, the activity exceeded the resources, impacting on reporting timescales.

Positively, the Closure Event took place a month before the project end date which enabled project staff to attend and costs to be recovered.

What went well?	Recommendation:
The ability to learn from the Interreg VA mPower project experience of closure was hugely beneficial. This had a positive impact on the scheduling of activities and the design of the timing of the final event.	In future projects refer to lessons learned and the experiences of similar projects. Especially so for EU projects- seek guidance from the experience of previous work within the same funding Programme and Body.
Planning the closure event to take place a month before project officially ended. This meant most of the project team were still employed and able to attend. Outcomes of the event could be shared by the project team locally and on social media. Also, importantly the event costs could be reclaimed.	In future projects consider planning the closure event ahead of the formal project end date. Give consideration when setting the date to allow project staff to attend, albeit the event has a strategic and policy focus.
The closure venue was well reviewed by attendees (Royal College of Physicians of Edinburgh, Queen Street, Edinburgh). It was centrally located in Edinburgh allowing easy access for public transport and walking. Support from the NSS Scottish Health Service Centre was widely welcomed.	For future cross border projects consider the location of the venue in relation to ease of travel and access. Utilise corporate functions available.

What went well?	Recommendation:
<p>A three-month extension for the closure administration was requested from the funding body and granted. Requested for the practicalities of closing a project including completion of project reports, finance claims, document management and management of communication channels. The lead partner project manager was retained for these three months.</p>	<p>Consider the time needed to close the project and build this into timelines. Allow for time to write the closure reports and obtain the various approval levels required. For any printed material consider writing but also designing and printing timelines.</p> <p>Preferable to retain at least one project manager in each jurisdiction for at least one month after implementation ends. There are considerable asks by the funding body relating to extended retention of documentary evidence. Finance staff will need to be accessible up to 12 months after the project ends.</p>
<p>Planning for the legacy website started a year ahead of project closure. Time was allowed for considerable review of the structure and content. Time was also allocated to plan the ongoing administration of the website and its ownership post project closure.</p>	<p>Ensure at least 6 months for legacy website planning. Consider time for a restructure, domain payment and ownership, hosting payment and ownership, content management training and ownership.</p> <p>URLs ending '.EU' must be registered in an EU country.</p>
<p>Lessons learned workshops were planned to be completed three months prior to the project end. This ensured that the project team were still available and also allowed for some slippage.</p>	<p>In future projects do not underestimate the time taken to coordinate workshops and to document these.</p>

What could be improved?	Recommendation:
<p>The Evaluation report timelines slipped considerably. Review and approval from the Project Board had to be moved several times and final payment for the design and print went beyond the three-month administrative extension.</p>	<p>Allow for additional resource and contingencies for work that occurs after the project closure, especially when the wider project funded team is no longer available. Recognise the importance of defraying costs to enable the final claim.</p> <p>Consider carefully where the resources for Evaluation reporting will be sourced. Advantages and disadvantages to internal staff within a project partner, appointing an Evaluation project partner from the start and procuring a wholly independent external body.</p>

What could be improved?	Recommendation:
<p>Venues for the project closure event including the restaurant for the evening meal were hard to source as they were booked less than 4 months ahead of time. The restaurant selected was felt by attendees to not be fit for purpose despite being used before for similar events.</p>	<p>Secure a date a year in advance for the closure event and book all venues at least nine months in advance.</p> <p>Consider availability of hotels and restaurants for a formal closure dinner. Review public holidays and peak times in popular locations.</p>
<p>The writing of the Lessons Learned Report coincided with the month prior to the Closure Event. Lead Partner project manager was heavily involved in both causing a delay in the Lessons Learned Report writing which has in turn delayed the Project Report writing.</p>	<p>Do not underestimate the work involved in planning and administering the closure event. Understand the Lead Partner project management team will have considerable duties and outputs in the final months. Consider additional temporary staff in this period and use all available resources: from the corporate bodies e.g. Events Teams, Marcomms, Travel bookers etc.</p>
<p>Lessons Learned were not actively managed and recorded during the project. The activity was retrospective which in hindsight was not effective in recording and acting on them throughout the project.</p>	<p>In future projects actively manage and track Lessons Learned from project start-up.</p> <p>Include accountability for Lessons Learned within Project Board terms of reference including establishment of a register from initiation and no less than annual reviews. Report on Lessons Learned register status within Project Board papers.</p> <p>Review Lessons Learned with project teams at quarterly workshops.</p>

4. Next Steps

This report is being used to inform several other reports required as part of project closure; the NSS End Project Report is being adopted as an iSIMPATY wide report and SEUPB's Post Project Evaluation requires Lessons Learned content.

Once completed all reports will be presented to Project Board members for approval and subsequently submitted as part of the project closure documentation.

It is anticipated that the lessons learned detailed in this report will be used in any future projects funded by SEUPB, particularly under Peace Plus, and any other similar funding streams yet to be announced. The report will also be made available to NSS PgMS so that other projects can use the learnings contained within to help shape and guide development.

5. Document Control Sheet

5.1.Key Information

Title	Lessons Learned Report - iSIMPATYH
Date Published / Issued	Tbc
Date Effective From	Tbc
Version / Issue Number	0.10
Document Type	Report
Document Status	Draft
Author	Nicky Broekhuizen, Project Manager
Owner	Alan Connor, International Engagement Manager
Approver	iSIMPATYH Project Board
Approved by and Date	TBC
Contact	Nicky Broekhuizen, Project Manager
File Location	TBC

5.2.Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	28 Dec 2022	Creation of document and inputting of lessons learned tables.	Chris Dickson	
0.2	March 2023	Input workshop and interview feedback into the report under themes	Chris Dickson	
0.3	April 2023	Reviewed content, updated and summarised the themes.	Nicky Broekhuizen	
0.4	8 May 2023	Reviewed and commented	Alan Connor	Yes
0.5	18 May 2023	Further refining and completing of sections	Nicky Broekhuizen	Yes
0.6	22/05/23	Further refining and editing	Nicky Broekhuizen	No
0.7	26/05/23	Further refining and editing after feedback	Nicky Broekhuizen	No
0.8	29/05/23	Edits, inclusion of summary and action on MSG feedback	Alan Connor Nicky Broekhuizen	No
0.9	30 May 23	Final edits	Alan Connor Nicky Broekhuizen	Yes
0.10	2 June 23	Formatting and preparation for Project Board submission	Alan Connor	No
0.11	23 June 23	Minor edit of section 3.1	Alan Connor Nicky Broekhuizen	Yes
V0.1	26 June 23	Prepared approved document as PDF.	Nicky Broekhuizen	No

5.3.Approvals

This document requires the following signed approvals:

Version	Date	Name	Role	Signature
0.10			MSG & Project Board Members	
1.0			Project Board Members	

5.4.Distribution

This document has been distributed to:

Version	Date of Issue	Name	Role / Area
0.1-0.7	Various	PMO, Alan Connor	PMO, International Engagement Manager
0.8	29 May 23	MSG, Alan Connor	MSG, IET
0.9	31 May 23	Alan Connor	IET
0.10	2 Jun 23	Project Board Members	Project Board
1.0	26 June 23	NSS PgMS	Secretariat, NSS Programme Management Group
1.0	29 June 23	Project Board Members	Project Board

5.5.Linked Documentation

Document Title:	Document File Path:
iSIMPATHY End Project Report	Z:\Shared Service Portfolio\Mpower\iSIMPATHY\Final Project Reporting\Reports
iSIMPATHY IVA5081 SEUPB PPE	Z:\Shared Service Portfolio\Mpower\iSIMPATHY\Final Project Reporting\Reports
iSIMPATHY Evaluation Report	tbc