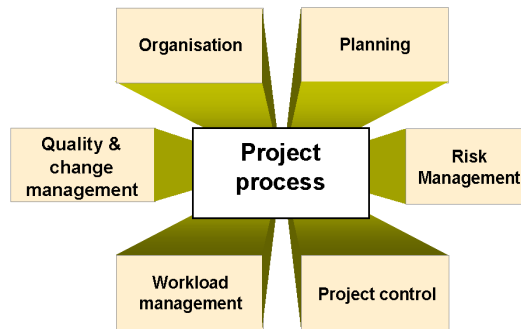


PHARMAVISION CONSULTING LTD



Case Study

Advancing to Project Management Best Practice

Client Background

1. The client is a very well-established service company, which provides business data and statistics to pharmaceutical companies. It has a prestigious reputation, and at the outset of this consultancy it was clear that it was generally well-managed. In some ways, it had been a victim of its own success, as the demand for its products – reports, on-line information, presentations – had created problems for management control. An impressive array of project management tools and procedures had already been implemented, from resource estimates and allocation to standardised progress reporting. An especially important step was the creation of a risk log – something which many organisations are reluctant to tackle. A key issue however was compliance with using these tools, which was well below 100%. While customer satisfaction was good, this was at the expense of massive effort and long working hours. Quality issues led to additional work before outputs could be released. Some key issues surfaced early on:
 - Workload, interpreted as effort (hours required to do the work), was only expressed at a whole project level. There was no breakdown to work package or task level.
 - Progress meetings, held weekly, brought together all project managers in one meeting, rather than being for each project team.
 - Progress reports, also weekly, were largely narrative and mostly not linked to specific problem tasks.
 - The risk log contained a mixture of risks perceived at the planning stage, and issues which had arisen during the project.
 - Most of the project managers had not been able to negotiate the project schedules, often because they had inherited the projects from others.
 - While many of the projects were very similar in structure, what plans did exist were variable. There was no overall consistency in the planning approach.
 - Delays were commonly caused by shortages of key skills, typically data processing, and approval of final outputs. The former was traditionally addressed by hiring contractors (at considerable cost), but the latter was less easily resolved because only senior management had the necessary authority and knowledge (or at least that was the perception).
 - Control of contractor effort, and thus cost, was difficult because once hired they were moving between projects. Their fees were not assigned accurately to projects, and not at all to the task level.
 - 'Scope creep' was a common problem, driven partly by the desire to give the customers what they wanted, but also resulting from a particularly high level of process change in the previous year. Project requirements were generally clear at the outset, but liable to change later on for these reasons.

These issues were uncovered by a structured needs analysis, a standard approach used by Pharmavision Consulting. It is a tribute to the overall management that, despite these difficulties, morale and motivation were running at a high level. We were concerned though that this might not be sustainable unless stress levels could be reduced.

Objectives

- To get full control of projects, by standardising planning and reporting.
- To control work effort, by planning and tracking at the task level.

These simple objectives were broken down to a number of functional requirements, including the need for a consistent planning methodology, more detailed planning down to task level, recording actual progress (hitherto only done for a minority of projects), and recording actual effort. The detailed requirements were linked to the needs outlined above.

Action Plan

The following working modes were defined:

- Discussion sessions with senior management, to clarify issues and prioritise actions.
- One-to-one work alongside the manager responsible for project management tools. A quite substantial suite of IT facilities already existed, which provided a very good start.
- A 2-day training course for project leaders.
- A roll-out meeting for project leaders, coinciding with the launch of the next group of projects.
- One-to-one mentoring with project leaders, to ensure that they could use the new tools and to get feedback.

The overall time scale for the consultancy was four months.

Deliverables

The following items were produced:

- **Planning templates for typical projects.** Fortunately there was a great deal of commonality between projects, so a template approach was very practical. A complication was that certain functional areas within projects were carried out by a distinct department, so a sub-project approach was used for these areas. This relieved the project leader of some of the detail. Clearer project plans made changes more transparent and helped to detect scope creep.
- **Enhanced resource pool.** All project plans were connected to a fully up to date resource pool, so that staff assignments could be realistic. Analysis of the previous year's projects had shown that this was commonly not the case, with major overloads. An allowance was now built in for non-project time.
- **Progress information collection form.** This was generated using a custom function within the planning software.
- **Custom progress report formats.** These covered defined progress points, some the default ones within the planning system (summary tasks, milestones), some custom ones. Various reports were provided for relevant audiences, including senior management and project teams. The idea was to use the existing largely narrative-based report format, and to ensure that system-generated reports provided the information needed. This ensured that regular progress reports reflected real life, rather

than wishful thinking. It was always possible to check the narrative report against the automatically generated ones.

- **Standard Operating Procedure.** All new functions and practices were documented in sufficient detail to enable anyone to use them with minimal training and supervision. Screen shots of custom functions were embedded in the text.

So how did it go?

One problem with change management is that it has to be marketed. People often don't really believe it is going to happen until it does. There was from the beginning a clear desire at senior management and project leader levels for managing things better, and this built up well during the four months. But the most difficult step is to change behaviours. Only when the first round of progress reports was due, did everyone get the message. Some plans had been updated, some had not. Because of the new centralised methodology, it was clear who was on top of things, and who needed support. Now, there is close to 100% compliance with the methodology – a major achievement. The current round of projects is still in progress as I write, so the overall impact on project success will have to wait to be reported, but so far things are looking good.

Why did it go so well?

Right from the start, top management was right behind the changes needed. This is absolutely crucial – over many years I have seen lots of change management efforts come to little because senior managers are distracted by other things. Here, they were clear on what they wanted to achieve, helpful in deciding what action to take, and supportive all the way through. When all behaviours didn't instantly change, they took corrective action – tenacity is vital. They were able to communicate a vision for where the business was going, through all levels of the organisation, and to get everyone to buy in to that.

Key Messages

- Define clearly at the outset where you are now, and where you want to be (and when).
- Make the time to listen to people – use a structured method to unravel their problems and needs.
- You will do far better with a mix of techniques – combine mentoring, hands-on design consultancy, and training. People are variable, so you are less likely to get away with a 'one size fits all' approach.
- At the first sign of a hitch, take quick action. Plan that action in advance, so that you don't need to take time to think about what to do. If you hesitate, people will think that change is not for real.

Les Rose

PHARMAVISION CONSULTING LTD

11 Montague Road, West Harnham, Salisbury, SP2 8NJ, UK

+44 (0)1722 322945 (tel/fax)

les@pharmavision-consulting.co.uk