SCOTTISH HOSPITALS INQUIRY

Hearing Commencing 26 February 2024

Bundle 13 – Miscellaneous
Volume 11

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![NHS Lothian logo]

Capital Planning & Projects Assurance Framework Documentation - Introduction and Overview

Version 0.7: August 2023

Version History

Version	Date	Author(s)	Comments
0.1	30 January 2023	Caroline Allardice	Initial Draft
0.2	15 May 2023	Dawn Carmichael	Review of initial draft
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0.7	04 August 2023	Caroline Allardice	Content update

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1. Introduction

In recent months there has been a substantial increase in the assurance requirements for capital projects from the Board's governance committees and other stakeholder's including Scottish Government, NHS Scotland Assure and Health Protection Scotland. In response to this, and guidance already emerging from the Scottish Hospitals Inquiry, Capital Planning and Projects have developed an Assurance Framework intended to support the process of providing confidence that capital projects, and programmes will achieve their scope, time, cost, quality, and compliance objectives, and realise their intended benefits.

The Assurance Framework (the Framework) is intended as a guide for all stakeholders involved in the delivery of capital projects and in particular the Board and its Committees, Project Senior Responsible Officer's (SRO's), Project Directors, and Project Managers. Through a series of documents it provides guidance on how, for each individual project, implementation of transparent processes, which are understood and accepted by key stakeholders, allows the organisation to be clear about the level of confidence or assurance it can have in project success.

The Framework refers specifically to capital projects, and programmes with a value exceeding £250k and has been designed to complement the Scottish Capital Investment Manual (SCIM), existing project management tools and practice, NHS Lothian Scheme of Delegation, Sustainable Design and Construction (SDaC) Guide, Achieving Excellence Design Evaluation Toolkit (AEDET), NHS Scotland Design Assessment Process (NDAP), and the developing role of NHS Assure Key Stage Assurance Review (KSAR) process.

Whilst the Framework provides a structure to assist projects, articulating how assurance will be sought and achieved, it also relies on the skills, experience, and professionalism of those leading projects (SROs, Project Directors & Project Managers) to apply the Framework guidance to the specific characteristics and circumstances of their project. Ultimately the assurance requirements of a specific project are driven by the risks and context of the project concerned, and the internal and external assurance requirements of the organisation, partners, funders, and regulators.

Learning from the use of the Framework for live projects of varying size and complexity will be used to further develop and refine the documentation and guidance. Work ongoing nationally will also continue to inform the developing Framework.

2. Overview

The Framework consists of a suite of guidance documents developed to support the establishment and management of projects in a consistent and effective manner, ensuring compliance with both internal and external governance and assurance requirements. Supporting documents and templates are also included as appendices to the Framework.

Effective use of the Framework will:

- provide timely and reliable information on the effectiveness of the management of major projects
- facilitate escalation of risk and control issues requiring visibility and attention by senior management
- provide an opportunity to identify gaps in assurance requirements by providing a comprehensive view of assurance across the project

- raise organisational understanding of a projects risk profile, and strengthen accountability and clarity of risk ownership
- facilitate better use of skills and resources both within the Project team and wider

3. Core Documentation

3.1 Assurance Checklist and Plan

The NHS Lothian Assurance Pathway for Capital Projects (Appendix 1) is a high-level visual overview which includes the key assurance milestones anticipated for most capital projects at each stage of project delivery.

The Assurance Checklist (Appendix 2) provides a more detailed description of the key assurance milestones at each stage of the business case process, and a breakdown of evidence that can be sought to support project assurance across the four key areas of: management control, (i.e. that designed controls are being implemented on a day to day basis); risk management and compliance; internal audit (or other external assurance provider/specialist) and external audit (or other independent assurance) see Diagram 1 below.

Diagram 1: Four Levels of Assurance

The suggested evidence listed in the Checklist is not meant to be exhaustive, neither are all examples applicable as all projects are different. It is important that the evidence identified in relation to a specific risk or compliance requirement is documented and can be made available when requested.

For large scale projects with significant strategic and resource implications the Checklist can also be used to develop a project specific Assurance Plan, identifying key assurance

milestones, regular assurance reviews, and showing a continual and embedded process of audit and review.

The Assurance Plan should remain live for the duration of the project and be regularly reassessed to determine if there are new or changed assurance requirements throughout the life of a project. It should document assurance activities and milestones, and how they relate to project specific risks or compliance requirements and provide a record of how and when assurance will be sought and achieved to the satisfaction of the Project Board, other NHS Lothian governance committees, and internal and external stakeholders. The Assurance Plan should provide clear evidence of the strength of overall assurance for the project.

Using the project Assurance Plan to outline when and where assurance will be required can help project teams to identify if there are any instances where the evidence identified may not be sufficient in relation to organisational key risks or compliance obligations. In addition regular assurance reviews can provide stakeholders with a snapshot of the project's progress at a given point in time and should be seen as complementary to other assurance activities. The SRO can request additional assurance reviews in relation to project specific risks or compliance requirements, as necessary.

3.3 Establishing the Project Board

The Capital Planning & Projects Assurance Framework document, Establishing the Project Board focusses on the role, responsibilities, and composition of the Project/Programme Board (hereafter referred to as the Project Board). A Project Board should be established for all capital developments or projects included in the Board's Property and Asset Management Investment Plan (PAMIP) where a business case is required.

The document describes the responsibilities of the Project Board and where it sits within the capital governance reporting structure. It highlights that the make-up and membership of a specific Project Board will depend on the type and complexity of the project emphasising that the expertise and experience available to the Project Board must reflect the requirements of the contractual and funding models of the particular project.

Key roles and associated responsibilities within the Project Board are identified, and those identified to undertake the roles, will be formally appointed by the Project Director on behalf of Lothian Health Board. Further information on the roles can also be found in NHS Lothian's Scheme of Delegation.

A template for the development of the Project Board Terms of Reference (ToR) is included in the document.

3.4 Clinical Engagement Framework

The Clinical Engagement Framework is intended to provide a clear pathway for clinicians to lead and influence the planning, implementation, and review of future services within new premises in NHS Lothian (NHSL), ensuring that the change delivered meets requirements, is fit for purpose, and provides for the best possible patient outcomes. As such they have a vital role in shaping and interpreting the clinical brief and ensuring its delivery.

The Framework will help to ensure that all activities, from strategic and capital planning to construction and operational delivery, are influenced by, and where appropriate, led by clinicians; and that a progressive and sustainable approach to engaging clinicians is firmly embedded in all projects, with clinical engagement clearly recognised as essential in helping to inform decisions and priorities. The Framework identifies how clinical engagement should

be implemented and managed, and how lines of accountability should be established, including embedding a Senior Clinical Lead within the Project Team.

It recognises that clinical engagement with project teams is best suited to clinicians who are already directly involved in the strategic and clinical planning process in their particular service area and have the capacity and experience to challenge the status quo.

3.5 Technical Assurance – Engaging with Internal & External Advisors and Assurers

Construction, refurbishment, and specialist installation projects undertaken by NHS Lothian take several forms and range from single engineering systems or equipment backlog maintenance works through to complex multi department major hospital builds. Often these works take place within, or immediately adjacent to, live hospital environments and this can add significant risk which should be considered when reviewing the assurance required.

Due to the varying size, value, and complexity of capital projects within NHS Lothian it is not possible to adopt one standard approach to technical assurance for all project types. The number one priority is the need to comply with regulations, standards, and relevant guidance. Where it is difficult to achieve the requirements of the relevant guidance it is important to identify the constraints early so that the necessary assurance can be sought if there is a requirement for approval to derogate.

Technical Assurance – Engaging with Internal & External Advisors and Assurers uses the typical phases of a construction project that will be at least partly familiar to most and includes a description of compliance, the use of derogation, and a description of the various technical assurance roles, both internal and external. A series of matrices for different project types are included which should be used as a guide to determine at which phase of the project specific assurance should be sought and from whom. Across NHS Lothian there are a significant number of employees with sufficient experience to provide assurance at a certain level. This should be supplemented as required and, in some instances mandated, by technical advisers including specialist consultants, authorising engineers, and industry experts amongst others.

Further sections of the Technical Assurance document describe what type of information and processes are required at final commissioning and handover as well as providing a sample Assurance Matrix for significant project works.

NHS Scotland Assure have produced Key Stage Assurance Review (KSAR) Workbooks for reviews at IA, OBC, FBC, & construction stages of a project, these are available in the NHS Scotland Assure section of the NSS website. Included is a flow diagram of the procurement process indicating the various review stages. If there is any doubt regarding the anticipated level of assurance required advice should be sought from NHS Assure.

3.6 Post Project Review

The Post Project Review (PPR) document within the Assurance Framework identifies NHS Lothian's requirement for post project review to be completed for all projects with a financial value of greater than £250k, reporting via the Lothian Capital Investment Group (LCIG) to the Finance and Resources Committee (FRC).

The Scottish Capital Investment Manual (SCIM) outlines the requirement for, and value of, post project evaluation as follows:

- to demonstrates that the project was worthwhile by, for example, achieving its investment objectives, realising its expected benefits, and carefully managing its associated risks

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- to promote organisational learning to improve current and future performance

- to avoid repeating costly mistakes

- to improve decision-making and resource allocation (e.g. by adopting more effective project management arrangements)

- to recognise how the impact of good design can improve stakeholder satisfaction, service performance, and the efficiency and effectiveness of the NHS Board's operations

- to provide lessons learned for the future to ensure that NHS organisations get the greatest possible benefit from each project

All NHS Boards are mandated to monitor, evaluate, and learn from those major capital investment projects valued above their delegated limit – for NHS Lothian this is £10m – however it is also recommended as best practice for all other projects.

The document includes details of what should be included in a PPR, who would be expected to complete the review, and the timeline for submission.

4. Conclusion

The Framework provides guidance to support the consistent approach to capital projects and ensuring compliance with both internal and external governance and assurance requirements. It is not intended to add additional administrative burden to current requirements but support good practice across the work being taken forward by project teams and the commitment of capital resources.

Any enquiries regarding the content and application of this guidance should be submitted to

Appendices

Appendix 1:   NHS Lothian High Level Assurance Pathway for Capital Projects

Appendix 2:   The Assurance Checklist

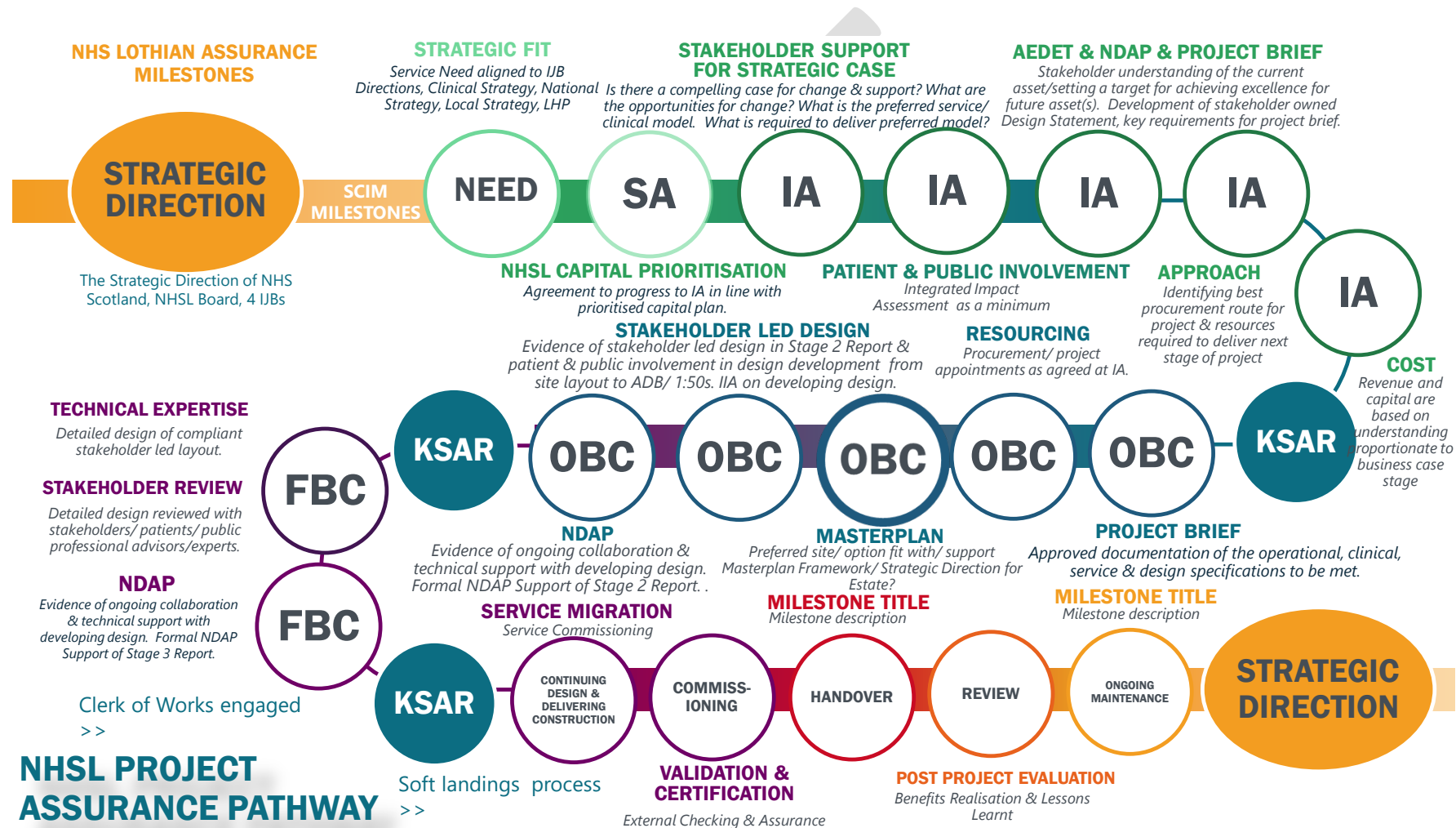**Appendix 3:**   Establishing the Project Board

Appendix 4:   Clinical Engagement Framework

Appendix 5:   Technical Assurance - Engaging with Internal & External Advisors and Assurers

Appendix 6:   Post Project Review

Appendix 1: NHS Lothian High Level Assurance Pathway for Capital Projects

NHS LOTHIAN ASSURANCE MILESTONES

STRATEGIC FIT
Service Need aligned to IJB Directions, Clinical Strategy, National Strategy, Local Strategy, LHP

STAKEHOLDER SUPPORT FOR STRATEGIC CASE
Is there a compelling case for change & support? What are the opportunities for change? What is the preferred service/ clinical model. What is required to deliver preferred model?

AEDET & NDAP & PROJECT BRIEF
Stakeholder understanding of the current asset/setting a target for achieving excellence for future asset(s). Development of stakeholder owned Design Statement, key requirements for project brief.

STRATEGIC DIRECTION

SCIM MILESTONES

NEED — **SA** — **IA** — **IA** — **IA** — **IA** — **IA**

The Strategic Direction of NHS Scotland, NHSL Board, 4 IJBs

NHSL CAPITAL PRIORITISATION
Agreement to progress to IA in line with prioritised capital plan.

PATIENT & PUBLIC INVOLVEMENT
Integrated Impact Assessment as a minimum

APPROACH
Identifying best procurement route for project & resources required to deliver next stage of project

STAKEHOLDER LED DESIGN
Evidence of stakeholder led design in Stage 2 Report & patient & public involvement in design development from site layout to ADB/ 1:50s. IIA on developing design.

RESOURCING
Procurement/ project appointments as agreed at IA.

COST
Revenue and capital are based on understanding proportionate to business case stage

TECHNICAL EXPERTISE
Detailed design of compliant stakeholder led layout.

FBC — **KSAR** — **OBC** — **OBC** — **OBC** — **OBC** — **OBC** — **KSAR**

STAKEHOLDER REVIEW
Detailed design reviewed with stakeholders/ patients/ public professional advisors/experts.

NDAP
Evidence of ongoing collaboration & technical support with developing design. Formal NDAP Support of Stage 3 Report.

Clerk of Works engaged >>

NDAP
Evidence of ongoing collaboration & technical support with developing design. Formal NDAP Support of Stage 2 Report. .

MASTERPLAN
Preferred site/ option fit with/ support Masterplan Framework/ Strategic Direction for Estate?

PROJECT BRIEF
Approved documentation of the operational, clinical, service & design specifications to be met.

NHSL PROJECT ASSURANCE PATHWAY

FBC — **KSAR** — CONTINUING DESIGN & DELIVERING CONSTRUCTION — COMMISS-IONING — HANDOVER — REVIEW — ONGOING MAINTENANCE — **STRATEGIC DIRECTION**

SERVICE MIGRATION
Service Commissioning

MILESTONE TITLE
Milestone description

MILESTONE TITLE
Milestone description

Soft landings process >>

VALIDATION & CERTIFICATION
External Checking & Assurance

POST PROJECT EVALUATION
Benefits Realisation & Lessons Learnt

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Appendix 2: Assurance Checklist

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
NEED	STRATEGIC FIT	*Service need aligned to IJB Directions, Clinical Strategy, National Strategy, Local Strategy, LHP*	**Documented & Board approved strategy, framework, or prioritisation** **Partner organisation strategy** **Site Masterplan**	**Corporate Risk Register**	**Internal Audit** **Independent challenge**	**Public Consultation** **Scottish Government Strategy / Mandate** **Legislation**
STRATEGIC ASSESSMENT	COMPELLING CASE FOR CHANGE	*What are the drivers for change and is there a compelling case for change?*	**Documented Strategic Assessment** **Patient experience** **Complaints Management** **Clinical Morbidity & Mortality Meetings**	**Risk Assessments** **Health & Safety Policy** **Back Log Maintenance/ Capital Planning Tool** **Fire Assessment** **DATIX**	**Internal Day of Care Audit** **Council Housing Audit**	**Care Inspectorate Policy / Review** **HEI Inspection Reports** **Older Peoples Inspection** **National Infrastructure Board Assessment Tool** **Fire Service Notice**
STRATEGIC ASSESSMENT	NHSL CAPITAL PRIORITISATION	*Agreement to progress to IA in line with prioritised capital plan and prioritisation process.*	**Documented output of capital prioritisation process**	**Inclusion in Board's 5 year capital plan**		

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Documented approval from appropriate Senior Management Group and in the case of delegated functions by Integration Joint Boards.	**Inclusion in Property & Asset Management Strategy** **Strategic Assessment submitted to Scottish Government CIG.**		
INITIAL AGREEMENT	APPOINTMENT OF SENIOR RESPONSIBLE OFFICER (SRO)	*The SRO for the project needs to be a senior person within the organisation with the status and authority to provide the necessary leadership and clear accountability for the project's success.*	**SRO appointment is known and understood by Project Team and organisation** **Track record of success from previous projects**	**SRO appointment meets the requirements set out in the Boards Scheme of Delegation (SOD)**	**Internal audit review of SRO appointment process**	**External Audit of SRO appointment process**
INITIAL AGREEMENT	PROJECT SKILLS & CAPABIITIES	*The appropriate level of skills and capabilities are in place within the project/programme team now, as well as their projected availability in the future*	**Clearly documented project structure, roles & responsibilities** **Project compliance with established best practice in programme and project management** **Management Self Assessments** **Team members have track record of success from previous projects.**	**Regular Project Health Check** **Understanding/ scoping of future resource need.** **LCIG review of project resource requirements** **NHS Lothian Capital Planning Assurance Framework**	**Internal Assessment/ Survey of project team and skills** **Peer review**	

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Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Internal performance management process ensuring appropriate skills and experience			
INITIAL AGREEMENT	APPOINTMENT OF SENIOR CLINICAL SPONSOR & CLINICAL LEADER(S) ON PROJECT TEAM	*Is there evidence, as per the Clinician Engagement Framework, that a Senior Clinical Sponsor and Clinical Leader(s) are aligned with the project and are clear on their role and responsibilities and are adequately supported to fulfill these requirements.*	**Senior Clinical Sponsor appointment is known and understood by Project Team and organisation** **Clinical Leader is a key / active member of the Project Team** **Project Board Assurance (refer to Clinical Engagement Framework document)** **Self-assessment of clinical engagement**	**Healthcare Governance Committee**	**Internal review of clinical engagement**	**External review of clinical engagement**
INITIAL AGREEMENT	AGREED SCOPE & PROCESS	*Project scope and process is clear and understood.*	**Project scope and objectives are understood by the Project Team and wider organisation.**			**NHS Assure KSAR Review**

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Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Recognised standard control process for change of scope **Regional or national impact understood and agreed** **Consideration of site masterplan**			
INITIAL AGREEMENT	STAKEHOLDER SUPPORT INCLUDING PUBLIC AND PATIENT SUPPORT	*Is there evidence of stakeholder involvement and is there stakeholder support? Including evidence of patient and public involvement in development of the proposal.*	**Stakeholder mapping at outset** **Stakeholder Workshops** **Experience based co-design** **Stakeholder collaborative group established**	**Evidence of patient and public involvement in HFS NDAP Design Statement process and HFS support re process undertaken.** **Integrated Impact Assessment**	**Interested groups of colleagues support and challenge project outcomes** **Lessons learnt database** **Assessment, survey, or other feedback from key stakeholder review groups**	**Evidenced support from Scottish Health Council and assessment re Major Service Change** **Third Sector Review**
INITIAL AGREEMENT	BENEFITS	*The benefits of addressing the need for change are understood and quantified.*	**Benefits Register** **Benefits Realisation Plan**	**Value For Money - cost per benefit point**		**Gateway Review**

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
INITIAL AGREEMENT	RISK MANAGEMENT	*Risks, issues, opportunities, and dependencies are effectively managed.*	**Risk management strategy & mitigation with:** • **Risk Workshops** • **Risk Registers** • **Risk Owners** **Up-to-date risk registers in place, identifying actions, with monthly review cycle.** **Internal Health Checks** **Evidence all Project Team members understand and manage the risks and opportunities they own and share information across the Project Team**	**Quarterly review of project Risk Registers at the Programme Board** **Risk registers reviewed / reported at Senior Leadership Team** **Significant project and programme risks are elevated to the Corporate Risk Register**	**Internal audit review of risk reporting and management**	**External audit of risk report**
INITIAL AGREEMENT	PREFERRED CLINICAL MODEL	*What is the preferred service/ clinical model? What is required to deliver the preferred model? What are the opportunities for change and potential benefits? What are the potential risks?*	**Documented clinical model** **Evidence options were identified and suitably appraised by stakeholders**	**Tested by Senior Management / Clinical Governance review of the clinical model** **Strategic Planning review** **Clinical Reference Group review**		**Professional colleges and bodies review**

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Preferred clinical model identifies opportunities for change, improvement, innovation **Evidence of benchmarking** **Evidence of consideration of opportunities to co-locate, work with other agencies, develop infrastructure jointly e.g. University, Councils, and other partnering bodies**	**Infection Control & Prevention review**		
INITIAL AGREEMENT	DELIVERY MODEL	*What capacity is required to deliver the preferred clinical model?*	**Evidence of capacity modelling using robust forecast activity** **Evidence of benchmarking with best practice** **Evidence of innovation**		**Independent health check of modelling & assumptions (Analytical Team)**	**Forecasts supported by ISD/ National Group** **External review of data modelling commissioned**
INITIAL AGREEMENT	AEDET, NDAP & COMPLIANCE	*Stakeholder understanding of the current asset/setting a target for achieving excellence for future asset(s).*	**Baseline information regarding current asset is understood/ documented (AEDET)**	**Capital Planning Tool / EAMS evidence baseline**		**Meets the requirements of HFS & ADS – receive NDAP support for stage**

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Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
		Development of stakeholder owned Design Statement, key requirements for project brief. *Early identification and documentation of guidance to be complied with.*	**Evidence NDAP Workshops 1&2 complete with appropriate stakeholder involvement** **Documented Design Statement**	**Design Statement includes compliance requirements** **HAI Scribe**		
INITIAL AGREEMENT	SUSTAINABILITY	*Sustainability (environmental, social, technological, economic, ecological, legislative) fully embedded in all aspects of project delivery*	**Evidence of a sustainable clinical model** **Delivery model includes active travel plan, more sustainable transport usage and /or removes need for travel** **Evidence of sustainable design and technology e.g. energy infrastructure**	**Clear sustainability targets included in NDAP** **NHSL Sustainability Review Group assessment**		**Commissioned external Sustainability Review** **HFS Review**
INITIAL AGREEMENT	PROJECT BRIEF	*Bringing together the clinical model, proposed delivery model AEDET, NDAP, compliance requirements and sustainability.*	**Documented Project Brief layering the detail and components achieved to date in preparation for procurement and subsequent stages**	**Evidence of review and support from risk and compliance functions**	**Evidence of review from internal audit/ appointed advisors**	**Evidence of review and agreement from NHS Assure/ HFS / external body / legislator**

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Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
INITIAL AGREEMENT	PROCUREMENT APPROACH	*Identifying procurement route for project & resources required to deliver next stage of project.*	**Evidence procurement options have been reviewed and appraised to identify the route which best meets the needs of specific project** **Evidence Draft High Level Information Pack (HLIP) is based on and accurately reflects the documented Project Brief.**	**Aligns with HFS Framework** **Procurement Team review** **Evidence of a VFM assessment of procurement route**	**Internal review**	**Evidence of compliance with procurement regulations**
INITIAL AGREEMENT	COST/ FINANCIAL IMPLICATIONS	*Revenue and capital estimates are based on understanding proportionate to the business case stage.*	**Evidence that capital cost estimates are based on requirements of clinical model, delivery model and associated schedules of accommodation** **Value for money established for preferred option** **Mechanisms for capital cost, value, and revenue to be monitored and forecast**	**Variance from baseline reported to Programme Board and Senior Management and attributable to identifiable cause with evidence of corrective actions** **Evidence SCIM guidance followed**	**Internal Audit** **Cost Advisor Review**	

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Capital costs based on third party partner /cost advisor **Revenue costs benchmarked against existing projects**			
INITIAL AGREEMENT	SCHEDULING	*Planning and scheduling to identify the critical path, major activities, and milestones; mapped to the governance structure.*	**Evidence that timescales are reflective of the project complexity** **Scheduling tool in use/ GAANT Chart with activities etc**	**Timescales reviewed by LCIG and benchmarked against other projects**		**Informed/ reviewed by appointed advisors** **Informed/ reviewed by HFS**
INITIAL AGREEMENT	KSAR	*Scottish Government will review programmes and projects at key points in their lifecycle to gain assurance and instruct to proceed*	**Evidence of technical compliance and adherence to guidance** **Evidence of technical expertise on water, ventilation, fire, electrical and sustainability** **Evidence of transparent derogation decisions and justification, sign-off**	**Successful review** **Body of evidence and information** **Governance approvals**	**Capital Planning Peer Review Group (to be established)** **Project Assurance Technical Framework document**	**KSAR – NHS Assure** **Other Gateway Review** **NSS Peer Review**

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Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Safety			
OBC	PROCUREMENT	*Procurement of Design Team, Main Contractor & others as and when required.*	**Evidence submitted High Level Information Pack (HLIP) is based on and accurately reflects documented project brief** **Evidence of technical advisors appointed following NHS Lothian agreed process** **Evidence of plan to bring on technical or external advisors as and when required**			
OBC	REVIEW OF RESOURCING	*Project Team appointments reviewed as agreed at IA and any further appointments are made formally*	**Evidence of fully recruited team and / or plans to recruit to identified gaps** **Evidence of application of Assurance Framework Guidance** **Clinical Engagement** **Establishment of Programme Board**	**e.g. Control measures to confirm roles and responsibilities of PB members** **e.g. LCIG overall review of resources**	**e.g. internal audit of Appointment of Advisors**	**e.g. HFS review of project team capabilities**

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Appointment of Technical Advisors **Internal performance management processes ensuring appropriate skills and experience**	**e.g. NHSL finance support**		
OBC	PROJECT PROGRAMME / SCHEDULING	*Planning and scheduling to identify critical path, major activities, and milestones - mapped to the governance structure, monitored, and progress regularly reported.* .	**Evidence baseline agreed and recorded** **Evidence "key milestones" defined** **Viewed as credible by Project Team** **Evidence ownership of schedule and accountabilities agreed** **Evidenced reviewed at appropriate intervals.**	**Assurance activities schedule developed** **Uses baseline and appropriate benchmarks.** **Viewed as credible by LCIG/NHSL**	**Schedule check software used.** **Viewed as credible by internal audit/ peer review**	**Viewed as credible following HFS review / benchmark/ assessment**
OBC	MASTERPLAN	*Preferred site or option supports Masterplan Framework*	**Evidence of masterplan fit where appropriate**	**Evidence of local forum updates** **Evidence of Capital Planning membership**	**SPPC/NHSL**	

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
OBC	PROJECT BRIEF & COMPLIANCE	*Confirmation that the design meets brief*	**Schedule of contents for briefing pack reviewed** **Refresh of all pack information** **Any amendments identified and project change controls used**		**Capital Planning Peer Review Group (to be established)** **Project Assurance Technical Framework document used** **Programme Board**	**NSS Review**
OBC	STAKEHOLDER ENGAGEMENT	*Evidence of stakeholder led design in Stage 2 Report & patient & public involvement in design development from site layout to ADB/ 1:50s. IIA on developing design*	**Identification and engagement of stakeholders evidenced in communications strategy and plan.** **Policies to identify and engage stakeholders at appropriate level.** **All stakeholders are identified.** **Records and logs of communications material and contacts.**	**Evidence of client/ stakeholder satisfaction.** **Evidence of participation and attendance**	**IIA on Design** **NHSL public participation e.g. Programme Board**	**HFS** **NSS Assure**

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Evidence of alignment of project with interests of stakeholders. Policies to manage nonalignment or misalignment of project with interests of stakeholders.			
OBC	AEDET, NDAP & COMPLIANCE	*Stakeholder understanding of the current asset/setting a target for achieving excellence for future asset(s).* *Development of stakeholder owned Design Statement, key requirements for Project Brief.* *Early identification and documentation of guidance to be complied with.*	Baseline information regarding current asset is understood and documented (AEDET) Evidence NDAP Workshops 1 & 2 complete with appropriate stakeholder involvement Documented Design Statement	Capital Planning Tool / EAMS evidences baseline. Design Statement includes compliance requirements. HAI Scribe		Meets the requirements of HFS & ADS – receive NDAP support for stage
OBC	WORKFORCE MODEL	*Evidence that the workforce model for the facility has been considered, including most efficient ways of working in new facility*	Evidence of approval of workforce model at Senior Management Team. Evidence of escalation to Corporate Management Team (if appropriate)	Partnership support for Workforce Model Compliant with Organisation Change Process	Benchmarking with similar services	Evidence of compliance with National Workforce Policies

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice			
			NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
OBC	ESTIMATED COSTS (REVENUE & CAPITAL)	*Setting out the full financial implications for the project, including the project overall funding and affordability arrangements*	**Prepare a financial model** **Prepare summary information on capital and revenue** **Prepare a clear statement on affordability** **Detail of any affordability gap and plan to address** **Evidence of stakeholder engagement and agreement with the financial and commercial affordability**	**Led by local service teams** **Support from Finance Business Partner**	**Establishing the Project Board** **Finance Dept lead** **NHSL SPPC**	**SG Capital Investment Group**
OBC	KSAR	*SG will review programmes and projects at key points in their lifecycle to gain assurance and instruct to proceed*	**Evidence of technical compliance and adherence to guidance** **Evidence of technical expertise on water, ventilation, fire, electrical and sustainability** **Evidence of transparent derogation decisions and justification, sign-off**		**Capital Planning Peer Review Group (to be established)** **Project Assurance Technical**	**KSAR – NHS Assure** **Other Gateway Review** **NSS Peer Review**

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
FBC	NDAP	*Ongoing collaboration & technical support with developing design. Formal NDAP Support for Stage 2 Report.*	**Evidence of ongoing engagement and involvement with HFS & ADS – documented** **HFS Workshops on developing design at key milestones - concept, 1:200, 1:50,** **Evidence of technical specific and selections for fire, water, ventilation, electrical and sustainability**			**Formal Stage 2 support from HFS & ADS documented**
FBC	FINAL COSTS (CAPITAL & REVENUE)	*Setting out the full financial implications for the project, including the project overall funding and affordability arrangements*	**Prepare a financial model** **Prepare summary information on capital and revenue** **Prepare a clear statement on affordability** **Detail of any affordability gap and plan to address**		**Establishing the Project Board**	

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
			Evidence of stakeholder engagement and agreement with the financial and commercial affordability			
FBC	KSAR	*Scottish Government will review programmes and projects at key points in their lifecycle to gain assurance and instruct to proceed*	**Evidence of technical compliance and adherence to guidance** **Evidence of technical expertise on water, ventilation, fire, electrical and sustainability** **Evidence of transparent derogation decisions and justification, sign-off -e.g. Safety**		**Capital Planning Peer Review Group (to be established)** **Project Assurance Technical**	**KSAR – NHS Assure** **Other Gateway Review** **NSS Peer Review**
CONTINUING DESIGN & DELIVERING CONSTRUCTION	CLERK OF WORKS APPOINTED	The Clerk of works will inspect the workmanship, quality and safety of work on the construction site and report back to the client.				
COMMISSIONING		*The commissioning process should be treated as a distinct sub-project but fully integrated into the overall project to enable*	**Operational commissioning** **Technical Commissioning**		**Capital Planning Commissioning Checklist**	

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
		smooth transition to new working arrangements and realisation of anticipated benefits	**BIM and Soft Landings** **Handover**		**Project Board** **IPCT, Facilities, eHealth etc**	
COMMISSIONING	SERVICE MIGRATION	*The migration plan is a key document for all stakeholders. This is developed during construction phase*	**Stakeholders and staff are actively preparing for the transition.** **Plans have been approved and are being executed.** **The appropriate communications and training are being provided.** **Integral part of the equipping plan**	**Operational Plans** **Training manuals and guidance**	**Local Management Team** **Project Board**	
COMMISSIONING	COMPLETION CRITERIA/VALIDATION & CERTIFICATION	*The record of handover document is the stakeholders sign off of the project. Agreed defects should be noted at this stage*			**Clerk of Works** **AE Reports**	**External Accreditation/Certification** **Building Control**

Project Stage	Assurance Milestone	Description	Examples of Evidence/ Best Practice NB: The **examples** are not intended to be comprehensive, rather to give an indication of matters that need to be considered - the type evidence and quality of evidence required will vary depending on the size and complexity of the project.			
			Management Control	Risk Management & Compliance	Internal Audit	External Audit
REVIEW	POST PROJECT EVALUATION/REVIEW	*The review involves the detailed analysis of project documentation, stakeholder interviews, and the production of a comprehensive report. Its aim is to investigate whether the aims of the BC have been satisfied and identify lessons learned*	**Responsibility for benefits realisation analysis and monitoring after project completion** **Lessons learnt and feedback loop to other projects.**		**Independent Review** **Capital Planning peer groups** **NHSL**	**External Review** **HFS** **NSS**

Capital Planning & Projects
Assurance Framework Documentation

Establishing the Project Board
Version 0.5: July 2023

Version History

Version	Date	Lead Author	Reviewed / Approved by
0.1	February 2022	Dawn Carmichael	Finance & Resources Committee
0.2	September 2022	Dawn Carmichael	Finance & Resources Committee
0.3	December 2022	Dawn Carmichael	Finance & Resources Committee
0.4	May 2023	Dawn Carmichael	Content update
0.5	July 2023	Dawn Carmichael	Update content based on comments received from Jim Crombie

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Appendices

Appendix 1: Capital Governance Organogram

Appendix 2: Terms of Reference Template

Appendix 3: Appointment Letter

Appendix 4: Roles and Responsibilities

Capital Planning & Projects Assurance Framework

This guidance should be read in conjunction with the suite of documents that make up the Capital Planning & Projects Assurance Framework, and focusses on the role, responsibilities, and composition of the Project Board.

Role and Responsibilities of the Project Board

A Project Board should be established for all capital developments or projects included in the Board's Property and Asset Management Investment Plan (PAMIP) and where a business case is required.

The Board will be chaired by the Senior Responsible Officer (SRO), who takes executive responsibility for decisions in relation to the project. The Project Board supports the SRO in making decisions and provides both challenge and approval on issues affecting the progress of the project.

The Project Board will include key individuals and stakeholder representatives with the necessary authority to make decisions in relation to the project or programme, through delegated authority as outlined in NHS Lothians scheme of delegation.

The Project Board will escalate any decisions out-with the delegated authority of its members to the relevant NHS Lothian Committee as shown in the governance structure included as Appendix 1.

The Project Board structure should be outlined in the Business Case and should be established with a clearly defined remit to scrutinise and support the project providing the overall direction, management, challenge, governance, and assurance requirements to ensure a successful outcome. The template for the development of the Project Board Terms of Reference (ToR) can be found at Appendix 2.

The Project Board will ensure delivery of a safe, timely, cost effective and quality project. Where a number of key stakeholders need to influence the direction of a project, separate Stakeholder Groups should be established, with representation at the Project Board e.g., where there is a regional component to the project.

The responsibilities of the Project Board include:

- managing the progress of the project on behalf of NHS Lothian and, where appropriate, working in partnerships with other authorities recognising their governance and assurance requirements e.g., other health boards in the development of regional facilities
- overall responsibility for ensuring the project is delivered within the existing policies of NHS Lothian. This includes ensuring proactive, early engagement with internal advisory departments such as the Infection Prevention and Control Team (IPCT), Health & Safety, and Estates, as well as NHS Assure and Health Facilities Scotland (HFS)
- seeking appropriate staffing resources, relevant to the stage of the Business Case. This will include operational resources supporting the soft landing, commissioning, and operations of the facilities in line with the Business Case

- having the authority to commit funded resources at appropriate stages of the project. It will establish the appropriate resource plan for the project and flex at various stages, seeking approval from LCIG and the Finance & Resources Committee as necessary.

- approval of major plans and agreement of stage/phase management with the Project Director, design, and specification sign-off at relevant SCIM business case stages
- maintenance and regular review of schedules of derogations, project change instructions, risk register and cost plans
- arbitration of any conflicts within the programme or project to agreed solutions and, escalating as required
- scrutinising the risk register and advising the Project Director of any change in its status, which may affect the progress of the project/ project
- directing the responsibilities of the Project Director who will report any exceptions, derogations, and changes to scope directly to the Board
- ensuring that the project is being managed within the approved Business Case parameters
- support the SRO in providing regular progress reports to NHS Lothian's governance and assurance committees highlighted within Appendix 1.

Appointment to the Project Board

The Project Board membership should have representation from all key stakeholders. Members of the Project Board are required to have the appropriate level of skills and experience. For major projects, funded directly from Scottish Government, members will be formally appointed to the Project Board and will be asked to confirm their experience and suitability for their role via a formal letter of appointment from the Project Director (see Appendix 3). Suggested membership is included within the Terms of Reference template which can be adapted to support the needs of individual projects.

Project Board members should:

- have a clear understanding of the contribution required as both a subject matter expert and wider Board member

- own and communicate the project vision

- understand, monitor, and support project plans

- develop relationships with relevant stakeholders to ensure the successful delivery of the project

- understand and minimise factors that will negatively impact on the successful delivery of the project

- understand the broader strategic aims of NHS Lothian and how these impact on the project

Project Board members should also have availability to attend Board meetings for the duration of the project.

The expertise available within the Project Board must accurately reflect the requirements of the contractual and funding models of the particular project.

The roles involved in the delivery of a major project will depend on the type and complexity of the project and are outlined in Appendix 4.

The SRO has ultimate responsibility at Project Board level for delivery of the project's benefits and the appropriate allocation of resources to ensure its success. The SRO will, with the

support of the Project Team, report on the project to NHS Lothian's governance and assurance committees as and when instructed by said Committees. As a minimum this should include:

- o Key stage reviews and approval milestones
- o Significant derogations from standards, assessment of risk
- o Regular project updates, post FBC, to Scottish Government
- o Monthly updates to the LCIG Project Tracker

This document is intended to provide guidance in the development of capital projects within NHS Lothian. Any enquiries regarding the content and application of this guidance should be submitted to ███████████████████

Appendix 1 – Capital Governance Organogram
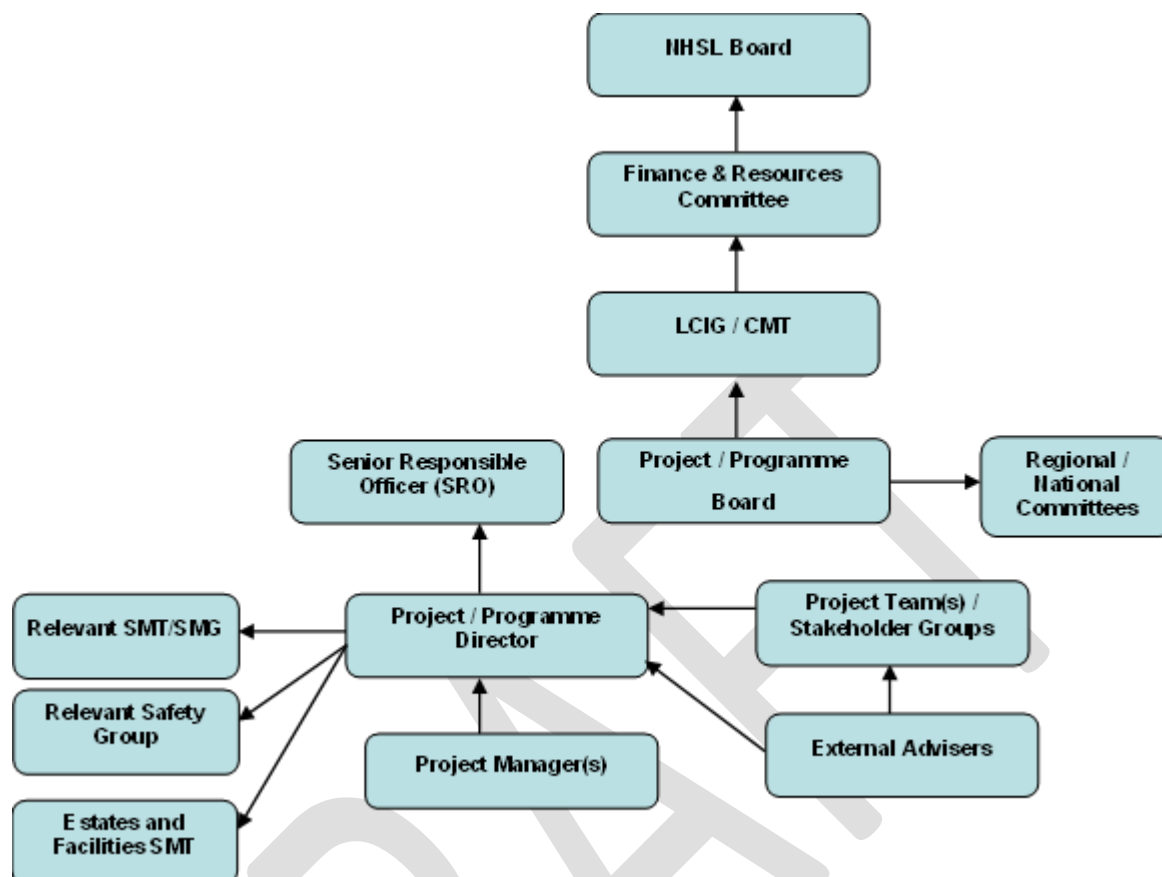
Project Board Terms of Reference

Establishing the terms of reference (ToR) for a capital programme /project board (hereafter referred to as the Project Board) is an important step in the governance process and should be the first item for discussion and approval at the initial meeting establishing the Board. The ToR must define the scope, purpose, and structure of the Board, including membership, roles and responsibilities, and reporting arrangements, and should ensure that all members of the Board have a clear understanding of their remit. This template provides guidance on the development of the ToR .

Project Board Terms of Reference Template

Project Board – Insert Name

Terms of Reference

Senior Responsible Officer:
Insert Name

Project Director:
Insert Name

1. Background
.
2. Scope

3. Remit

1. Support on Decision-Making & Implementation:

2. Support on Assurance Needs

4. Chair

5. Membership

6. Administration of Meetings

7. Reporting Arrangements

8. Review

9. Project Board Structure

10. Meeting Dates

11. Ratified or Reviewed

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Lothian NHS Board

Insert address of Project Office

Telephone-

    Date
    Your Ref
    Our Ref

    Enquiries to
    Extension
    Direct Line
    Email

Name
Address 1
Address 2
Address 3

Dear

Appointment to the Project Board of (Insert Name)

Thank you for your agreement to join the Project Board for the (Insert Name) Centre. As you are aware the position of Project Board member is part of the Governance pathway for this important project within NHS Lothian. To assist you in discharging Project Board member's duties I have appended the current Project Board Terms of Reference and the Organogram for the Project, where your role is specifically mentioned.

I would be obliged of you would sign, date and return the appended note confirming your acceptance of the position and acknowledgement of the duties the role entails.

Should you wish to discuss any element or the Project role or have an queries relating to the documentation please don't hesitate to contact me.

Yours faithfully

Project Director

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For the Attention of (Inset Name)

I confirm receipt of correspondence dated [   ] and I accept the position of Project Board member. I confirm I have the knowledge and experience to carry out the role described within the Project Board Terms of Reference and Organogram

Name:
Signed:
Date:

	Project Role	Responsible person	Project responsibilities overview
NHS Project Board	*Senior Responsible Officer (SRO)		Chair of the project board and leads on communication with those groups forming part of the governance process. Responsible for ensuring that the project meets its objectives and delivers the projected benefits with overall accountability for the project. Acts as the link between the project, the NHS Board, and Scottish Government. Obtains funding and resources to ensure the project's delivery and acts as authorised signatory during Financial Close
	*Programme Director		Ultimate responsibility for the project and 'owns' the Business Case throughout the life of the project. Primary contact for all decision making associated with the project and responsible for overall management of the project including liaising with the SRO; coordinating and leading inputs to the project board; overseeing project implementation, financial and administrative oversight and monitoring and evaluation of the project. Approves the project structure to deliver the agreed aims and objectives and ensures the project board are notified of the resource requirements to deliver the project and make request to the Project Board to fulfil these to deliver the project within agreed costs and timescales Links directly to the Project Board and all external organisations (SFT, Scottish Government).
	*Snr Clinical Lead		Subject matter expert (SME's) (Clinical) Responsible for representation of clinical matters within their area and providing professional advice to inform room layout design and to ensure the clinical requirements meets the requirements of the service. Providing clinical leadership and advice to the project.
	Snr Capital Programme Manager		Overall responsibility for the successful initiation, planning, design, execution, monitoring, controlling and closure of the project. Responsible for the day to day management of the project including managing the scope, schedule, finance, risk, quality and resources. Management and co-ordination of the project team and the day to day contact for the project team, the appointed client advisors; and the appointed contractor. Liaison with external advisors, Project Board leads; clinical leads and the appointed contractor to ensure an effective framework is in place to deliver the project. Monitoring progress against the project plan; reports variances and providing progress reports to the Project Board. Maintaining the project Risk Register and issue log and communicating, escalating accordingly. Liaison with Technical Leads (Advisors, Independent Testers, authorising engineers etc.) to ensure that decision making on issues during construction are delivered in a timely way whilst ensuring quality. Raising issue/exception reports to the Project Board as soon as there are concerns that the tolerances set by the NHS Project Board are liable to be exceeded. Co-ordinating in collaboration with the medical equipment advisor & procurement the equipping of the new facility including considering space requirements; socket locations; storage requirements etc. to support the equipment appropriately.
	*Strategic Planning Manager		Responsible, on behalf of the Senior Responsible Owner (SRO), for delivering change. Supervises and organises activities and ensure that project implementation goals align with the organisations objectives. Responsible for planning and governance and for overseeing the successful delivery of the program's output/product
	Clinical Reference working group		Liaison; advice, review and sign off of detailed room layout design and room data sheets to ensure that the design and build meets with the requirements of the service.
	Clinical Leads		Responsible for representation of clinical matters within their area and providing professional advice to inform room layout design and to ensure the design & build meets the requirements of the service.
	*Finance Lead		Subject matter expert (SME) (Capital Finance) Participates as a member of the Project Board and manages and monitors the allocation of funding to the project in conjunction with the NHS appointed Project Manager. Monitors expenditure and provides regular reports to the Programme Director and SRO. Links effectively with the finance and service managers in the operational areas affected by the project and ensure that revenue budgets are co-ordinated and aligned consistent with the project programme. Supports the Workforce planning process and costs the agreed workforce changes.
	*Partnership Lead		
	*Estates Lead		Subject matter expert (SME) (Infrastructure, Estates) Provides expertise in design development, contract, procurement, stakeholder and procurement management and assists the Project Director and Programme Manager with project governance and commercial acumen. Supports the delivery of the project through provision of expert advice on all aspects of the built environment including appointment of lead advisors; legal advisors; authorising engineers (Water,

			Medical gases, Fire, Electrical & Ventilation) Linking with Estates manager & Engineering Manager as required to facilitate and inform the project. Supervision of NHS appointed Lead Advisor and legal advisor duties.
	Digital Lead		Subject matter expert (SME).E-Health, IT and Telecomms) Supports the delivery of the project through provision of expert advice and resource to support the IM&T needs of the project. Assists throughout the commission, design and construction phases to ensure proposals are fit for purpose and align with organisational objectives and to ensure resource is available as the project requires it to prevent delays. Supports the service change, identifies opportunities and commissioning challenges to provide a robust, reliable technical infrastructure and good standard of support.
	Clinical Advisor/Commissioning Leads		Subject matter expert (SME) (Clinical Advisor/Commissioning).Provide assurance to the Project Manager that facilities are suitable for the stated clinical purpose by ensuring that the room designed meets the brief and national activity database of nhs requirements i.e. size, equipment and infrastructure provision is in place and appropriate by following the guidance set out in SHTM, National ADB. Collaborate with services to engage stakeholders in the review and revision of models of service delivery that will support the effective operation of the new facilities. Accountable for designing and delivering the equipment commissioning strategy using agreed processes (NHS Lothian Capital Planning / Scottish Capital Investment Manual / Health Facilities Scotland) ensuring that operational services are fully involved and engaged throughout. Manage delivery, installation and commissioning in line with the project programme.
	Medical Equipment Lead		Subject matter expert (SME) (Medical equipment) Lead for medical equipment required as part of the project. Co-ordinating in collaboration with the NHS Project Manager & procurement the equipping of the new facility including considering space requirements; socket locations; storage requirements etc. to support the equipment appropriately.
	Consultant Microbiologist		Subject matter expert (SME) (Consultant Microbiologist) Provision of expert advice throughout the project particularly in relation to design in compliance with infection control requirements and validation advice prior to patient occupation. Particular focus on ventilation and water services/installations and validation reports relating to these.
	* Infection Control Leads		Subject matter expert (SME) (Infection prevention & Control) Provision of expert advice throughout the project particularly in relation to design in compliance with infection control requirements and validation advice prior to patient occupation.
	Project Support Officer		Responsible for the coordination and contribution to a range of activities in support of the project. Supporting the Project Manager and Project Team in the co-ordination, planning and control of the project. Ensuring the agreed project management methods, standards and processes are maintained throughout the project lifecycle. Assisting the Project Manager in the production and maintenance of project plans. Developing and maintaining the project library, filing, recording and reporting systems. Advise and assist project team members in the application of project procedures, disciplines and recording and reporting standards.
	Scottish Government		Acting as direct link between the Project Board and Scottish Government
	Project Role	**Responsible person**	**Project responsibilities overview**
NHS appointed advisors	Appointed Advisors duties as detailed below		
	Project Manager		Undertaking Project Manager's roles and responsibilities as detailed in the HFS Lead Advisor appointment document. Principally the role is to administer the provisions of the Contract. In addition the Project Manager will lead and co-ordinate the project from inception through to completion and handover. On a day-to-day basis the framework Project Manager will manage the project and act as the initial point of contact.
	Supervisor		Responsible for the coordination and contribution to a range of activities in support of the project. Supporting the Project Manager and Project Team in the co-ordination, planning and control of the project. Ensuring the agreed project management methods, standards and processes are maintained throughout the project lifecycle. Assisting the Project Manager in the production and maintenance of project plans. Developing and maintaining the project library, filing, recording and reporting systems. Advise and assist project team members in the application of project procedures, disciplines and recording and reporting standards.
	Cost Advisor		Undertaking Cost Advisor's roles and responsibilities as detailed in the HFS Lead Advisor appointment document. Principally these will involve; assisting in the compilation of the Cost Plan and billing information, assist in the formulation and agreement of the contract sum, undertake open book audits

			during the design and construction phase, advice on payments and controlling expenditure and contribute to the preparation of specific contract documentation.
	Technical Advisor(s)		Responsible for the reviewing and advising on design compliance with statutory requirements; HBN's, SHTM's and other relevant requirements.
	Independent tester / Supervisor / Clerk of works to be confirmed		Principally the role is to ensure the works are delivered in accordance with the Project Brief/scope. The key duties relate to quality of works and defects. Responsible for overseeing the quality and safety of work on site, making sure that building plans and specifications are being followed correctly. Duties include performing regular inspections of the work on site and comparing completed work with drawings and specifications. Confirmation of Compliance
	Authorising Engineers		Authorising engineers (Medical gases; water; electrical; decontamination) are responsible for working with the project team to provide specialist advice and technical support throughout the project from inception to close. The fundamental role of the pharmacist is to assure the identity and quality of the gases and to endorse and support the Authorising Person by confirming that the system is indeed complying with the current standards and is satisfactory for patient use.
	Legal Advisor		Responsible for providing legal advice for construction contract management and the PPP/NEC contract; ensuring compliance with construction laws and regulations, advising on building standards and acting on behalf of the Project Board in disputes, if necessary.
Design & Build Team	Principal Designer		Overall accountability for successful delivery of Principal Designer services for the project.
	Consulting Engineers (i.e. Structural and services)		Providing specialist advice and responsible for day-to-day activities in relation to architectural; structural & M&E requirements etc. and ensuring the design and construction is in compliance with all statutory and healthcare specific guidance (.i.e. HBN's; SHTM's etc.)
	Main Contractor Lead (Principal Contractor)		Overall accountability for successful delivery of Principal Contractor services for the project. Principal responsibility is to provide the works in accordance with the variation/project brief on time, to the defined quality and within budget. Day to day management of all suppliers and subcontractors and providing progress reports on a weekly basis. Raising issue/exception reports to the NHS Project Managers as soon as there are concerns that the tolerances set by the NHS Project Manager are liable to be exceeded.

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NHS
Lothian

CAPITAL PLANNING & PROJECTS
ASSURANCE FRAMEWORK DOCUMENTATION

CLINICAL ENGAGEMENT FRAMEWORK
VERSION 0.5: AUGUST 2023

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Version History

Version	Date	Author(s)	Comments
0.1	20 June 2023	Caroline Allardice	Review of initial draft
0.2	18 July 2023	Dawn Carmichael	Review of initial draft
0.3	20 July 2023	Emma Heggerty	Review and comment
0.4	26 July 2023	Sorrel Cosens / Hania Klinge	Review and comment
0.5	04 August 2023	Caroline Allardice	Content review

Table of contents

CAPITAL PLANNING & PROJECTS ASSURANCE FRAMEWORK

This guidance should be read in conjunction with the suite of documents that make up the Capital Planning & Projects Assurance Framework and focusses on the role of clinical colleagues providing a toolkit for Clinical Engagement within a Capital Project.

PURPOSE

The purpose of a Clinical Engagement Framework is to provide a clear pathway for clinicians to lead and influence the planning, implementation, and review of future services within new premises in NHS Lothian (NHSL), ensuring that the change delivered meets requirements, is fit for purpose, and provides for the best possible patient outcomes. As such they have a vital role in shaping and interpreting the clinical brief and ensuring its delivery.

BACKGROUND

Recently there has been a substantial increase in the assurance requirements for capital projects from Board members and other stakeholders including Scottish Government, NHS Scotland Assure, and Health Protection Scotland. In response to this NHSL have formalised a Capital Project Assurance Framework intended to support the process of providing confidence that capital projects, programmes and portfolios will achieve their scope, time, cost, quality, and compliance objectives, and realise their intended benefits.

In parallel work to define technical assurance requirements nationally, through the establishment and roll out of a NHS Scotland Assure, remains in progress and this Framework has been informed by the emerging output of this work and will be amended, where required, to reflect finalised output.

BENEFITS OF CLINICAL ENGAGEMENT

The Clinical Strategy (the Strategy) is essential to ensure that all NHSL Health activities, from strategic and capital planning to construction and operational delivery, are influenced by and where appropriate led by clinicians; and that a progressive and sustainable approach to engaging clinicians is firmly embedded in all practices.

In the development of Capital Projects clinical engagement must be understood as essential to informed decision making. The key benefits of having a Senior Clinical Lead embedded within the Capital Project Team are:

- To lead engagement on behalf of a clinical team / service - this is best suited to clinical leads who are already directly involved in the strategic and clinical planning process in their particular service area
- Create a sense of ownership amongst clinicians who are helping to identify the current and future clinical issues, establish the right clinical priorities, and reflect these in design, layout, and clinical pathways within new premises
- Establish accountability via performance monitoring and benchmarking, helping to drive long-term performance improvement, and build efficiencies in respect of service delivery.

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- Support health service initiatives in a collaborative manner including quality measures, best practice protocols, clinical outcomes, resource utilisation, hospital provision, operational efficiency and cost effective alternatives
- Support clinicians who are vested in a health service structure that supports achieving maximum results on multiple measures
- To advocate on behalf of other clinicians and patients and be able to give constructive criticism without fear

CLINICAL ENGAGEMENT FRAMEWORK

The Clinical Engagement Framework will provide guidance regarding the implementation and management of the Clinical Engagement process and establish clear lines of accountability. An example of a typical Clinical Engagement Structure is shown below.
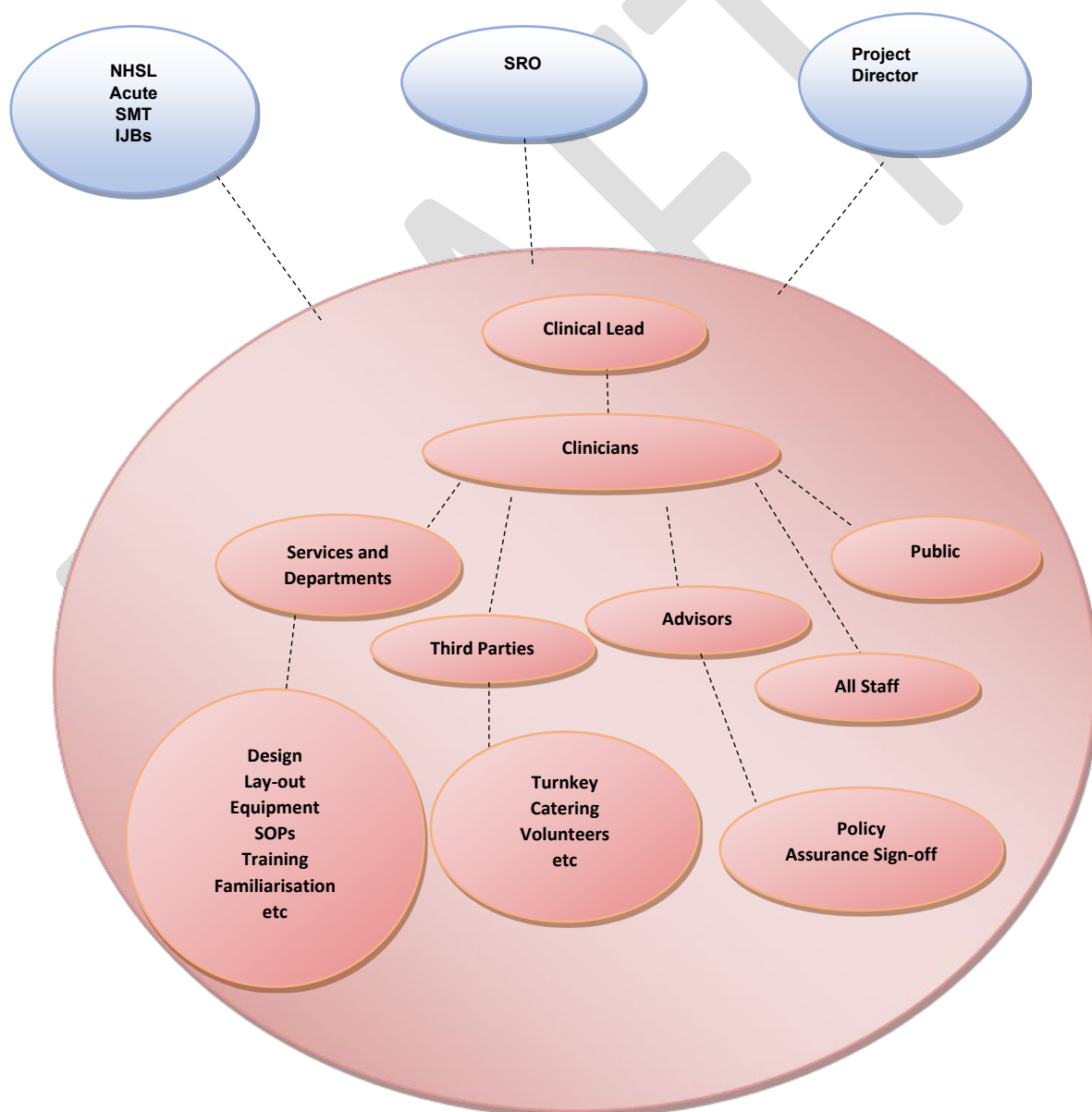
THE ROLE OF THE CLINICAL LEAD

From an individual perspective an effective clinical leader requires personal qualities that reflect positive attitudes toward their own profession. They must also have the courage, capacity, and experience to challenge the status quo effectively, address care quality issues, and engage in reflective practice.

Some of the knowledge, training, and experience required to undertake the role of Clinical Lead for a major Capital Project is highlighted below.

Person Specification Essential Requirements

- Registered clinician (Doctor, Nurse, Therapist, etc.) with significant post registration / senior experience demonstrating the appropriate competencies and skills for the role
- Professional knowledge and experience supplemented by specialist training or equivalent experience in their field and relevant to the proposed project
- Excellent communication skills, good people management and the ability to lead, engage and motivate others especially in change management and service improvement
- Recognise when they are not the authority on a particular subject and work collaboratively with colleagues in multi-disciplinary areas to identify those that can best provide input to the project
- Act as a positive role model, who practices evidence-based care, to ensure high standards of care
- Operational experience within an area of significance for the proposed project
- Experience of researching and analysing data for a capital project
- Effective problem solving skills
- Works effectively as part of a team of professionals with various backgrounds from the NHS and private sector.
- Open to influence and change but able to ensure that the needs of the service are always at the forefront of any proposal

Person Specification Desirable Requirements

- Awareness of business case development / SCIM guidance
- Awareness of the National Assurance Framework
- Experience of working with third party organisations
- Experience of establishing and maintaining good relationships with colleagues at an operational and strategic management level
- Ability to demonstrate a high level of initiative and motivation

SECONDMENT TERMS AND CONDITIONS

Clinicians taken from internal teams within the organisation to be part of a Project Team will require to agree arrangements under the NHSL Secondment Policy.

Both the lending and receiving department require to agree terms prior to the move and the arrangements for accessing secondment should take account of the following points:

- clear reasons identified for secondment
- clear arrangements for start and finish dates with capacity to flex for project or service needs
- training requirements and training needs during and following a period of secondment
- replacement costs and arrangements for cover
- statutory obligations

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- appraisal arrangements
- anticipated benefits
- monitoring arrangements
- clear arrangements for return to the substantive post

In all individual secondments the length of time, professional training requirements to retain registration, the number of clinical sessions and the retention of clinical input within a service will vary.

CLINICAL ENGAGEMENT AS A CIRCULAR PROCESS

The diagram below shows that clinical engagement cannot be a one off exercise and to be most effective has to include a circular process of consulting stakeholders, acting on what they say, asking stakeholders about the consequences, adjusting as necessary and then consulting stakeholders again.
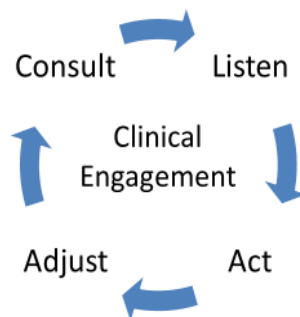
CLINICAL ENGAGEMENT ACTION PLAN

Listen	Project Team Responsibilities	Actions / Outcomes
1.1	Key items of news and information regarding the project are distributed regularly to the clinical leads as per the project communication and engagement strategy	Regular distribution of key items of news and information to clinicians, using a diverse range of communication models
1.2	Ensure clinicians are represented on key project groups and forums across the Project	Clinician representation for all departmental specialties on key groups and forums across the Project
1.3	Facilitate an effective process of consulting stakeholders, acting on what they say, discussing the consequences with stakeholders, adjusting design as necessary, and feeding back to stakeholders	Key forums at regular intervals to facilitate a two-way flow of information; influence and resulting changes recorded as a tracked document including communication back to the service. Clinical Lead to influence/lead on more ad-hoc discussions and will be available at all stages of the project to convey information/decisions to the appropriate level of service governance.
1.4	Facilitate where possible service innovation and performance	Established environmental training programmes within the Project will enable the

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	improvements through the development of innovative design and pathways in collaboration with operational colleagues	clinicians and clinical staff at all levels to explore and understand new build environments in relation to patient and staff safety

Act	Project Team Responsibilities	Actions / Outcomes
2.1	Develop and lead an effective process of consulting stakeholders, acting on what they say, asking stakeholders about the consequences and adjusting design as necessary and feed back to stakeholders	Key forums at regular intervals to facilitate a two-way flow of information; influence and resulting changes recorded as a tracked document including communication back to the service. Clinical Lead to influence/lead on more ad-hoc discussions and will be available at all stages of the project to convey information/decisions to the appropriate level of service governance.
2.2	Establish a Project Clinician Forum(s), where clinicians can hear regular updates and share ideas	Project Clinician Forum(s) to be established, led, and chaired by the Clinical Lead, to meet project needs
2.3	The Terms of Reference for the Project Clinical Forums are reviewed by the Project Board to ensure they align with this NHSL Assurance Framework	The Terms of Reference for the Project Clinical Forum(s) are approved by Project Board to ensure they meet assurance requirements

Consult	Project Team Responsibilities	Actions / Outcomes
3.1	All clinicians involved in project work can identify key personnel in NHSL Capital Planning and the Project Team, and have a clear understanding of their roles and responsibilities	Information on key personnel in NHSL Capital Planning, their roles and responsibilities, and the roles and responsibilities of members of the Project Board is available to clinicians
3.2	Ensure that clinical professions are offered the opportunity to contribute to the development of 1:500, 1:200 & 1:50 detailed plans during initial stages of the project design	Local clinicians provide detailed input required for 1:500, 1:200 & 1:50 detailed plans; influence and resulting changes are recorded as a tracked document
3.3	The Clinical Lead has the opportunity to scrutinise the service model at the outset and give constructive feedback during design development	Clinicians have been provided the opportunity to contribute to the project on a day to day basis, during design development workshops and at wider project meetings

Adjust	Project Team Responsibilities	Actions / Outcomes
4.1	Develop a process to enable collaboration with other clinicians and staff and users to ensure that ideas and comments can be gathered and considered within the design, planning	Develop a project timetable for clinical engagement to ensure that workshops, events, surveys etc., can take place at

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	and commissioning stages of the Project	appropriate points through the life of the project
4.2	The Clinical Lead will ensure clinicians are able to contribute to project design and planning events, workshops etc.	Ensure that there is a mechanism in place to feed-back on any contributions made during the design, planning and commissioning stages of the Project
4.3	A feedback mechanism is created within the Project Team so that clinicians can influence change and improvement in patient safety throughout the life of the project	A feedback mechanism is established allowing clinicians to highlight any patient safety issues throughout the life of the Project

The Clinical Engagement Framework links with the NHSL Strategic Workforce Plan which identifies how NHSL Health will strengthen the total workforce and equip them with the adaptable skills and knowledge they require to achieve quality outcomes.

This document is intended to provide guidance in the development of capital projects within NHSL. Any enquiries regarding the content and application of this guidance should be submitted to █████████████████████

CAPITAL PLANNING & PROJECTS ASSURANCE FRAMEWORK DOCUMENTATION

PROJECT TECHNICAL ASSURANCE

A Guide to engaging with internal and external Advisors and Assurers

VERSION: FEBRUARY 2024

Version History

Version	Date	Author(s)	Comments
0.1	07 Feb 2022	Ronnie Henderson	Initial Draft
0.2	18 June 2023	Dawn Carmichael	Review of initial draft
0.3	10 July 2023	Hania Klinge	Comments added
0.4	21 July 2023	Caroline Allardice	Format review
0.5	16 February 2024	Dawn Carmichael/Rachel Marr	Update
0.6	21 February 2024	Emma Heggerty/Kelly Bain	Comments added

Table of contents

1. EXECUTIVE SUMMARY

- Due to the varying size, value, and complexity of capital projects within NHS Lothian it is not possible to adopt a prescriptive approach to technical assurance.
- NHS Scotland Assure has produced Key Stage Assurance Review (KSAR) Workbooks for key stage reviews at OBC, FBC, & Construction, these are available here: https://www.nss.nhs.scot/nhs-scotland-assure/assurance/key-stage-assurance-reviews-ksar/
- The matrices provided in this document should be used as a guide to determine at which phase of the project specific assurance should be sought and from whom.
- The matrices use the typical phases of a construction project that will be at least partly familiar to most, rather than reference the various external key stage reviews such as NDAP and AEDET.
- If there is any doubt regarding the anticipated level of assurance required advice should be sought from NHS Assure. KSAR will apply for allfor projects above the NHSL Board's delegated authority with the intention to also apply these on selected projects within Board delegated authority.

2. INTRODUCTION

This guidance should be read in conjunction with the suite of documents that make up the Capital Planning & Projects Assurance Framework and focusses on engagement with internal and external advisers and the provision of technical assurance.

Construction, refurbishment, and specialist installation projects undertaken by NHS Lothian take varying forms ranging from single engineering systems and equipment backlog maintenance works through to complex multi department major hospital builds.

Often these works take place within, or immediately adjacent to, live hospital environments and this adds significant risk when considering the level of assurance required.

Additional risk factors to be considered but not limited to:-

- Existing asset condition and programme dependencies
- increased risk of infection
- patient profile
- procurement method

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- external & internal stakeholder priorities and availability

- complexities around maintaining existing services while works are ongoing.

Above all of the aforementioned influences sits the need to comply with regulations, standards, and relevant guidance. This adds further complexity when dealing with assurance on existing sites with limited and confined footprints.

Where it is difficult to achieve the requirements of the relevant guidance it is important to identify the constraints early so that the necessary assurance can be sought if there is a requirement for approval to derogate. The derogation / non-conformance process flowchart is included as Appendix 1.

NHS Lothian has a significant number of employees with sufficient experience to provide this assurance within their field of expertise, this is supplemented by technical advisers , specialist consultants, authorising engineers, industry experts and NHS Assure amongst others. The main issue arises where it is difficult to assess the level of assurance required and therefore the amount of review and design support needed.

NHS Scotland Assure has produced a series of workbooks detailing the stages of a project at which they will carry out a review and these can be found via the NHS Scotland Assure section of the NSS website. These include a helpful flow diagram of the development process indicating the various review stages. The diagram also confirms that the amount of review and assurance will be project specific.

The following sections of this document include a description of compliance and the alternatives, as well as a description of the various assurance roles. Also included is a responsible, accountable, consulted, and informed [RACI] matrix by project type providing guidance to indicate from whom assurance should be sought and at what stage of the project. An example RACI matrix is included as Appendix 2. It does not describe how much involvement will be required from each contributor as this will depend on project size and complexity, however cells shaded in yellow indicate a contribution is desirable and cells shaded red indicate a contribution is essential to provide the necessary assurance at that stage.

Further sections describe what type of information and processes are required at final commissioning and handover as well as providing a sample Assurance Matrix for significant project works.

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3. COMPLIANCE

Compliance in the context of NHS Scotland healthcare projects means:

- Adherence to all Statutory Legislation.

- Compliance with the guidance set out in Technical Standards documents including but not limited to Scottish Health Technical Memoranda (SHTM), Scottish Health Planning Notes (SHPN), Health Building Notes (HBN), Chief Executive Letters (CEL). Where it is not possible or practicable to comply with technical standards, appropriate evidence and governance for non-compliance must be demonstrated through the derogation process (refer to appendix 1 'Derogation/Non-conformance process flow chart).

- Cognisance and application of best practice guidance including, but not limited to, Chartered Institute of Building Services Engineers (CIBSE) guides, Building Services Research and Information Association (BSRIA) guides, British Standards (BS) and Euronorms.

The only standards that contracting parties are mandated to apply, out with the conditions of a contract, is Statutory Legislation. Therefore, in order to place obligation on contracting parties of to the Board's compliance requirements, these must be set out in the contractual documentation, the format of which will vary dependent on contract and procurement route selected. Compliance requirements should typically be contained in the following briefing documents:

- Technical Brief/Requirements
- Operational and Clinical Brief
- Room Data Sheets

Technical Standards and Best Practice Guidance documents are subject to continual update. As a result, it is not uncommon for contradictions to arise in guidance documents. Where conflict between documents arise, guidance should be sought from Authorising Engineers, Board Safety Groups and NHS Assure as appropriate, where not immediately clear in published technical standard information.

When initiating a project, the starting point must be full compliance. While this is not easily achievable even in a new build it must be an aspiration given the current approach to risk in the healthcare-built environment. Acknowledging that this will be difficult to achieve in the aging estate a process for derogation approval and sign off should be agreed and implemented for each project with key signatories including the Director of Estates & Facilities, briefed on their role in signing off. Such a process has been produced by Head of Projects – Estates and it may be that, after review and agreement, this can be adopted as the model going forward.

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4. Project Assurance

4.1 Project Assurance Roles

The roles detailed below are typical to a major capital project, however will be scaled up or down to suit the size and complexity of a project. In addition to the key roles detailed below, there will be multiple stakeholders involved in the project. These are identified in the RACI matrix (Appendix 2).

Internal

Senior Responsible Officer (SRO)

Ultimate responsibility at Project Board level for delivery of the project benefits and the appropriate allocation of resources to ensure its success. The SRO will report on the project to NHS Lothian's governance and assurance committees with the support of the Project Team.

The SRO will Chair the Project Board with an appointed deputy.

Director of Capital Planning & Projects

Is accountable for overseeing the successful delivery of all Capital Projects, managing risk and commercial aspects, and providing assurance to the SRO for the project. They ensure compliance with NHS policies and regulations and oversee the development, maintenance and reporting the Business Case.

Programme Director

Accountable for making informed decisions on behalf of the SRO. The Programme Director is responsible for the ongoing day to day management and decision making. Reporting to the SRO for the project delivery and accountable for the assurance of the project to the Director of Capital Planning.

The Programme Director is responsible for the commercial, construction, risk management and assurance aspects of the project or Programme. Additionally, responsible for the development, maintenance, progress, and reporting of the business case to the SRO.

Directing the programme, from business case development, on to procurement and construction, into the operational phase; ensuring these are delivered within the scope agreed by the Project Board and NHS Lothian. Responsible and accountable for successful project

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completion within budget and programme accountable for the delivery to the project SRO. Provide senior leadership for the project between NHSL and contractors. The Programme Director directs contract management of the planning, procurement, design, construction, and facilities commissioning by contractors, including commercial negotiation and legal dispute resolution where required, and the handover to NHS Lothian for clinical commissioning. They are responsible, with operational services, for the commissioning of the NHS services in the new facility.

Senior Programme Manager

Senior Programme Manager will lead, manage and co-ordinate the Project Team on a day-to-day basis and be the main interface between the External Consultant and the Project Team. Reports to the Programme Director.

Responsible for managing key governance aspects of the project, from business case development, specification of client requirements and technical standards, design, town planning, to procurement and construction, and into the operational phase, ensuring they are delivered within the scope agreed by the Project Board. Ensuring that the project is built as described in the business case to the required quality, as defined in current policy, standards and guidance, and within the approved budget and timescales.

Soft FM Commissioning Manager

Is responsible for coordinating commissioning of the Soft Facilities Management (FM) services, ensuring that they meet the required quality standards, and are delivered on time and within budget. They coordinate with stakeholders to identify commissioning requirements and ensure that soft FM services are complaint with applicable regulatory and safety standards. Additionally, they collaborate with Soft FM service providers to develop commissioning plans, oversee the commissioning process, and support continuous improvement efforts within the organization.

MEP Project Manager

The Principal Engineer is responsible for supporting the project, providing technical expertise, and ensuring compliance with safety and regulatory standards. They oversee the design, development and testing of engineering solutions and collaborate with cross functional teams to deliver projects on time and within budget.

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Project Manager

Project Manager is responsible for supporting the Senior Programme Manager and Programme Director on day-to-day activities. The role will include responsibilities such as: obtaining inputs to design process from internal stakeholders, managing design change management tracker, coordinating stakeholder engagement sessions, tracking project changes, reviewing RDS and crosschecking the changes, tracking KSAR documentation, coordinating Soft Landing activities with the Clinical Commissioning Manager, supporting management duties on SDAC and NDAP processes, gathering technical brief data and supporting communication and engagement exercise.

Clinical Director

Responsible for developing the project brief from a clinical perspective and for ensuring on behalf of the wider clinical stakeholders that the emerging design proposals are reflective of the briefing requirements. The Clinical Lead will be integral in helping to manage and engage with the clinical stakeholders together with managing and controlling clinical change proposals.

Service Redesign Lead

Responsible for providing strategic planning leadership on service redesign matters and responsible for reporting the issues to the Board. The Service Redesign lead will be responsible for developing proposals and canvas approval regarding the service matters, and leading service stakeholder engagement (third sector and patient representation including) on service change. In addition, responsible for lead business case development reporting oversee revenue/service implications for project and strategic plan management.

Clinical Commissioning Manager

Responsible for providing clinical leadership and expertise in the planning, implementation, and evaluation of healthcare projects. They collaborate with project teams to ensure that clinical practices and standards are integrated into project plans and oversee the delivery of high-quality patient care in accordance with regulatory and safety standards. Additionally, they provide guidance and support to nursing staff, and collaborate with other healthcare professionals to develop and implement clinical policies and procedures that support the success of the project.

External

Project Manager/Lead Advisor

The Project Manager will act as central conduit within the project, responsible for coordinating the deliverables of the Consultant Team, comprising Project Manager, Cost Advisor and technical advisory design team. The Project Manager will report to the NHSL Programme Director.

The Project Manager is responsible for overseeing project delivery, ensuring that the project is being delivered in accordance with NHS objectives and delivers the desired outcomes. The Project Manager will also act as the Contract Administrator and will be responsible for administering the contract accordingly. The Project Manager will act as the main conduit for communication for the Contractor and the NHS. Other responsibilities will include, monitoring project progress, risks and change, preparation of regular reports, chairing project meetings and coordination between Contractor and technical advisor team reviews.

Cost Advisor

The Cost Advisor will primarily work alongside the Project Manager assisting with feasibility studies, setting budgets, creating cost plans, agreeing the target price whilst contributing towards value management, value engineering and risk management. They will also assist the Project Manager with payment assessments and compensation events.

CDM Advisor

The CDM Advisor will be responsible for assisting NHS Lothian in executing their duties as the 'Client' in accordance with the CDM regulations 2015. Duties will include reviewing team competences, reviewing documentation produced by the Principal Designer (including the Pre-construction Information Pack, the Construction Phase Plan and the Health & Safety File) is in place to allow safe and effective delivery of the construction project and subsequent ability to safely maintain and operate the facility.

Technical Advisory Team (if appointed)

The Technical Advisory Team comprises:

- Architect
- MEP Engineer

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- C&S Engineer
- SDaC Advisors

The role of the Technical Advisory Team will be to support the development of the technical briefing information for the project. Following appointment of the Contractor and their Design Team, the Technical Team's role will be to provide peer review of the design proposals, providing additional assurance to the Board that the design and the delivered facility comply with the current relevant regulations and guidance and the Works Information.

SDaC advisors will provide support to ensure that sustainable design and construction requirements are met.

Authorising Engineers

The Authorising engineers are responsible for peer reviewing briefing information, design and subsequently any testing and commissioning data and installation of plant (Medical Gas, Electrical, Water and Ventilation) to verify the works are in accordance with regulatory and technical standards. The Authorising Engineer role is not as an approver but to validate deliverables are in line with technical requirements.

Contractor & Their Supply Chain (on basis of Design & Build contract or equivalent)

Main Contractor

The Contractor will be responsible for coordinating and managing the design and construction delivery, within the agreed time, cost and quality constraints and in accordance with the contract. The Contractor and their wider design team will also be integral to providing information for the successful conclusion of the NDAP and KSAR processes. They will also be responsible for working in a safe manner whilst mitigating the risk of any operational disruption caused by the works.

Architect

The Architectural Team is responsible for delivering the architectural vision for the project design, utilising the Clinical and Technical Briefing information provided, in addition to the Design Statement, Technical and Regulatory standards and within the constraints of the available project budget. The Architect will be responsible for delivering a functional and practical solution that will provide a safe and

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comfortable environment for patients and healthcare staff. The Architectural Team will require to coordinate their design with the other design team members to ensure a holistic solution is developed.

Civil & Structural Engineer

The C&S Team will be responsible for developing the civil and structural design and/or specification for the project, utilising the Clinical and Technical Briefing information provided, in addition to the Design Statement, Technical and Regulatory standards and within the constraints of the available project budget. The C&S Team will require to coordinate their design with the other design team members to ensure a holistic solution is developed.

MEP Engineer

The MEP Team will be responsible for developing the mechanical and electrical design and/or specification of the project, utilising the Clinical and Technical Briefing information provided, in addition to the Design Statement, Technical and Regulatory standards and within the constraints of the available budget. The MEP Team will require to coordinate their design with the other design team members to ensure a holistic solution is developed.

Principal Designer

The PSCP will be appointed as Principal Designer, in line with the CDM Regulations 2015. The role involves planning, management and coordination of health and safety in the pre-construction period, help and advice in bringing together the PCIP, working with the other designers to eliminate foreseeable health and safety risks, and ensuring the PSCP team are informed of risks requiring management in construction. The Principal Designer will be responsible for coordinating and developing the Health and Safety File and for providing copies at the end of the project.

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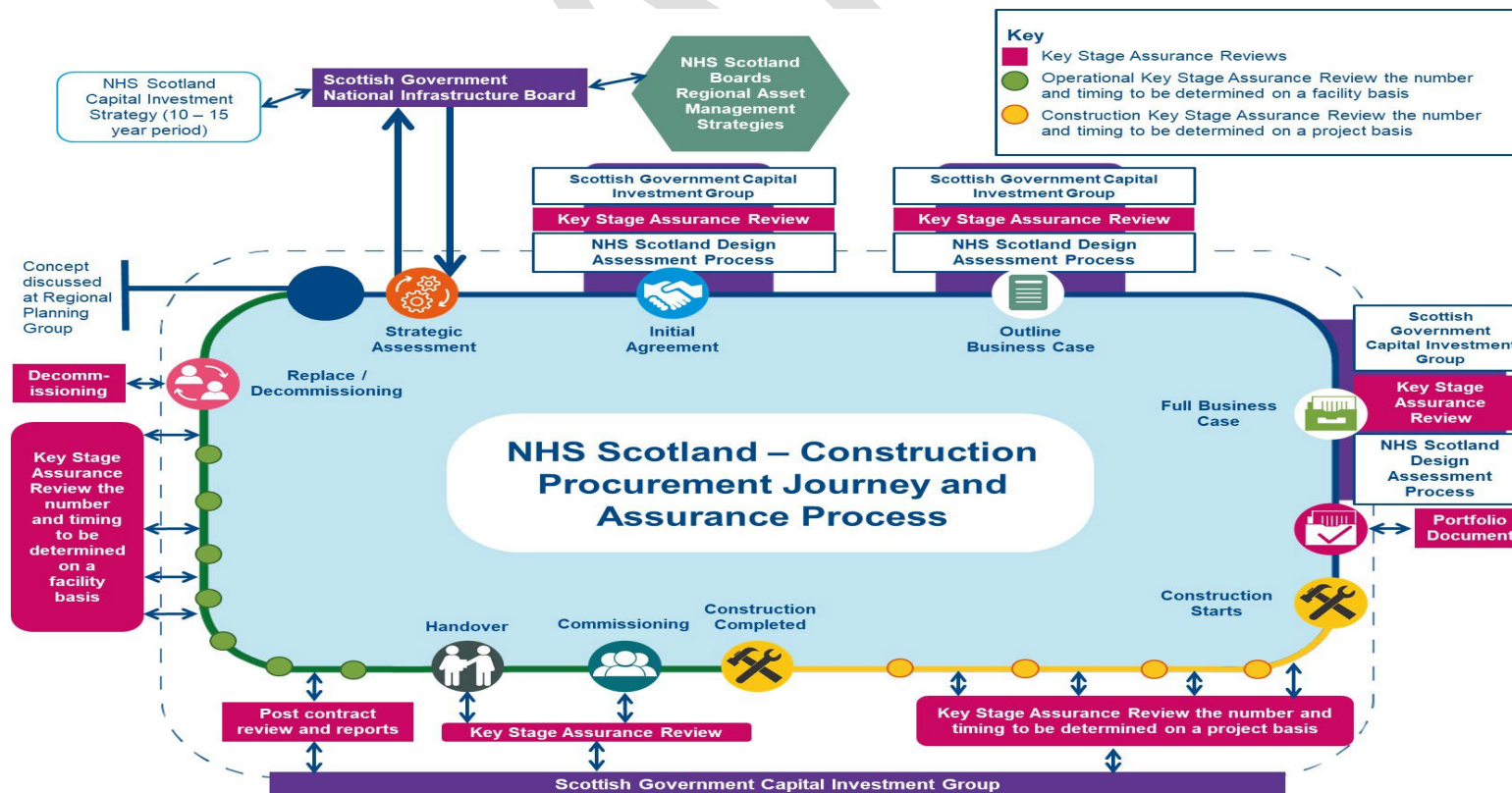### 4.1.1 Assurance processes

4.1.2 NHS Assure KSAR
Role of NHS Assure (KSAR)

Details of the role of NHS Scotland Assure and the Assure KSAR (Key Stage Assurance Review) process can be found here:

https://www.nss.nhs.scot/nhs-scotland-assure/assurance/key-stage-assurance-reviews-ksar/

A diagram extracted from the NHS Assure KSAR workbook guidance below details this process;

Figure 1 - KSAR Review Process

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4.2.2 Technical Assurance process and responsibilities (as at February 2024, may be subject to change)

The NHS Assure KSAR process, although includes the word 'assure' in its title, is in fact not a process that provides 'assurance' in terms of sign off on project proposals. Instead, the NHS Assure KSAR process focuses on providing a peer review of a project and recommendation to the Board with regard to Water, Ventilation, Fire, Electrical, Medical Gas and Infection Control proposals. For this reason, it is necessary to consider where assurance is provided in the design and construction process. The answer varies dependent on the stage of the project and whom assurance is being provided to. However, the ultimate responsibility for ensuring assurance in the process is in place sits with the Programme Board.

4.2.4 SCIM Process - NDAP
Role of NHS Assure (NDAP)
NDAP (National Design Assessment Panel) is mandatory for all projects over the commissioning Board's delegated authority. Details can be found here:
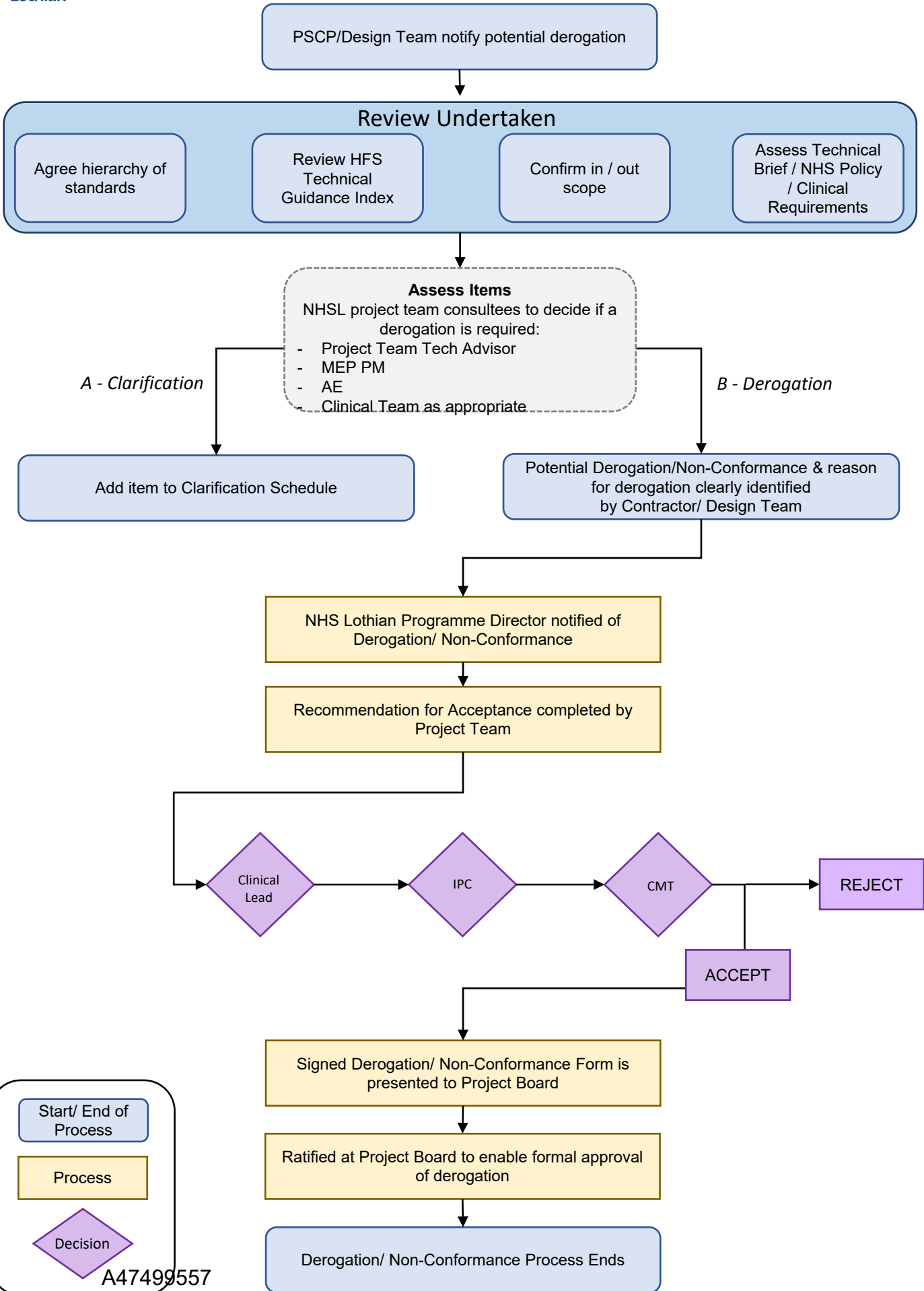
Scottish Government Health Directorates Capital and Facilities Division

4.3 Key NHS Lothian Documents
As part of the NHSL Assurance Framework,to support achieving appropriate levels of assurance and governance on projects, the following key documentation/tools have been developed for implementation on projects going forward;

- Defined Derogation and clarification process (Appendix 1)
- Template RACI matrix (Appendix 2)
- Detailed KSAR and NDAP deliverables tracker (appendix XX)
- Design acceptance process (Appendix 4)
- SDAC RACI matrix (appendix XX)
- Design Clarification process (appendix XX)

These documents have been developed to reflect both the assurance requirements of the Board in addition to being complimentary to the external assurance processes that need to be followed as detailed above (KSAR and NDAP).
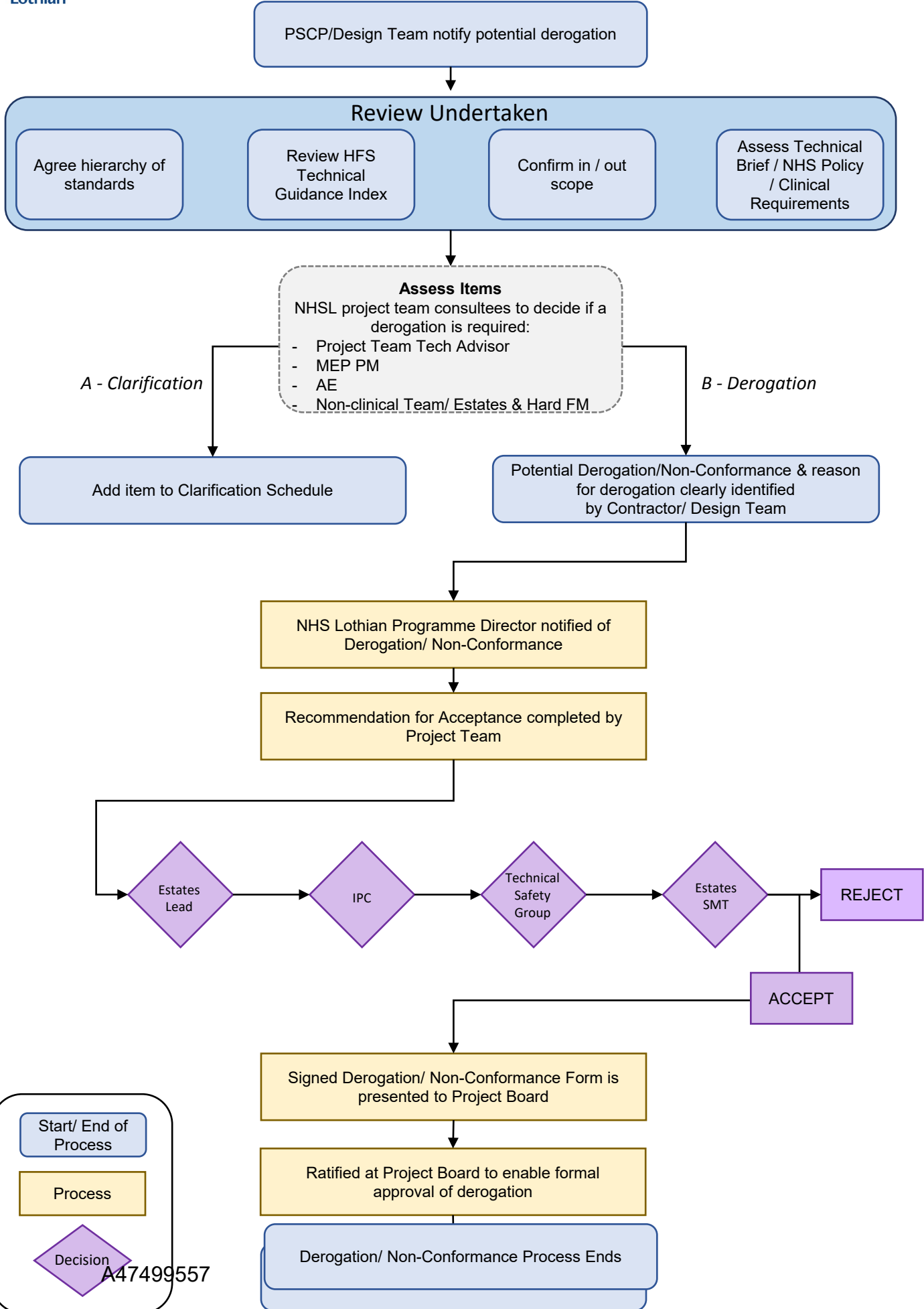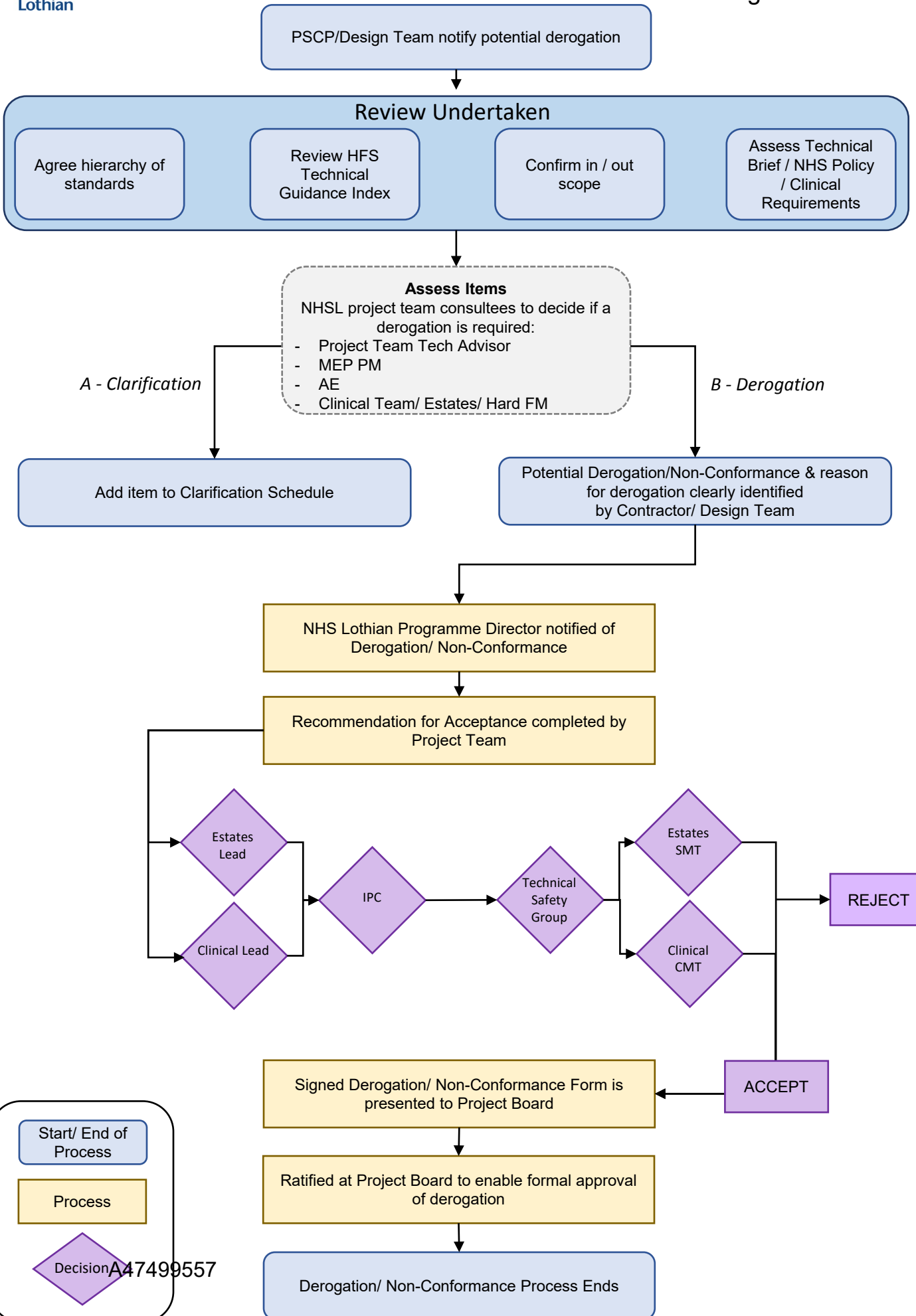
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NHS Lothian

PSCP/Design Team notify potential derogation

Review Undertaken

Agree hierarchy of standards

Review HFS Technical Guidance Index

Confirm in / out scope

Assess Technical Brief / NHS Policy / Clinical Requirements

Assess Items
NHSL project team consultees to decide if a derogation is required:
- Project Team Tech Advisor
- MEP PM
- AE
- Clinical Team as appropriate

A - Clarification

B - Derogation

Add item to Clarification Schedule

Potential Derogation/Non-Conformance & reason for derogation clearly identified by Contractor/ Design Team

NHS Lothian Programme Director notified of Derogation/ Non-Conformance

Recommendation for Acceptance completed by Project Team

Clinical Lead → IPC → CMT → REJECT

ACCEPT

Signed Derogation/ Non-Conformance Form is presented to Project Board

Ratified at Project Board to enable formal approval of derogation

Derogation/ Non-Conformance Process Ends

Start/ End of Process

Process

Decision

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NHS Lothian

PSCP/Design Team notify potential derogation

Review Undertaken

| Agree hierarchy of standards | Review HFS Technical Guidance Index | Confirm in / out scope | Assess Technical Brief / NHS Policy / Clinical Requirements |

Assess Items
NHSL project team consultees to decide if a derogation is required:
- Project Team Tech Advisor
- MEP PM
- AE
- Non-clinical Team/ Estates & Hard FM

A - Clarification

B - Derogation

Add item to Clarification Schedule

Potential Derogation/Non-Conformance & reason for derogation clearly identified by Contractor/ Design Team

NHS Lothian Programme Director notified of Derogation/ Non-Conformance

Recommendation for Acceptance completed by Project Team

Estates Lead → IPC → Technical Safety Group → Estates SMT → REJECT

ACCEPT

Signed Derogation/ Non-Conformance Form is presented to Project Board

Ratified at Project Board to enable formal approval of derogation

Derogation/ Non-Conformance Process Ends

Legend

- Start/ End of Process
- Process
- Decision

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NHS Lothian

PSCP/Design Team notify potential derogation

Review Undertaken

Agree hierarchy of standards

Review HFS Technical Guidance Index

Confirm in / out scope

Assess Technical Brief / NHS Policy / Clinical Requirements

Assess Items
NHSL project team consultees to decide if a derogation is required:
- Project Team Tech Advisor
- MEP PM
- AE
- Clinical Team/ Estates/ Hard FM

A - Clarification

B - Derogation

Add item to Clarification Schedule

Potential Derogation/Non-Conformance & reason for derogation clearly identified by Contractor/ Design Team

NHS Lothian Programme Director notified of Derogation/ Non-Conformance

Recommendation for Acceptance completed by Project Team

Estates Lead

Clinical Lead

IPC

Technical Safety Group

Estates SMT

Clinical CMT

REJECT

ACCEPT

Signed Derogation/ Non-Conformance Form is presented to Project Board

Ratified at Project Board to enable formal approval of derogation

Derogation/ Non-Conformance Process Ends

Legend:
- Start/ End of Process
- Process
- Decision

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Project — XXXXX
Title — Briefing Pack - Document RACI Matrix
Date — XXX
Owner — XXX

Purpose
The purpose of this document is to identify the list of documents required for the Client Brief and who or what groups are involved in the development of the documents.

Legend

Code	Meaning
D	Driver
O	Originator
R	Reviewer
A	Approver
C	Consulted
I	Informed
V	Verifier
S	Service Lead Sign Off
B	Board

Document RACI Matrix

Deliverables	Project Board	Acute SMT	Estates & Facilities SMT	Project Director	Senior Project Manager	Service Planning Lead	Clinical Commissioning Man	Clinical Director	MEP Project Manager	Soft FM Project Manager	IT lead	Finance lead	Project accountant	Fire Officer	H&S	Site Director	Service Manager	Clinical Steering Group	Clinical Stakeholders	IPCN	IPCD	Soft FM lead	Catering	Soft FM Director	Hard FM lead	Hard FM Diretor	Transport	Procurement	Technical Services Team	Digital Innovation	HSDU rep	Energy Lead	Sustainability Director	Ventilation	Water	Electric	Medical Gas	Project Manager	Cost Advisor	Architect	MEP designer	C&S Designer	Health Planner
Design Statement	A			B	I/D	R	R	S								C	C	I	I														I					I	I	I	I	I	I
Service Model	A	A		I	I	R	R	S								B	R	S	C	I	I																						O
Adjacencies Matrix	A	A		B	D	C	S	S								I	I	S	C	I	I	I	I	I	I	I	I	I															
Output Specifications		A																																									
Clinical	A	A		I	I	D	R	S								I	C	S				R	R																				O
FM																																											
Domestic	A		A	B	O					O												R	R	R	S																		
Logistics	A		A	B	O					O												R	R	R	S		C	R															
Estates	A		A	B	O			O														R	R		R	S																	
Catering (TBC)			A																																								
Non-clinical / Support	A	A			O	R	R	R		R						I	R	S				R	R																				
Schedule of Accommodation	A	A		B	D	R	R	S	C	C	R					I	R	S		I	I	R	C	S	R	S																	O
FM Responsibility Matrix	A		A	B	D/O					O	R											R	S	R	S	R																	
Technical Brief (relevant to service section)	A	A	A	B	R		R	S	R	R	S				C	S	R					S		R	S	R	S	R				R	R	S	V	V	V	V	D	I	O	O	O	
eHealth Technical Services Specification	A									R																			S														
Digital Specification (?)	A									O																				O													
ICT Matrix	A			I	I	C	C		C	C	O																		C	C	C												
Room Data Sheets	A	A		B	R	R	R	S	R	R	R											R	R	R	S	R	S							V	V	V	V	D	I	O	O	C	C
Derogations	A	A	A	B	R	R	R	S	R	R				C		S	R	S				R	R	S								C	C	V	V	V	V	D		O	O		
Project Risk Register	A			C	C	C	C	C	C	C	C			C	C	C	C	C				C		C								C			C	C	C	C	D/O	C	C	C	C	
HAI Scribe	A			C	C	C	C	C	C	C				C	C	S	R	C				C		C														C	C	C	C	C	C
Cost Plan	A			B	I							I	I																									D	O	C	C	C	
Supporting information not forming part of the brief																																											
Catering strategy				I	D	C		C														S	O	S																			

Notes:
Sign Off - Confirmation to the Programme Director (Emma Heggarty) that the service agrees the document can be taken to the Project Board for Approval
Board - Responsible for recommending the Project Board approve the documents
Approval - Project Board Approve the documents
eHealth Technical Services Specification is a satandard eHealth document, not to be ammended by the project team.

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Project : XXXXX

Title : OBC - Document RACI Matrix
Date XXXX
Owner XXX
Rev X
Purpose
The purpose of this document is to identify the list of documents required for the OBC revalidation and who or what groups are involved in the development of the documents.

Legend	
Driver	D
Originator	O
Reviewer	R
Approver	A
Consulted	C
Informed	I
Verifier	V
Service Lead Sign Off	S
Governance Management	M

Column group headers: External | Senior Governance | Safety Groups | Project Team | Equipping | Service | IPCT | FM | HSDU | Sust/env | AEs | External consultants | PSCP

Column headers:
NHS Assure – KSAR, NHS Assure – NDAP, NHS Assure – SDaC, Finance & Resource, Lothian Capital Investment Group, Project Board, Assure SMT, Estates & Facilities SMT, Senior Leadership Team, NHS Lothian Transport Group, Water Safety Group, Ventilation Safety Group, Electrical Safety Group, Medical Gas Safety Group, Fire Safety Group (H&S group?), Project Director, Senior Project Manager, Service Planning Lead, Clinical commissioning Manager, Clinical Director, MEP Project Manager, Soft FM Project Manager, Project Manager, IT Lead, Finance lead, Project accountant, Comms Lead, Fire Officer, H&S Lead, HFS equipping, NHSL Medical equipment lead, Medical physics lead, External stakeholders, Site Director, Service Manager, Clinical Steering Group, Clinical Stakeholders, IPCN, IPC D, Soft FM lead, Catering lead, Soft FM Director, Hard FM lead, Hard FM director, Transport lead, Procurement lead, Telecoms - TBC, Digital Innovation, HSDU lead, Energy lead, Sustainability lead, Sustainability director, NHS Lothian Charity, Biodiversity, Arts Manager, Ventilation, Water, Electrical, Medical Gas, Project Manager, Cost Advisor, Architectural advisor, MEP advisor, C&S advisor, SDAC coordinator, Health Planner, Contractor, Principal Designer, Architect, MEP designer, Landscape architect, C&S designer

Deliverables

NDAP/KSAR deliverables
- AEDET
- HAI-Scribe 1
- HAI-Scribe 2
- Soft Landings

PSCP Deliverables
- 1:500 Layouts
- 1:200 Layouts
- 1:50 layouts (limited to identified list)
- Architectrural proposals
- MEP proposals (Excluding KSAR/NDAP deliverables)
- C&S proposals (Excluding KSAR/NDAP deliverables)
- Landscape Strategy
- Water Services Design
- Water Management Strategy
- Ventilation Services Design
- Electrical Services Design
- Medical Gas Design
- Concept Design (NHS Assure KSAR list)
- MEP Schematics (Refer to NHS KSAR deliverables)
- Fire Strategy
- Energy Strategy
- Utility Strategy
- District Heat Network Strategy
- Climate Based Daylight Analysis
- Future-proofing/ adaptability strategy
- Resiliance Strategy
- Room Data Sheets (Briefing pack)
- Room Data Sheet updates (POST briefing pack issue)
- Strategic Commissioning Plan
- Dynamic Thermal Modelling
- Acoustic Report (Lead advisor team TA appointment?)
- Access & Maintenance Strategy
- Metering Strategy
- Design clarification schedule
- Derogations Schedule
- Design Responsibility Matrix (CDP)
- Equipping Responsibility Matrix
- RDD schedule
- Interior Design Strategy
- Parking Controls Strategy
- Wayfinding Strategy
- BMS Strategy
- Embodied carbon assessment
- Whole life carbon assessment
- Section 6 compliance model
- TM54 model - Operational energy use
- TM59 model - Overheating risk
- TM52 model - Thermal comfort
- Whole life cost plan
- Cost plan

NHSL deliverables
- Circular economy strategy
- Multi-Storey Car Park Brief
- Digital Twin Strategy
- Bariatric Strategy
- Reduced Ligature Risk Assessment
- Arts Strategy
- Transport Strategy
- Equipping Strategy
- SPEN application
- Technical Brief

Notes:
Sign Off - Confirmation to the Programme Director that the service agrees the document can be taken to the Project Board for Approval
Board - Responsible for recommending the Project Board approve the documents
Approval - Project Board Approve the documents
eHealth Technical Services Specification is a standard eHealth document, not to be ammended by the project team.
PSCP manage team responsibilties- not NHSL. Responsibilities noted in PSCP Team section suggested only.

Ref	OBC NDAP Deliverables	Proposed output	Responsible	Deadline	Status	Governance required	Comments
EARLY STAGE NDAP/ENGAGEMENT SUBMISSIONS							
	Outline Project Brief	Technical brief & Clinical Output specification					
	IA NDAP report responses	Summary of actions from previous NDAP report to be taken into OBC design					
	Strategic context and Masterplan - if project is one of a series or a key development for a site, a masterplan is required to demonstrate the potential interaction on other services & infrastructure	1:1000 site plan					
	Site selection and option appraisal	1:500 plans and site photos					
	Initial concept sketches	Provide detail of evolving concept design to HFS					
	Sustainable design strategy	Provide detail of evolving SDaC approach to HFS					
	Evidence of Stakeholder Engagement	Evidence of stakeholder engagement plan and sign off doc					
	Informal Design Statement consultations	Evidence of design statement review/comment on emerging solution					
FINAL NDAP PACK SUBMISSION							
	Completed OBC NDAP notification form	Completed OBC NDAP notification form					Template contained in NDAP guidance
	Master Programme	Master Programme					
	Master Risk Register	Master Risk Register					
	Cost Plan	Cost Plan					
	Whole Life Cost Plan	Whole Life Cost Plan					
	Project Execution Plan	Project Execution Plan					
	Soft Landing Strategy	Soft Landing Strategy					
	Outling Commissioning Plan	Outling Commissioning Plan					
	RACI Matrix & Comms Plan	RACI Matrix & Comms Plan					
	Architectural concept drawings - RIBA stage 2	Architectural concept drawings - RIBA stage 2					
	MEP concept drawings - RIBA stage 2	MEP concept drawings - RIBA stage 2					
	C&S concept drawings - RIBA stage 2	C&S concept drawings - RIBA stage 2					
	Fire concept drawings - RIBA stage 2	Fire concept drawings - RIBA stage 2					
	Landscape design concept drawings - RIBA stage 2	Landscape design concept drawings - RIBA stage 2					
	Outline design specifications	Outline design specifications					
	Outline sustainability strategy	Outline sustainability strategy					
	Outline construction strategy	Outline construction strategy					
	HAI-scribe stage 2/3	HAI-scribe stage 2/3					
	CDM H&S plan	CDM H&S plan					
	Completed OBC self assessment Design Statement	Completed OBC self assessment Design Statement					
	Site photographs showing broader context of development	Site photographs showing broader context of development					
	Evidence of Planning Authority engagement and context in wider LDP	Evidence of Planning Authority engagement and context in wider LDP					
	Extract from draft OBC detailing benefits and risk analysis	Extract from draft OBC detailing benefits and risk analysis					
	Evidence sustainability committments will be met	Refer to SDaC					
	Evidence equality committments will be met	DQI assessment					
	Evidence that Value for Money is being delivered (outline WLC on key design options)	VFM tracker					
	Evidence ADB is being used	ADB sheets					
	Evidence design guidance will be met - any derogations identified	Derogation schedule					
	Design Stage report evidencing	1:500 plans					
		1:200 plans					
		Key 1:50 plans					
		Section drawings					
		Site plans					
		3D plans					
		Comfort & Energy Dynamic simulation model					
		specification documents					
	Design statement workshops	DS workshop meeting record (updated DS as required)					
	Design self-assessment	Design self assessment					
	AEDET OBC Workshop	OBC AEDET update					
	Evidence HAI applied in the concept design and space planning						
	BIM - outline solution model	BIM model					
	Evidence of Pre-Planning consultation						
	Planning in Principle approval (as applicable)						

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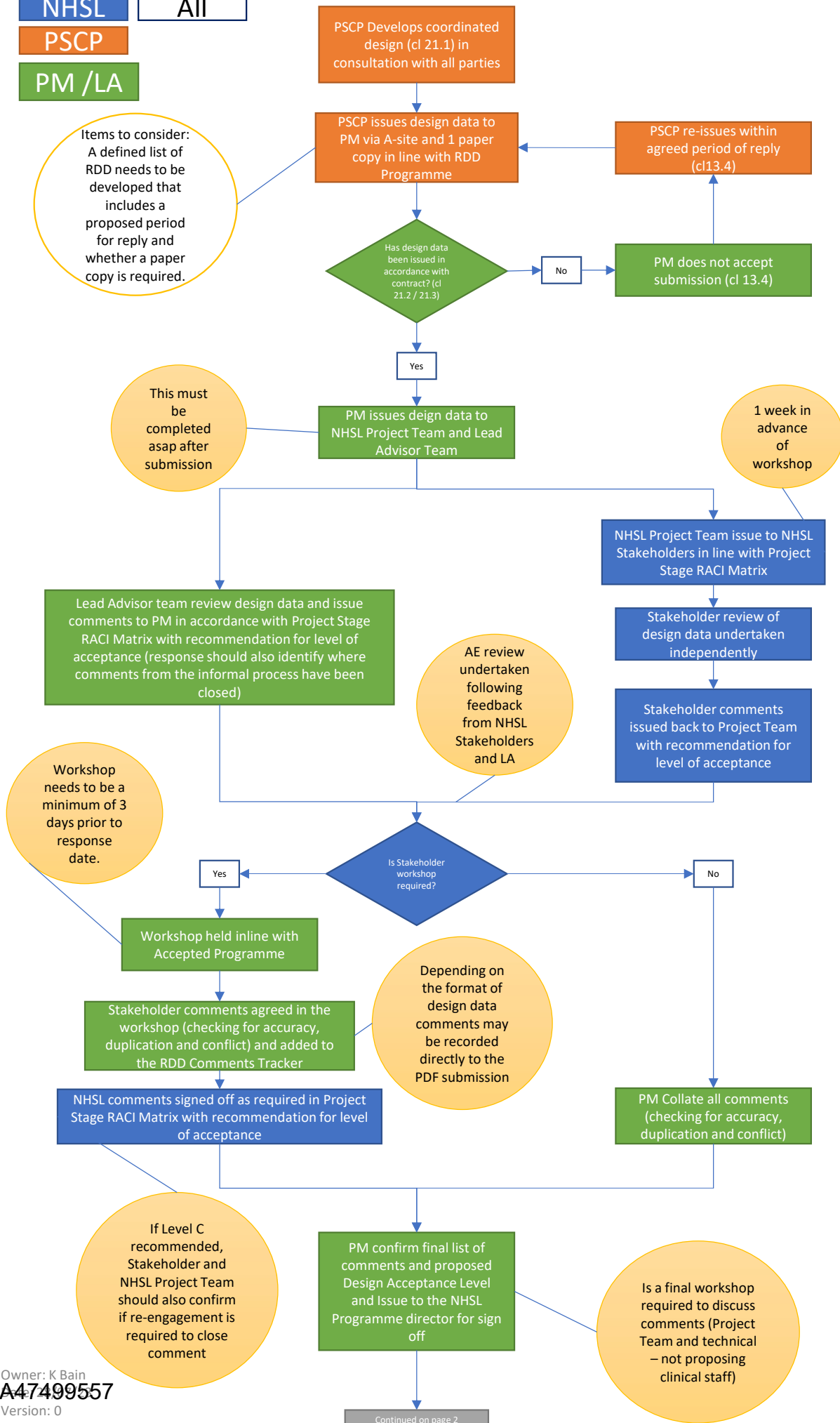| Project	PAEP - Reprovision
Title	Designation of tasks for development of the OBC
Date	06/07/2022
Owner	Kathleen Imrie / Kelly Bain / Emma Heggarty
Purpose:	The purpose of this document is to identify who is responsible for drafting each section of the Outline BUsiness Business Case and to track progress.

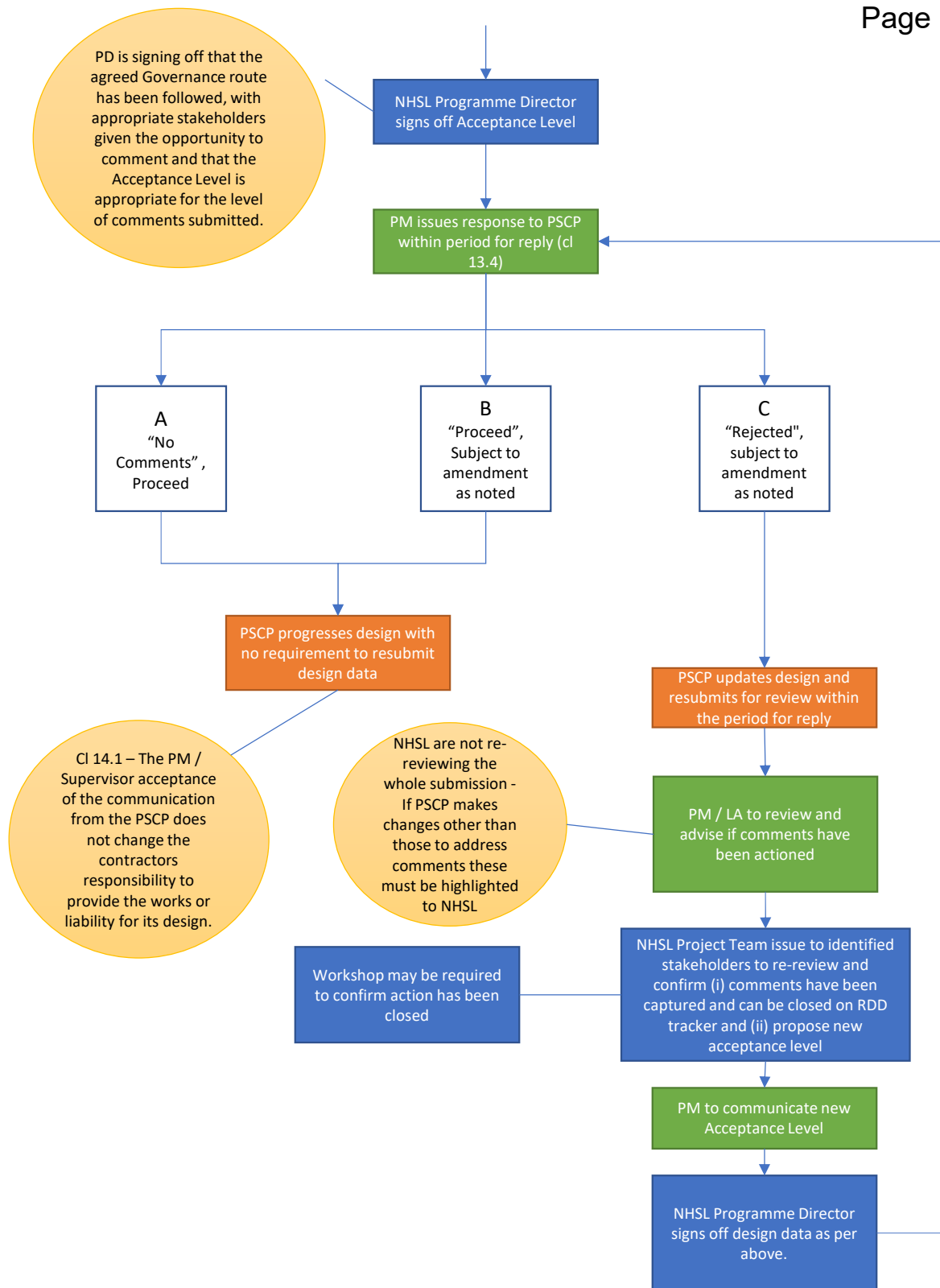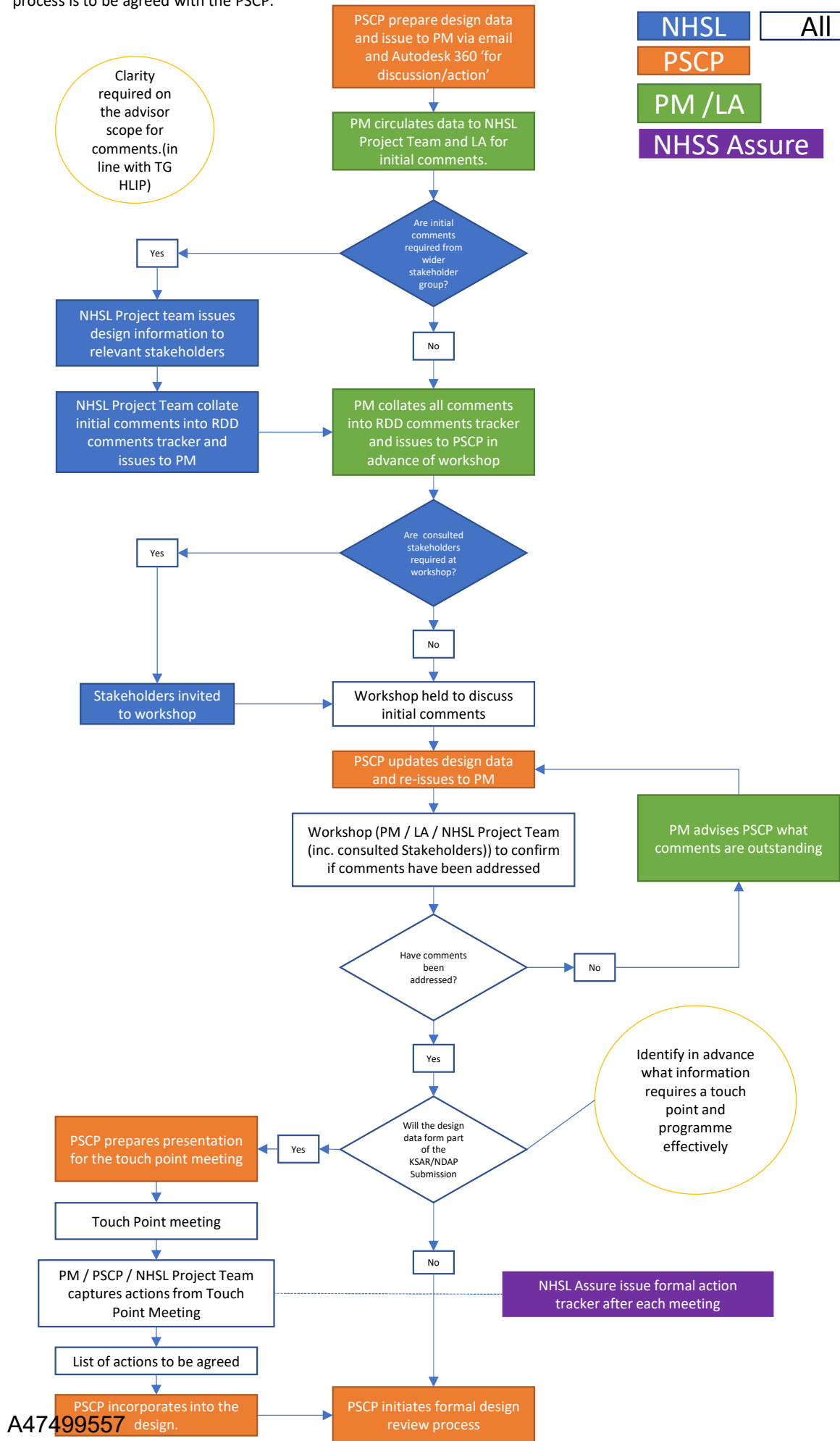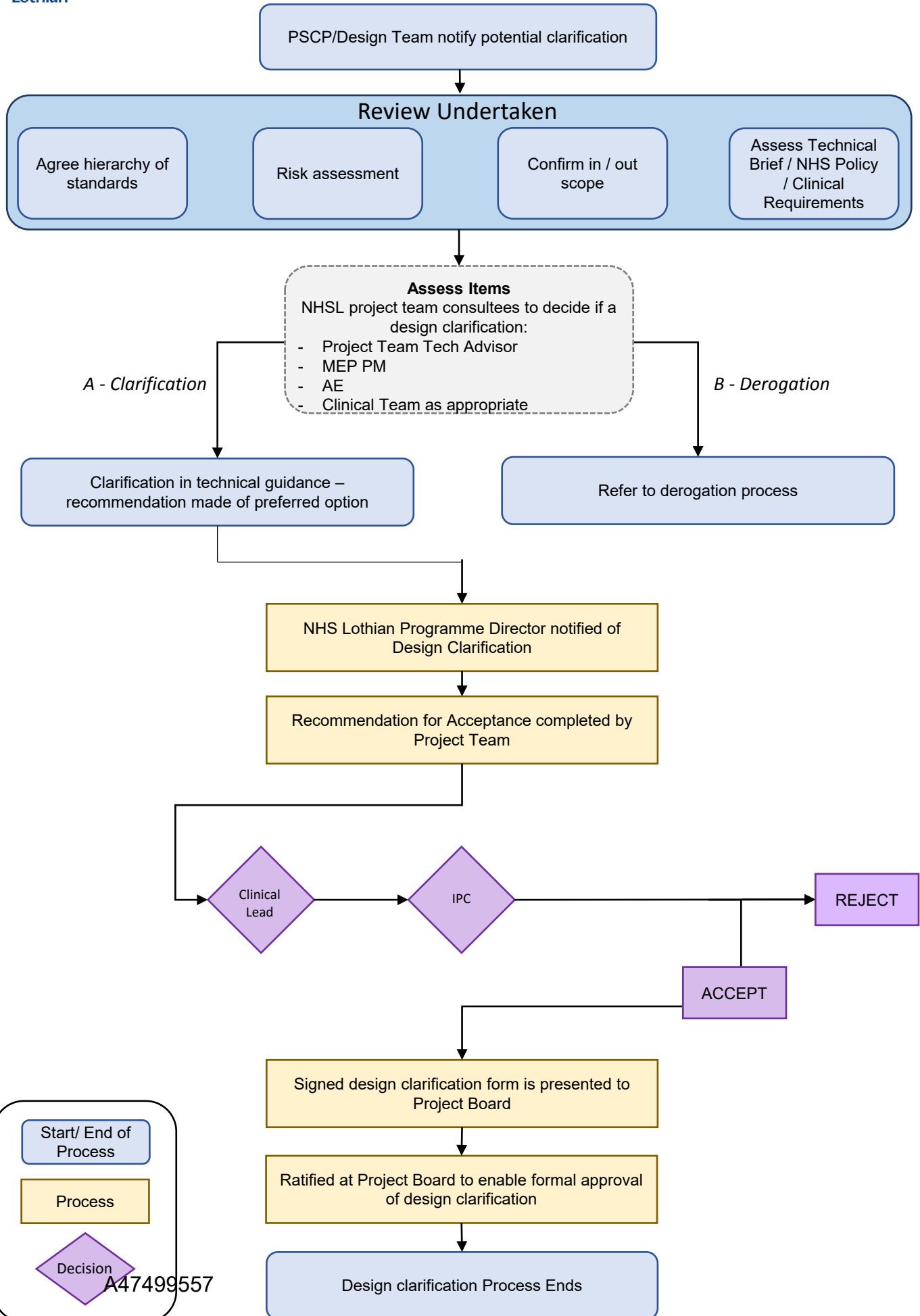| Section	Requirement	Output	Resources	Key Lead	Inputs	Governance Route	Draft	Final	SCIM GUIDANCE
Executive Summary	What is the proposal about?	1.1 Introduction	NHSL PM						•Confirmation of the project scope, affordability, and that appropriate contractual, commercial, and management arrangements are in place.
		1.2 Strategic Case	Service						
		1.3 Economic Case	Service/Capital / Revenue Finance						
		1.4 Commercial Case	NHSL PM						
		1.5 Financial Case	Capital / Revenue Finance / QS						
		1.6 Management Case	NHSL PM						
		1.7 Conclusion	NHSL PM						
Strategic Case	Have the current arrangements changed? •Confirm proposed changes to service model •Confirm service activity changes •Confirm service provider and workforce changes •Confirm impact on Board's assets Is the case for change still valid? •Confirm need for change •Confirm investment objectives Is the choice of preferred strategic / service solution(s) still valid? •Confirm preferred strategic / service solution(s)	2.1 Strategic Context	Service						•Provide summary of Strategic Case from OBC, including any updates (note, any material changes that could have altered the outcome of the OBC should be reviewed with Scottish Government before proceeding further).
		2.2 Revisiting the Strategic Case	Service						
		2.3 Current Arrangements	Service						
		2.4 Services Users Affected	Service						
		2.5 State of Existing Assets	Service						
		2.6 Need for Change	Service						
		2.7 Opportunities for Improvement	Service						
		2.8 Investment Objectives	NHSL PM						
		2.9 Sustainability Objectives	NHSL PM						
		2.10 Design Quality Objectives	NHSL PM						
		2.11 Constraints and Dependencies	Service						
		2.12 Business Continuity	Service						
		2.13 Decant Arrangements	Service						
Economic Case	Will the proposal optimise value for money? • Identify a short-list of implementation options • Identify and quantify monetary costs and benefits of options • Estimate non-monetary costs and benefits • Calculate Net Present Value of options • Present appraisal results	3.1 Introduction	Capital Finance						•Confirm whether any new information has come to light which might impact on the economic appraisal carried out at OBC stage. •Then either re-visit the economic appraisal and the robustness of the preferred option, or, explain how after reasonable consideration of this the preferred option remains valid.
		3.2 Long List of Implementation Options	Service / NHSL PM						
		3.3 Economic Appraisal - Short List of Implementation Options							
		3.3.1 Introduction	Service /Capital Finance						
		3.3.2 Summary of Capital and Revenue Costs	Capital / Revenue Finance						
		3.3.3 Initial Costs	Capital Finance / QS						
		3.3.4 Summary of Initial Costs	Capital Finance						
		3.3.5 Recurring Costs	Revenue Finance						
		3.3.6 Summary of Recurring Costs	Revenue Finance						
		3.3.7 Non-Financial Benefits Appraisal	Service / NHSL PM						
		3.3.8 Net Present Cost and Equivalent Annual Cost	Capital / Revenue Finance						
		3.3.9 Sensitivity Analysis	Capital Finance						
		3.3.10 Sensitivity Analysis Conclusions	Capital Finance						
		3.3.11 Non-Financial Risk Appraisal	Service / NHSL PM						
		3.3.12 Summary of Results	Capital Finance						
		3.4 Conclusion and Recommended Way Forward	Capital / Revenue Finance						
Commercial Case	What is the appropriate procurement route for the project? •Outline procurement route selected •Outline compliance with EU Rules and Regulations •Outline procurement plan & timescales •Outline investment objectives What is the scope and content of the proposed commercial arrangement? •Outline scope & content of included services •Outline scope of building works •Outline scope of other works How will the risks be apportioned between public and private sector? •Complete risk allocation table How is payment to be made over the life span of the contract? •Outline proposed payment structure •Outline other payment principles •Outline any non-standard arrangements What are the main contractual arrangements?	4.1 Procurement Route & Strategy	NHSL PM						•Set out, or summarise and refer to separate reports, the selection process for the recommended commercial offer(s) / suppliers i.e. the tender report. •For a building related project, set out the NDAP assessment observations, the Board's compliance / response to the advisory and essential recommendations, and confirm project information compliance with NDAP & BIM expectations. •For non-building related elements / services, set out how the assessment of the suitability of the procured offer(s) was carried out and outline any observations or recommendations related to the appropriateness of the services or works being offered. •Outline the main contractual arrangements of the recommended offer, covering: Confirmation of the standard form of contract being used. Key contractual issues, covering similar items included within the OBC. Any contractually based personnel implications. Details of how any payment structure will function. An update of the project risk allocation table.
		4.2 EU Rules & Regulations	NHSL PM						
		4.3 Procurement Plan	NHSL PM						
		4.4 PSCP Evaluation Criteria	NHSL PM						
		4.5 High Level Timeline for the Appointment of the PSCP	NHSL PM						
		4.6 Scope of Services	NHSL PM						
		4.7 Scope of Building Works	NHSL PM						
		4.8 Risk Allocation - Key Principles	NHSL PM						
		4.9 Risk Allocation Table	NHSL PM						
		4.10 Payment Structure	NHSL PM						
		4.11 Contractual Arrangements - Type of Contract	NHSL PM						
		4.12 Key Contractual Issues	NHSL PM						
		4.13 Personal Implications	Service / NHSL PM						
		4.14 Accountancy Treatment	Finance						
Financial Case	Prepare the financial model •Detailed narrative & summary information on key inputs to financial model Review capital & revenue financed impact •Completed cost template & supporting information for capital or revenue financed project Assess affordability •Statement of affordability and explanation of any funding gaps Confirm stakeholder support •Duly signed letter(s) of stakeholder support	5.1 Financial Model							•Set out the full financial implications for the project, including the project's overall funding and affordability arrangements. •Written confirmation from all stakeholders of their specific and explicit commitment to the project following suitable involvement in the project's development and an understanding of the impact of its financial and commercial arrangements.
		5.1.1 Recurring Impact on Operating Costs	Revenue Finance						
		5.1.2 Non-Recurring Impact on Operating Costs	Revenue Finance						
		5.1.3 Depreciation	Capital Finance						
		5.1.4 Inflation	Revenue Finance						
		5.1.5 Taxation	Revenue Finance						
		5.2 Sources of Revenue Funding	Revenue Finance						
		5.3 Capital Cost Implications - Short List Implementation Options	Capital Finance						
		5.4 Capital Cost Implication - Preferred Option	Capital Finance						
		5.5 Changes in Capital Cost from IA to OBC	Capital Finance						
		5.6 Sources of Capital Funding	Capital Finance						
		5.7 Profile of Capital Expenditure	Capital Finance						
		5.8 Impact on Balance Sheet	Capital Finance						
		5.9 Impact on the Statement of Comprehensive New Expenditure	Revenue Finance						
		5.10 Statement of Affordability	Capital / Revenue Finance						
		5.11 Stakeholder Engagement and Support	Service / NHSL PM						
Management Case	What are the project management arrangements are in place? •Outline reporting structure & governance arrangements •Outline key roles & responsibilities •Outline project recruitment needs •Confirm project plan What change management arrangements are being planned? •Outline operational & service change plans •Outline facilities change plan •Outline stakeholder engagement & communication plan How will the project's benefits be realised? •Update benefits register •Outline full benefits realisation plan How are the project risks being managed? •Updated risk register •Risk control measures •Governance arrangements What commissioning arrangements are being planned? •Reporting structure aligned to main project structure •Person dedicated to leading this process	6.1 Reporting Structure and Governance Arrangements	Service / NHSL PM						•Confirmation (with details) that the following management arrangements are in place to ensure the project's successful implementation: Project management arrangements. Organisational, service, and facilities change management arrangements, including details of the management of impact on existing service delivery during implementation. A comprehensive benefits realisation plan. A comprehensive and up to date project risk register. A Commissioning Master Plan. A Full Project Monitoring and Service Benefits Evaluation plan. A Project Monitoring Report.
		6.2 Management of the Construction Phase	NHSL PM						
		6.3 Project Controls	NHSL PM						
		6.4 Key Roles and Responsibilities	NHSL PM						
		6.5 Programme Board	Service / NHSL PM						
		6.6 Independent Advisors	Service / NHSL PM						
		6.7 Project team	NHSL PM						
		6.8 Project Recruitment Needs	Service						
		6.9 Project Plan and Key Milestones	NHSL PM						
		6.10 Operational and Service Change Plan	Service						
		6.11 Facilities Change Plan	Service						
		6.12 Stakeholder Engagement and Communication Plan	NHSL PM						
		6.13 Benefits Realisation	Service / NHSL PM						
		6.14 Risk Management	NHSL PM						
		6.15 Change Management	NHSL PM						
		6.16 Commissioning	Service / NHSL PM						
		6.17 Project Monitoring and Evaluation	NHSL PM						

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Proposed Formal Design Review Process

Purpose of this document is to identify the steps needed for undertaking the design review process.

NHSL

All

PSCP

PM /LA

PSCP Develops coordinated design (cl 21.1) in consultation with all parties

PSCP issues design data to PM via A-site and 1 paper copy in line with RDD Programme

PSCP re-issues within agreed period of reply (cl13.4)

Items to consider: A defined list of RDD needs to be developed that includes a proposed period for reply and whether a paper copy is required.

Has design data been issued in accordance with contract? (cl 21.2 / 21.3)

No

PM does not accept submission (cl 13.4)

Yes

This must be completed asap after submission

PM issues deign data to NHSL Project Team and Lead Advisor Team

1 week in advance of workshop

NHSL Project Team issue to NHSL Stakeholders in line with Project Stage RACI Matrix

Lead Advisor team review design data and issue comments to PM in accordance with Project Stage RACI Matrix with recommendation for level of acceptance (response should also identify where comments from the informal process have been closed)

Stakeholder review of design data undertaken independently

AE review undertaken following feedback from NHSL Stakeholders and LA

Stakeholder comments issued back to Project Team with recommendation for level of acceptance

Workshop needs to be a minimum of 3 days prior to response date.

Is Stakeholder workshop required?

Yes

No

Workshop held inline with Accepted Programme

Depending on the format of design data comments may be recorded directly to the PDF submission

Stakeholder comments agreed in the workshop (checking for accuracy, duplication and conflict) and added to the RDD Comments Tracker

NHSL comments signed off as required in Project Stage RACI Matrix with recommendation for level of acceptance

PM Collate all comments (checking for accuracy, duplication and conflict)

If Level C recommended, Stakeholder and NHSL Project Team should also confirm if re-engagement is required to close comment

PM confirm final list of comments and proposed Design Acceptance Level and Issue to the NHSL Programme director for sign off

Is a final workshop required to discuss comments (Project Team and technical – not proposing clinical staff)

Owner: K Bain

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Version: 0

PD is signing off that the agreed Governance route has been followed, with appropriate stakeholders given the opportunity to comment and that the Acceptance Level is appropriate for the level of comments submitted.

NHSL Programme Director signs off Acceptance Level

PM issues response to PSCP within period for reply (cl 13.4)

A
"No Comments", Proceed

B
"Proceed", Subject to amendment as noted

C
"Rejected", subject to amendment as noted

PSCP progresses design with no requirement to resubmit design data

PSCP updates design and resubmits for review within the period for reply

Cl 14.1 – The PM / Supervisor acceptance of the communication from the PSCP does not change the contractors responsibility to provide the works or liability for its design.

NHSL are not re-reviewing the whole submission - If PSCP makes changes other than those to address comments these must be highlighted to NHSL

PM / LA to review and advise if comments have been actioned

Workshop may be required to confirm action has been closed

NHSL Project Team issue to identified stakeholders to re-review and confirm (i) comments have been captured and can be closed on RDD tracker and (ii) propose new acceptance level

PM to communicate new Acceptance Level

NHSL Programme Director signs off design data as per above.

Proposed Informal Design Review Process

Purpose of this document is to identify the steps needed for undertaking the informal design review process (including the KSAR touch point) prior to formal issue for NHSL Acceptance. There are no specific contractual requirements relating to this process. This process is to be agreed with the PSCP.
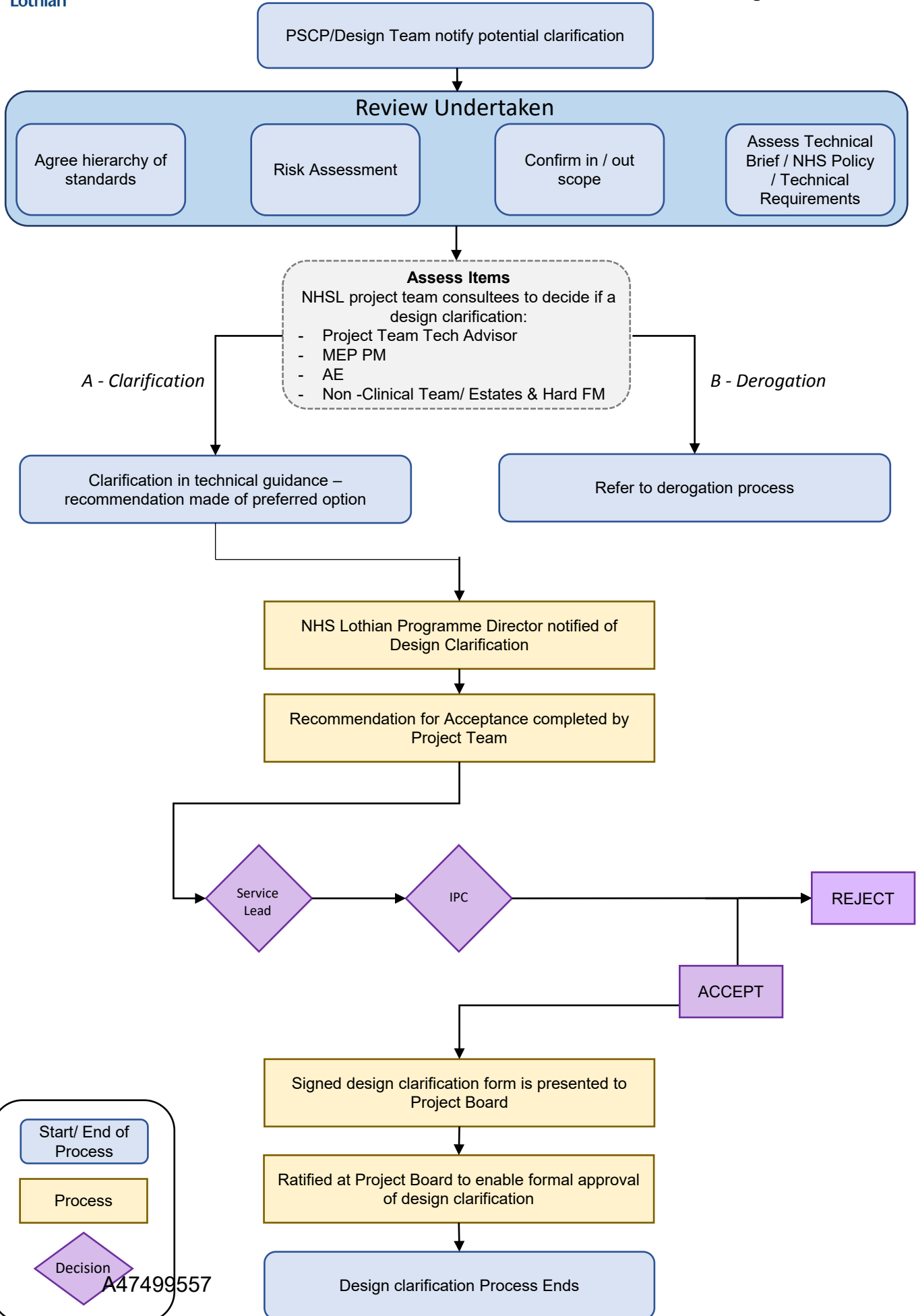
NHSL | **All**
PSCP
PM /LA
NHSS Assure

Clarity required on the advisor scope for comments.(in line with TG HLIP)

PSCP prepare design data and issue to PM via email and Autodesk 360 'for discussion/action'

PM circulates data to NHSL Project Team and LA for initial comments.

Are initial comments required from wider stakeholder group?

Yes

No

NHSL Project team issues design information to relevant stakeholders

NHSL Project Team collate initial comments into RDD comments tracker and issues to PM

PM collates all comments into RDD comments tracker and issues to PSCP in advance of workshop

Are consulted stakeholders required at workshop?

Yes

No

Stakeholders invited to workshop

Workshop held to discuss initial comments

PSCP updates design data and re-issues to PM

Workshop (PM / LA / NHSL Project Team (inc. consulted Stakeholders)) to confirm if comments have been addressed

PM advises PSCP what comments are outstanding

Have comments been addressed?

No

Yes

Identify in advance what information requires a touch point and programme effectively

Will the design data form part of the KSAR/NDAP Submission

Yes

No

PSCP prepares presentation for the touch point meeting

Touch Point meeting

PM / PSCP / NHSL Project Team captures actions from Touch Point Meeting

NHSL Assure issue formal action tracker after each meeting

List of actions to be agreed

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PSCP incorporates into the design.

PSCP initiates formal design review process

NHS Lothian

Design Clarification Process Flow Chart CLINICAL

PSCP/Design Team notify potential clarification

Review Undertaken

Agree hierarchy of standards

Risk assessment

Confirm in / out scope

Assess Technical Brief / NHS Policy / Clinical Requirements

Assess Items
NHSL project team consultees to decide if a design clarification:
- Project Team Tech Advisor
- MEP PM
- AE
- Clinical Team as appropriate

A - Clarification

B - Derogation

Clarification in technical guidance – recommendation made of preferred option

Refer to derogation process

NHS Lothian Programme Director notified of Design Clarification

Recommendation for Acceptance completed by Project Team

Clinical Lead

IPC

REJECT

ACCEPT

Signed design clarification form is presented to Project Board

Ratified at Project Board to enable formal approval of design clarification

Design clarification Process Ends

Start/ End of Process

Process

Decision

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Design Clarification Process Flow Chart
NON -CLINICAL

NHS Lothian

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PSCP/Design Team notify potential clarification
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Review Undertaken

Agree hierarchy of standards	Risk Assessment	Confirm in / out scope	Assess Technical Brief / NHS Policy / Technical Requirements

Assess Items
NHSL project team consultees to decide if a design clarification:
- Project Team Tech Advisor
- MEP PM
- AE
- Non -Clinical Team/ Estates & Hard FM

A - Clarification

B - Derogation

Clarification in technical guidance – recommendation made of preferred option

Refer to derogation process

NHS Lothian Programme Director notified of Design Clarification

Recommendation for Acceptance completed by Project Team

Service Lead → IPC → REJECT

ACCEPT

Signed design clarification form is presented to Project Board

Ratified at Project Board to enable formal approval of design clarification

Design clarification Process Ends

Legend:
- Start/ End of Process
- Process
- Decision

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Project — PAEP Re-provision

Title — Revalidation of Briefing Pack - Document RACI Matrix

Date — 22/11/2022

Owner — Kelly Bain

Purpose

The purpose of this document is to identify the list of documents required for the Client Brief and who or what groups are involved in the development of the documents.

Legend:

Code	Role
D	Driver
O	Originator
R	Reviewer
A	Approver
C	Consulted
I	Informed
V	Verifier
S	Service Lead Sign Off
B	Board

Deliverables	Project Board	Acute SMT	Estates & Facilities SMT	Emma Heggarty	Kelly Bain	Kathleen Imrie	Caroline Cleland	Jas Singh	Ronnie Henderson	Jane Campbell	David Denholm	Jimmy Tricker	Emma Amor	Fire - George McGrandles	H&S	Andy Mackay	Kevin McNab	Karen McCabe	Clinical Steering Group	Clinical Stakeholders	Lindsey Guthrie	Donald Inverarity	Sasha Hill (Lead)	Catriona Kenny	Norry Colquhoun	Danny Gillan (Programme D)	Steven Greenan (Lead)	Tommy Logan (Head of Ope)	Iain Sneddon	Grace Prior	Technical Services Team	Digital Innovation	David Hill	Sharon Chapman	Daniel Mill	Jane Hopton	Paul Harman	Denis Kelly	Robert Zalewski	Ian Sanford	TG - PM	TG - CA	HLM	HL	Goodsons	Buchans
Design Statement	A			B	I/D	R	R	S								C	C	C	I	I																	I	I	I	I	I	I	I	I	I	I
Service Model	A	A			I		R	R	S							B	R	R	S	C	I	I																								O
Adjacencies Matrix	A	A		B	D	C	S	S		I									S	C	I	I	I	I	I	I	I	I	I	I																
Output Specifications		A																																												
Clinical	A	A		I	I	D	R	S			I					I	C	C	S		R	R																								O
FM																																														
Domestic	A		A	B	O					O													R	R	R	R			S																	
Logistics	A		A	B	O					O													R	R	R				S		C	R							C							
Estates	A		A	B	O				O														R	R				R	S																	
Catering (TBC)			A																																											
Non-clinical / Support	A	A			O	R	R	R		R						I	R	R	S		R	R																								
Schedule of Accommodation	A	A		B	D	R	R	S	C	C	R					I	R	R	S		I	I	R	C	C	S	R	S																		O
FM Responsibility Matrix	A		A	B	D/O			O	R														R			S	R	S		R																
Technical Brief (relevant to service section)	A	A	A	B	R		R	S	R	R	S									C			S		R		S	R	S	R							R		R	S	V	V	V	V	D	I	O	O	O
eHealth Technical Services Specification	A																			R											S															
Digital Specification (?)	A													O																		O														
ICT Matrix	A			I	I		C	C		C	C	O																				C			C	C										
Room Data Sheets	A	A		B	R	R	R	S	R	R	R										R	R	R			S	R	S									V	V	V	V	D	I	O		C	C
Derogations	A	A	A	B	R	R	R	S	R	R	S									C			S	R	R		S	R	S					C	C		V	V	V	V	D	I	O	O	O	
Project Risk Register	A			C	C	C	C	C	C	C	C			C	C						C	C	C				C										C	C	C	C	C	D/O	C	C	C	C
HAI Scribe	A			C	C	C	C	C	C	C	C			C	C						S	R	C				C											C	C	C	C	C	C	C	C	C
Cost Plan	A			B	I									I	I																											D	O	C	C	C
Supporting information not forming part of the brief																																														
Catering strategy				I	D		C				C												S		O	S																				

Notes:

Sign Off - Confirmation to the Programme Director (Emma Heggarty) that the service agrees the document can be taken to the Project Board for Approval

Board - Responsible for recommending the Project Board approve the documents

Approval - Project Board Approve the documents

eHealth Technical Services Specification is a satandard eHealth document, not to be ammended by the project team.

Project : PAEP Re-provision
Title : SDAC - RACI Matrix

Capital Planning & Projects
Assurance Framework Documentation

Post Project Review
Version 0.1: May 2023

Version History

Version	Date	Lead Author	Reviewed / Approved by
0.1	May 2023	Dawn Carmichael	Initial draft
0.2			
0.3			
0.4			

TABLE OF CONTENTS

Capital Planning & Projects Assurance Framework

This guidance should be read in conjunction with the suite of documents that make up the Capital Planning & Projects Assurance Framework, and focusses on the purpose, and requirements for Post Project Review of capital investments ranging between £250k - £10m.

The Purpose of Post Project Review (PPR)

As outlined in the Scottish Capital Investment Manual, project review:

- Demonstrates that the project was worthwhile by, for example, achieving its investment objectives, realising its expected benefits, and carefully managing its associated risks.

- Promotes organisational learning to improve current and future performance.

- Avoids repeating costly mistakes.

- Improves decision-making and resource allocation (e.g. by adopting more effective project management arrangements)

- Recognises how the impact of good design can improve stakeholder satisfaction, service performance, and the efficiency and effectiveness of the NHS Board's operations.

In addition, good PPR provides lessons learned for the future to ensure that NHS organisations get the greatest possible benefit from each project.

NHS Boards are mandated to monitor, evaluate, and learn from all their capital and major investment projects valued above their delegated limit – for NHS Lothian this is £10million, but it is also recommended as best practice for all other projects.

NHS Lothian require PPR for all projects with a financial value of between £250k - £10m reporting via the Lothian Capital Investment Group (LCIG) to the Finance and Resources Committee (FRC). Projects above this value should follow the process as outlined in the Scottish Capital Investment Manual (SCIM).

PPR reports should be submitted 12 to 18 months following project completion.

What should be included?

Benefits Realisation – the expected benefits will have been detailed in the approved business case and should be assessed as part of the PPR to determine if they were achieved as anticipated and if not, why not? Additional benefits that might have been achieved, but not anticipated in the business case should also be highlighted.

Lessons Learned – these should be captured throughout the life of the project and should include consideration of what went well and what could have gone better. The lessons learned as part of PPR will be used to inform future projects. Lessons learned should be captured over three categories:

- Business Case Lessons Learned
- Construction Lessons Learned (for construction projects only)
- Service Lessons Learned

Financial Balance – was the project delivered within budget? If not, why not? Were financial governance procedures followed, with any additional funding requirements authorised via the Lothian Capital Investment Group (LCIG). Comment should also be included on whether the costing assumptions and estimates of targeted benefits made at the business case stage were realistic. In addition to the Capital costs, any revenue consequences identified in the business case should also be considered to determine if these have materialised as envisaged and if not, why not?

Project Management & Implementation – was the project brief adequate and the project team adequately resourced? Has the expertise and experience gained from the project been retained for the benefit of future projects?

Impact – did the actual outcomes and the timing of these compare with those included in the business case. What process was used to achieve the outcomes? What was the impact of the project on staff, patients, and other stakeholders? What new innovative practices, or use of technology has resulted?

Whilst overall ownership of the PPR rests with SRO, a number of representatives will require to be involved including the Project Lead as identified on the Project Tracker. For some projects, especially construction projects, stakeholder workshops provide an opportunity to provide a comprehensive review of the project from development to completion.

The completed PPR should be submitted to the relevant Lothian Capital Investment Group (LCIG) meeting no later than 18 months following the operationalisation of the capital investment using the standard meeting covering paper template, together with a PPR summary report included as Appendix 1.

This document is intended to provide guidance in the development of capital projects within NHS Lothian. Any enquiries regarding the content and application of this guidance should be submitted to ███████████████████

Appendix 1

Post Project Evaluation Summary Report

Project completion:

Project Evaluation:

Theme	Lessons Area	Outcome	Recommendation
e.g., Project Management	e.g., Governance, design, compliance, legal etc		

LOTHIAN NHS BOARD

Finance and Resources Committee
<u>25 August 2021</u>

Director of Finance

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ASSURANCE, QUALITY AND BUSINESS CASE FRAMEWORK

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1   Purpose of the Report

1.1   The purpose of this report is to invite the Committee to note progress with the extensive work underway across a number of workstreams to deliver greater assurance, development quality and business case tracking.

2   Recommendations

The Committee is invited to:

2.1   To take [moderate] assurance that progress is being made with a new framework to support capital project delivery; and continue to support further development in this area including stakeholder involvement.

2.2   To note the issue of a Director's Letter to the Chief Executive requiring actions aligned to the assurance framework and a response to it will be including in future reports on this subject.

3   Discussions of Key Issues

3.1   The Committee has previously considered the related areas of governance, assurance and business cases for capital projects, tasking improvements across these areas in response to the Internal Audit report on RHCYP / DCN internal system of controls and experience of business cases brought for approval.

3.2   <u>Assurance</u>

The updating and enhancement of project assurance and governance requirements ("assurance framework") is currently work in progress and will require to be tested through stakeholder groups, including the Executive Leadership Team, clinical leadership group, and senior management teams. Finally, the overall framework will require to be drawn together into a Project Execution Plan template for capital projects, including an overarching programme template showing key engagements with governance and approvals by "others".

Resource requirements to support the development and operation of this process have been outlined as part of a Workforce Organisational Change proposal for Capital Planning and Projects which is currently being implemented. Project Managers are

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capturing the lessons learnt from recent projects and applying the developing framework on an ongoing and iterative basis to current significant projects.

3.2.1 <u>RYCYP / DCN progress with the management actions</u>. This is a summary of the current status of the workstreams underway.

3.2.2 <u>Recommendation 1 – Strengthening internal control environment</u>
This is being approached from two directions. 1) The roles of the Senior Responsible Officer (SRO) and Project Director are the two key elements which link from project management (and project governance) into assurance (and Board governance). Whilst the existing strategic remits of these roles are sound, the application to specific project requirements are being developed led by a Project Director with input from Corporate Governance management. This has identified that the appointment process for the SRO will require to be formalised and may need an amendment to the Scheme of Delegation; and that a briefing package will also be required.

2) The technical assurance requirements (such as the design development, links to guidance, from brief to commissioning) have been drafted into a matrix linking the individual specialist roles (e.g. Infection Control, Authorising Engineer, etc) and the stages of a capital project with the assurance / sign off points. This work is being led by a Senior Capital Programme Manager based on the recent RHCYP /DCN additional works approvals processes.

For the committee this should lead to concise assurance dashboards reporting on key projects or programmes by the SRO (managed by the project director). It is also envisaged that it will support the review work by NHS Scotland Assure.

3.2.3 <u>Recommendation 2 – Advisors, decisions and documentation</u>
A "derogations framework" has been prepared by a senior project manager and road tested on two recent projects at the Western General, to general acceptance. It has also been shared with NHS Scotland Assure / Health Facilities Scotland representatives for comment. A "better client framework", commissioned from a specialist firm by one of the Project Directors will also inform this work by Director of Capital Planning and Projects. This is linked to the work on Recommendation 4.

3.2.4 <u>Recommendation 3 – Clinical involvement and guidance</u>
Based on the experiences on recent projects a "clinical engagement framework" was prepared by Strategic Planning and is being refined by Capital Planning project managers for testing in the clinical and operational management arena. Recent project work has heavily focussed on clinical and Infection Protection and Control (IPC) specifications and assurance processes. IPCT in particular have been able to apply additional resources to the capital project work and reinforced the application of HAI SCRIBE (a long established "checking" process for projects of any scale in the healthcare environment).

3.2.5 <u>Recommendation 4 – Technical advisers</u>
An outline framework has been prepared for the appointment of advisers and is to be road tested with the short term appointments on PAEP site due diligence. One of the challenges to be overcome is to define technical support roles from assurance roles of the technical advisers on appointments made under the existing Framework Scotland contracts.

3.2.6 Recommendation 5 – Project Boards and governance
Linked to the work on the SRO role and governance, external advice has been sought and applied to programme board appointments by a Project Director / SRO. Further development is required particularly to define the role and responsibility of programme board members from that of stakeholders or, for example, safety management committees, etc. A programme director is leading further work to capture the governance arrangements, skills, and capacity for programme boards where there are multiple parties involved (e.g. Regional Boards, Local Authorities).

3.2.7 Recommendation 6 – External governance arrangements
The main focus for this workstream is the evolving engagement with NHS Scotland Assure. That service is now established, recruited to key posts and published "workbooks" for each key stage assurance reviews (KSAR). Research and technical guidance changes have also been commissioned. As NHS Lothian projects are developed, the engagement will commence with this new service. It is not yet fully resourced but expectations for its service are high. *See appendix 1 – weblink*.

It is also likely that the Scottish Capital Investment Manual (SCIM) will be updated by Scottish Government although this is not thought to be a short term proposition.

3.3 Recommendations from the Independent Review of the Queen Elizabeth University Hospital – DL (2021) 25

This month the Scottish Government issued their response to the review and specific actions arising for Health Boards. *See appendix 2 – weblink*.

The requirements cover the lifecycle of a facility's development from the site selection through to operational maintenance but many of the requirements are close to those outlined above at section 3.2.

The Director of Capital Planning and Projects will prepare a draft response with input from colleagues in IPCT, Estates and Facilities, etc, for consideration at the Executive Management Team and then this committee. The committee will note, however, that item 53, Health Board Governance indicates a requirement for a non executive role which is currently outwith the scope of the assurance framework.

3.4 Business case reporting and tracking

A working group has been established to support the improvement of business cases coming to the committee. The group are grateful for the support of committee members in development of their guidance to supplement the SCIM requirements.

It is planned to bring a detailed proposal to the next committee in regard to lessons learned from the Track and Trace project which will assist in framing future reporting beyond the high level financial reports currently included in the PAMIP report.

3.5 Other recently published guidance
3.5.1 A Building Design and Construction report has been produced by Health Facilities Scotland through a short life working group, with leadership and representation from health boards including NHS Lothian. It provides a summary of recent construction reports and guidance for adoption in capital project delivery. It supports some of the work outlined above. *See appendix 3 – weblink*.

3.5.2 Further work by Health Facilities Scotland, with Health Board leadership, has included the development of the Digital Estate "common data environment" [*See appendix 4 – weblink for the supplier's summary*] to hold project and asset information in a new structured format. Along with the Sustainable Development Guidance and the Soft Landings initiatives, the data management requirements for projects will transform over the next few years.

4.   Key Risks

4.1   The key risks associated with the delivery of this work is resourcing alongside the development of a number of key projects. Organisational change is being implemented to support the programme; and dove tailing the development work with the assurance workstreams will mitigate the risks.

5.   Risk Register

5.1   No further additions to the corporate risk register are anticipated at this time.

Iain F Graham
Director of Capital Planning and Projects
██████████████████████
17 August 2021

List of Appendices

The following Appendices are attached as web links:

Appendix 1: https://www.nss.nhs.scot/browse/nhs-scotland-assure
Appendix 2: https://www.sehd.scot.nhs.uk/dl/DL(2021)25.pdf
Appendix 3:   https://www.nss.nhs.scot/media/1541/spag-report-on-construction-quality-matters-dec-2020.pdf
Appendix 4:   https://aecom.com/without-limits/article/transforming-health-and-social-care-through-digital-technology/

NHS LOTHIAN

Finance & Resources Committee
20th April 2022

Director of Finance

ASSURANCE AND QUALITY IN CAPITAL PLANNING

1 Purpose of the Report

1.1 The purpose of this report is to provide an update on progress across a number of work streams to deliver greater assurance, development quality and business case tracking.

2 Recommendations

F & R is asked to:

2.1 Note the progress made in response to the internal audit report, July 2020 – Governance and Internal Controls: Royal Hospital for Children & Young People, and Department of Clinical Neurosciences Edinburgh

2.2 Provide comment to the draft frameworks/guidance as summarised below.

2.3 Agree the phased rollout of the assurance checklist and guidance from May 2022.

3 Discussion of Key Issues

3.1 An overall assurance framework has been developed previously, providing a comprehensive approach to assurance in Capital Projects together with key suggestions as to how assurance can be sought. From this a draft "checklist" has been developed detailing milestones throughout the whole of the project lifecycle and the suggested evidence to provide quality assurance. This is included as Appendix 1.

3.2 It is intended that this, together with the documents summarised below is tested against the two most recent Initial Agreements developed as part of Phase 2 of the Royal Edinburgh Hospital – Integrated Mental Health Rehabilitation & Low Secure Centre and Intellectual Disability & National Intellectual Disability Adolescent Inpatient Unit.

3.3 Testing will allow for any modifications to be made before a staged rollout across the rest of the Capital Pipeline in due course. Feedback will be at each stage of the process, with the initial agreement reports due from NHS Assure in May 2022.

3.4 Whilst NHS Assure have not specifically been involved in the developed of the internal assurance work, the documentation takes cognisance of the NHS Assure process and fulfils the requirement of the NHS Assure published KSAR workbooks.

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3.5   Progress against each of the internal audit recommendations is summarised below with access to the full draft reports available, if required. Recognising that there may be some areas of duplication within these, a further review is being undertaken to identify and remove if required.

Recommendation 1 – Strengthening internal control environment

3.6   This has been approached from two directions:
- The role of the Senior Responsible Officer - the appointment of and role of the SRO has been detailed in the document related to the role of the Programme Board.
- The technical assurance requirements – please see Recommendation 4 below.

Recommendation 2 – Advisors, decisions and documentation

3.7   Smarter Client Framework has been prepared in conjunction with a specialist firm, to outline the approach on the planning, design and delivery of capital projects across the NHS Lothian estate. This is a comprehensive document, which aims to provide clarity to all key stakeholders across the built environment, guidance to the milestones, and approvals required at relevant project stages and ensure a consistent approach to project delivery and asset management.

3.8   The document recognises the importance of both supply chain partners and clinical colleagues in the effective design, delivery and management of capital projects and provides a common understanding of the key issues to be addressed.

Recommendation 3 - Clinical involvement and guidance

3.9   A Clinical Engagement framework has been developed to provide a clear pathway for clinicians to be involved in the planning, implementation and review of future services within new premises to support the best possible patient outcomes.

3.10   The document provides a person specification for the role of the clinical lead and provides examples of roles and responsibilities. This is currently being tested with the clinicans involved with the National Treatment Centre.

Recommendation 4 – Technical Advisers

3.11   A guide to engaging with internal and external advisers and assurance has been developed taking into account the role of NHS Assure. The guidance covers all Capital projects - as well as new builds it includes backlog maintenance/lifecycle replacement projects and large equipment replacement projects.

3.12   Key within this guidance is the assurance matrix which specifies when assurance may be required and a description of when, who and how that assurance can be obtained. Links also with the Smarter Client Framework at Recommendation 2.

Recommendation 5 – Programme Boards and governance

3.13   The role of the Programme Board is well developed in SCIM. This has been developed to meet NHS Lothian requirements, and clearly articulates the role of the Programme Board together with the agreed governance structure.

3.14   This document also differentiates between the main roles on the Programme Board, outlining the responsibilities and accountability of the SRO, Programme Director and Capital Planning Project Manager.

Recommendation 6 – External governance arrangements

3.15 This covers a number of agencies involved in Capital Projects including Scottish Futures Trust, Health Facilities Scotland, Architecture and Design Scotland and NHS Scotland Assure and continues to evolve.

3.16 The Royal Edinburgh Phase 2 projects are being used as a pathfinder with NHS Scotland Assure to test the interface with the process and develop learning to inform future engagements. A framework will be developed once there is further clarity on how all these relationships will support each other using the Smarter Client Framework referenced at Recommendation 2.

4   Key Risks

4.1   There are no new risks identified with this report.

5   Risk Register

5.1   No further additions to the corporate risk register are anticipated at this time.

6   Impact on Inequality, Including Health Inequalities

6.1   Not relevant to this report.

7   Duty to Inform, Engage and Consult People who use our Services

7.1   Not relevant to this report.

8   Resource Implications

8.1   Not relevant to this report.

<u>Dawn Carmichael</u>
<u>Capital Projects Consultant</u>
<u>07/04/2022</u>

NHS LOTHIAN

Finance & Resources Committee
26th October 2022

Director of Finance

ASSURANCE, QUALITY AND BUSINESS CASE FRAMEWORK

1   Purpose of the Report

1.1   The purpose of this report is to provide an update on progress across a number of work streams to deliver greater assurance, development quality and business case tracking.

2   Recommendations

F & R is asked to:

2.1   Note the continued evolution of the procedures and policies supporting the assurance framework.

2.2   Note the change in projects being used to test the assurance checklist and early learning as a result.

2.3   Take significant assurance that the engagement of project teams and project leads with this Assurance Framework is positive and improving outcomes.

3   Background

3.1   In response to recommendations made in the internal audit report – July 2020 – Governance and Internal Controls: Royal Hospital for Children & Young People, and Department of Clinical Neurosciences Edinburgh, a number of procedures were put in place as part of the development of an overall assurance framework.

3.2   As reported previously to LCIG (February 2022) and Finance and Resources Committee (April 2022) these comprised:

Recommendation 1 – Strengthening internal control environment
3.3   This has been approached from two directions:
- The role of the Senior Responsible Officer - this remains a work in progress as it crosses a number of documents including the SCIM and the Scheme of Delegation.
- The technical assurance requirements – please see Recommendation 4 below.

Recommendation 2 – Advisors, decisions and documentation
3.4   Smarter Client Framework has been prepared in conjunction with a specialist firm, to outline the approach on the planning, design and delivery of capital projects across the NHS Lothian estate. This is a comprehensive document, which aims to provide clarity to all key stakeholders across the built environment, guidance to the

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milestones, and approvals required at relevant project stages and ensure a consistent approach to project delivery and asset management.

3.5   The document recognises the importance of both supply chain partners and clinical colleagues in the effective design, delivery and management of capital projects and provides a common understanding of the key issues to be addressed.

Recommendation 3 - Clinical involvement and guidance

3.6   A Clinical Engagement framework has been developed, building on the previously reported documentation, to provide a clear pathway for clinicians to be involved in the planning, implementation and review of future services within new premises to support the best possible patient outcomes.

3.7   The document provides a person specification for the role of the clinical lead and provides examples of roles and responsibilities.

Recommendation 4 – Technical Advisers

3.8   A guide to engaging with internal and external advisers and assurance has been developed taking into account the role of NHS Assure, as understood at this time. The guidance covers all Capital projects - as well as new builds it includes backlog maintenance/lifecycle replacement projects and large equipment replacement projects.

3.9   Key within this guidance is the assurance matrix which specifies when assurance may be required and a description of when, who and how that assurance can be obtained. Links also with the Smarter Client Framework at Recommendation 2.

Recommendation 5 – Programme Boards and governance

3.10   The role of the Programme Board is well developed in SCIM. This has been developed to meet NHS Lothian requirements, and clearly articulates the role of the Programme Board together with the agreed governance structure.

3.11   This document also differentiates between the main roles on the Programme Board, outlining the responsibilities and accountability of the SRO, Programme Director and Capital Planning Project Manager.

Recommendation 6 – External governance arrangements

3.12   This covers a number of agencies beyond Statutory Authorities involved in Capital Projects including Scottish Futures Trust, Health Facilities Scotland, Architecture and Design Scotland and NHS Scotland Assure and continues to evolve. Engagement continues with NHS Scotland Assure regarding their developing processes and training offerings.

Assurance Checklist

3.13   The draft assurance checklist which covers the key requirements from strategic intention to project completion/handover was originally intended to be used as a pathfinder to test the interface with the process and develop learning to inform future engagements. This has not been able to happen, as the two selected projects, Integrated Rehabilitation & Low Secure and National Intellectual Disabilities Adolescent Inpatient Unit, are currently with the Capital Investment Group at Scottish Government with no decision timeline available.

4   Discussion of Key Issues

4.1   The documents discussed above continue to evolve. The recruitment to the full complement of Programme Directors to support the significant capital programme within NHS Lothian brings a different perspective and positive challenge to the initial draft Assurance Framework documents.

4.2   The terms of reference for the Project/Programme Boards are being developed together with the responsibilities of the membership, with a focus on the three strategic projects.

4.3   Three new projects have been identified as appropriate to test the assurance checklist against. Whilst this work is ongoing a point of note for each is:

ESMAC – following approval of the Initial Agreement, this project went straight to standard business case. The assurance checklist does not accommodate business cases that go straight to standard business case following approval of the Initial Agreement and will need to be updated to reflect this.

Gynaecology Ambulatory Care – Capital Planning were not engaged at an early enough juncture to ensure that the Project Brief was agreed and the scope of the project contained. The scope has been increased to address wider compliance improvements with infrastructure and systems than originally envisaged.

East Calder – NHS Scotland Assure specifically advised that this would require to meet their Key Stage Assurance Review (KSAR) requirements at outline business case, but having prepared for the assessment process have now advised that they will not be involved.

Success of the assurance framework will be fully evidenced project records with appropriate Governance sign off at the relevant stages of the project. Where appropriate positive KSAR outcomes from NHS Scotland will also provide evidence of success. It is expected that Internal Audit will revisit as part of the 2023/2024 work plan.

4.4   The fundamental principle being applied by the Assurance Framework is not to create a parallel series of assessments and hurdles. Rather it is to ensure that projects are guided to best practice and efficiently present the assurance in the most effective way.

5   Key Risks

5.1   There are no new risks identified with this report. However, the impact of the requirements of NHS Scotland Assure, together with the numerous other pressures to programme and resources from additional initiatives and policies, such as net zero carbon with the Sustainable Design and Construction procedures, will be monitored.

6   Risk Register

6.1   No further additions to the corporate risk register are anticipated at this time.

7   Impact on Inequality, Including Health Inequalities

7.1   Not relevant to this report.

8   Duty to Inform, Engage and Consult People who use our Services

8.1   Not relevant to this report.

9   Resource Implications

9.1   There are no new resource implications within Capital Planning and Projects based on the completion of the implementation of the structure agreed by workforce organisational change.

9.2   It is recognised that the continued expectations from NHS Scotland Assure in particular, requires greater and constant input across all stages of a project's lifecycle, from other safety and assurance advisors within the Board e.g. Infection Prevention and Control, where resources are currently stretched.

Iain Graham
Director of Capital Planning & Projects
11/10/2022

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NHS LOTHIAN

Lothian Capital Investment Group – Supplementary Group
7th February 2022

Director of Capital Planning and Projects

ASSURANCE, QUALITY AND BUSINESS CASE FRAMEWORK

1   Purpose of the Report

1.1   The purpose of this report is to provide an update on progress across a number of work streams to deliver greater assurance, development quality and business case tracking.

2   Recommendations

LCIG is asked to:

2.1   Note the progress made in response to the internal audit report, July 2020 – Governance and Internal Controls: Royal Hospital for Children & Young People, and Department of Clinical Neurosciences Edinburgh

2.2   Provide comment to the draft frameworks/guidance as summarised below.

2.3   Agree submission to the Audit and Risk Committee February meeting and Finance and Resources meeting in April

3   Discussion of Key Issues

3.1   A draft overall assurance framework has been developed previously and was considered by LCIG at the meeting in November 2020. This provides a comprehensive approach to assurance in Capital Projects together with key suggestions as to how assurance can be sought.

3.2   As reported to the Finance and Resources Committee (August 2021) the resource requirements to develop and operationalise this process have been addressed as part of a Workforce Organisational Change proposal, which is now almost fully implemented.

3.3   Progress against each of these is summarised below with links to the full draft reports included. Recognising that there may be some areas of duplication within these, a further review is being undertaken to identify and remove if required.

3.4   In addition, a number of further work streams have concluded specifically in relation to the internal audit report recommendations in relation to governance and control, July 2020

Recommendation 1 – Strengthening internal control environment

3.5   This has been approached from two directions:

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- The role of the Senior Responsible Officer - this remains a work in progress and will be brought forward to LCIG for consideration at a later date
- The technical assurance requirements – please see Recommendation 4 below.

Recommendation 2 – Advisors, decisions and documentation

3.6   Smarter Client Framework has been prepared in conjunction with a specialist firm, to outline the approach on the planning, design and delivery of capital projects across the NHS Lothian estate. This is a comprehensive document, which aims to provide clarity to all key stakeholders across the built environment, guidance to the milestones, and approvals required at relevant project stages and ensure a consistent approach to project delivery and asset management.

3.7   The document recognises the importance of both supply chain partners and clinical colleagues in the effective design, delivery and management of capital projects and provides a common understanding of the key issues to be addressed. A copy of the full draft framework is available here: Z:\LCIG\Planning Sessions\07_07 Feb 2022\Rec 2 - Smarter Client Document Draft.docx

Recommendation 3 - Clinical involvement and guidance

3.8   A Clinical Engagement framework has been developed, building on the previously reported documentation, to provide a clear pathway for clinicians to be involved in the planning, implementation and review of future services within new premises to support the best possible patient outcomes.

3.9   The document provides a person specification for the role of the clinical lead and provides examples of roles and responsibilities. A copy of the full draft framework is available here: Z:\LCIG\Planning Sessions\07_07 Feb 2022\Rec 3 - Clinical Engagement Framework Draft.docx

Recommendation 4 – Technical Advisers

3.10   A guide to engaging with internal and external advisers and assurance has been developed taking into account the role of NHS Assure, as understood at this time. The guidance covers all Capital projects - as well as new builds it includes backlog maintenance/lifecycle replacement projects and large equipment replacement projects.

3.11   Key within this guidance is the assurance matrix which specifies when assurance may be required and a description of when, who and how that assurance can be obtained. Links also with the Smarter Client Framework at Recommendation 2. A copy of the full draft guidance is available here: Z:\LCIG\Planning Sessions\07_07 Feb 2022\Rec 4 - NHSL Project Assurance - Technical Draft.docx

Recommendation 5 – Programme Boards and governance

3.12   The role of the Programme Board is well developed in SCIM. This has been developed to meet NHS Lothian requirements, and clearly articulates the role of the Programme Board together with the agreed governance structure.

3.13   This document also differentiates between the main roles on the Programme Board, outlining the responsibilities and accountability of the SRO, Programme Director and Capital Planning Project Manager. A copy of the full document is available here: Z:\LCIG\Planning Sessions\07_07 Feb 2022\Rec 5 - Project Board Draft.docx

Recommendation 6 – External governance arrangements

3.14   This covers a number of agencies beyond Statutory Authorities involved in Capital Projects including Scottish Futures Trust, Health Facilities Scotland, Architecture and Design Scotland and NHS Scotland Assure and continues to evolve.

3.15   The Royal Edinburgh Phase 2 projects are being used as a pathfinder with NHS Scotland Assure to test the interface with the process and develop learning to inform future engagements. A framework will be developed once there is further clarity on how all these relationships will support each other using the Smarter Client Framework referenced at Recommendation 2.

Business case reporting and tracking

3.16   A project reporting tracker was submitted and discussed at LCIG in January 2022, and presented to the January Finance and Resources Committee.

3.17   The tracker follows a similar format to the 5 year PAMIP and included limited standing data on approval dates and budgets, as well as indicative assurance levels, based on NHS Lothian standard assurance categories.

3.18   Following further comments from both LCIG and Finance and Resources Committee it is intended to submit a completed tracker to both committees in March 2022.

4   Key Risks

4.1   There are no new risks identified with this report.

5   Risk Register

5.1   No further additions to the corporate risk register are anticipated at this time.

6   Impact on Inequality, Including Health Inequalities

6.1   Not relevant to this report.

7   Duty to Inform, Engage and Consult People who use our Services

7.1   Not relevant to this report.

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8   Resource Implications

8.1   The Workforce Organisational Change for Capital Planning and Projects addressed the resource needs for the capital programme, but each project will be assessed on a case by case basis to ensure that appropriate resources are available for assurance and project management.

<u>Dawn Carmichael</u>
<u>Capital Projects Consultant</u>
<u>31/01/2022</u>

NHS LOTHIAN

Lothian Capital Investment Group
29th September 2022

Director of Capital Planning and Projects

ASSURANCE, QUALITY AND BUSINESS CASE FRAMEWORK

1   Purpose of the Report

1.1   The purpose of this report is to provide an update on progress across a number of work streams to deliver greater assurance, development quality and business case tracking.

2   Recommendations

        LCIG is asked to:

2.1   Note the continued evolution of the procedures and policies supporting the assurance framework.

2.2   Note the change in projects being used to test the assurance checklist and early learning as a result.

2.3   Agree submission to the Finance and Resources Committee in October 2022

3   Background

3.1   In response to recommendations made in the internal audit report – July 2020 – Governance and Internal Controls: Royal Hospital for Children & Young People, and Department of Clinical Neurosciences Edinburgh, a number of procedures were put in place as part of the development of an overall assurance framework.

3.2   As reported previously to LCIG (February 2022) and Finance and Resources Committee (April 2022) these comprised:

Recommendation 1 – Strengthening internal control environment
3.3   This has been approached from two directions:
        • The role of the Senior Responsible Officer - this remains a work in progress.
        • The technical assurance requirements – please see Recommendation 4 below.

Recommendation 2 – Advisors, decisions and documentation
3.4   Smarter Client Framework has been prepared in conjunction with a specialist firm, to outline the approach on the planning, design and delivery of capital projects across the NHS Lothian estate. This is a comprehensive document, which aims to provide clarity to all key stakeholders across the built environment, guidance to the milestones, and approvals required at relevant project stages and ensure a consistent approach to project delivery and asset management.

3.5 The document recognises the importance of both supply chain partners and clinical colleagues in the effective design, delivery and management of capital projects and provides a common understanding of the key issues to be addressed.

Recommendation 3 - Clinical involvement and guidance

3.6 A Clinical Engagement framework has been developed, building on the previously reported documentation, to provide a clear pathway for clinicians to be involved in the planning, implementation and review of future services within new premises to support the best possible patient outcomes.

3.7 The document provides a person specification for the role of the clinical lead and provides examples of roles and responsibilities.

Recommendation 4 – Technical Advisers

3.8 A guide to engaging with internal and external advisers and assurance has been developed taking into account the role of NHS Assure, as understood at this time. The guidance covers all Capital projects - as well as new builds it includes backlog maintenance/lifecycle replacement projects and large equipment replacement projects.

3.9 Key within this guidance is the assurance matrix which specifies when assurance may be required and a description of when, who and how that assurance can be obtained. Links also with the Smarter Client Framework at Recommendation 2.

Recommendation 5 – Programme Boards and governance

3.10 The role of the Programme Board is well developed in SCIM. This has been developed to meet NHS Lothian requirements, and clearly articulates the role of the Programme Board together with the agreed governance structure.

3.11 This document also differentiates between the main roles on the Programme Board, outlining the responsibilities and accountability of the SRO, Programme Director and Capital Planning Project Manager.

Recommendation 6 – External governance arrangements

3.12 This covers a number of agencies beyond Statutory Authorities involved in Capital Projects including Scottish Futures Trust, Health Facilities Scotland, Architecture and Design Scotland and NHS Scotland Assure and continues to evolve. Engagement continues with NHS Scotland Assure regarding the streamlining of their processes.

Assurance Checklist

3.13 The draft assurance checklist which covers the key requirements from strategic intention to project completion/handover was originally intended to be used as a pathfinder to test the interface with the process and develop learning to inform future engagements. This has not been able to happen, as the two selected projects are currently with the Capital Investment Group at Scottish Government with no decision timeline available.

4   Discussion of Key Issues

4.1   The documents discussed above continue to evolve. The recruitment to the full complement of Programme Directors to support the significant capital programme within NHS Lothian brings a different perspective and challenge to the initial drafts.

4.2   The terms of reference for the Project/Programme Boards are being developed together with the responsibilities of the membership, with a focus on the three strategic projects.

4.3   Three new projects have been identified as appropriate to test the assurance checklist against. Whilst this work is ongoing a point of note for each is:

ESMAC – this project went straight to standard business case with no signed off project brief. The assurance checklist does not accommodate business cases that go straight to standard business case.

Gynaecology Ambulatory Care – Capital Planning were not engaged at an early enough juncture to ensure that the Project Brief was agreed and the scope of the project contained.

East Calder – NHS Assure specifically advised that this would require to meet their KSAR requirements at outline business case, but have now advised that they will not be involved.

5   Key Risks

5.1   There are no new risks identified with this report.

6   Risk Register

6.1   No further additions to the corporate risk register are anticipated at this time.

7   Impact on Inequality, Including Health Inequalities

7.1   Not relevant to this report.

8   Duty to Inform, Engage and Consult People who use our Services

8.1   Not relevant to this report.

9   Resource Implications

9.1   There are no new resource implications, based on the completion of the implementation of the structure agreed by workforce organisational change.

Dawn Carmichael
Capital Special Projects & Assurance Associate Director
22/09/2022

A47499557

Memorandum of Agreement

Setting out Roles and Responsibilities in relation to services provided by NHS Scotland Assure

Health Board:

Project / Commission:

Version:

Date:

Table of Contents

1. Overview

1.1. This memorandum of agreement sets out the roles and responsibilities of NHS Scotland Assure (the service provider) and NHS (insert name of Health Board) (the service recipient) in relation to (insert name of project / commission). These organisations are the parties to the agreement.

1.2. This memorandum of agreement is for any commissions agreed via the NHS Scotland Assure 'Commissioning Process' or via other means and records the key aspects of agreement in relation to the commission to be undertaken by NHS Scotland Assure.

1.3. Both parties to this memorandum of agreement will work as partners in a spirit of mutual trust and cooperation, to make best endeavors to complete the scope of the work on time, to budget (if required) and in accordance with this agreement. NHS Scotland Assure will support the Health Board as outlined in the subsequent sections of this agreement, however, will not carry any direct or indirect liabilities, commercial responsibilities, or contractual obligations, and will act solely as an NHS Scotland advisory and support service.

1.4. In accordance with Scottish Government DL (2021) 14, the responsibility and accountability for capital projects remains with the NHS Boards delivering them. Through the provision of services in this agreement, NHS Scotland Assure takes no liability for any design, construction, contractual, commercial, or other aspects of any capital projects.

1.5. In accordance with Scottish Government DL (2021) 38 'A policy for NHS Scotland on the Global Climate Emergency and Sustainable Development', both parties agree to undertake the commission in a manner which works towards the delivery of the policy objectives, including working towards a net zero health service.

2. Key Personnel

2.1. Both the service provider and the service recipient will nominate key personnel to be the principal contacts for the commission.

2.2. The NHS Scotland Assure key commission manager will be: (Insert name, email and telephone contact details).

2.3. The NHS Scotland Assure deputy / alternative commission manager will be: (Insert name, email and telephone contact details).

2.4. The NHS Board key contact will be: (Insert name, email and telephone contact details).

2.5. The NHS Board deputy / alternative contact will be: (Insert name, email and telephone contact details).

2.6. The NHS Scotland Assure nominated escalation point will be: (Insert name, email and telephone contact details).

2.7. The NHS Board nominated escalation point will be: (Insert name, email and telephone contact details).

2.8. Where either the service provider or service recipient proposes to change the key personnel, this should be notified as soon as possible in writing to the other party and this memorandum of agreement should be updated.

A47499557

3. Objectives of this Commission

The Objectives of this commission as agreed by the parties are set out below:

Insert objectives of the commission

-
-
-
-
-
-
-

4. Responsibilities of NHS Scotland Assure (Service Provider)

4.1. The scope of work to be completed by NHS Scotland Assure under this memorandum of agreement is set out below:

Insert Scope of Work

-
-
-
-
-
-
-

4.2. Where the scope of work to be completed by NHS Scotland Assure under this memorandum of agreement requires to be amended, this agreement should be updated to reflect the revised scope of work and copies of the agreement exchanged between the parties (both track changed and clean versions).

5. Responsibilities of Health Board (Service Recipient)

5.1. The service recipient will be responsible for provision of the following to facilitate NHS Scotland Assure undertaking the commission:

<div style="border: 1px solid">

Insert responsibilities of service recipient, including any resources, personnel inputs, specific inputs, provision of information, on site office space / meeting facilities or similar. IT hardware / software / licenses / accounts or any other requirements

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5.2. Where any of the above requirements are not made available as listed above, this may have an impact on the objectives and deliverables of the commission and may also impact on the key milestones.

6. Key Milestones

6.1. The parties will agree key milestones for the scope of the work and key dates for each milestone. These will be set out in the table below:

Ref	Milestone	Date

6.2. Where either party becomes aware of any issue which may affect the completion of any milestone by the date noted, they must make the other party aware in writing without delay and must follow the issue resolution process outlined within this agreement. Where the resultant impact of the process is a change to the agreement, the change control process within this agreement must be followed.

7. Progress Reporting

7.1. NHS Scotland Assure will provide regular progress reporting on the commission. This reporting will include progress against key milestones (including RAG status of each), risks to delivery of commission objectives, information required from the service recipient or parties, and next steps towards completion of the commission.

7.2. The format of progress reporting will be: (Insert details of progress reporting format).

7.3. The frequency of reporting will (Insert details of progress reporting format).

7.4. Progress reports will be sent to:

Name	Title	Email

7.5. Progress meetings will take place as follows: (Insert details of progress meetings including frequency, dates, location (or virtual), chairperson, arranger, minute/action taker).

8. Issue Resolution

8.1. Where either party becomes aware of any issue which has the potential to affect the objectives of the commission, including timescales, completion dates / criteria, this will be notified to the other party as early as possible and without delay, including an assessment of the likely impact.

8.2. Both parties to this agreement will work collaboratively to resolve any such issues which arise. Within 2 working days (or other timescale as agreed) of the issue being notified, the key personnel from the parties to the agreement will meet and agree an action plan for resolution / mitigation.

8.3. The action plan will include key actions to achieve resolution, dates for completion of actions and a responsible person for each action. The action plan will also set out if further resolution meetings are required to monitor / update and review the action plan.

8.4. Where the issue cannot be resolved or mitigated satisfactorily between the key personnel, it may be escalated to the named escalation point for each of the parties. Either party may instigate this escalation.

8.5. Where the issue has an impact on the objectives, milestones, completion criteria or other aspects of this agreement, the change control process will be followed to ensure this agreement is updated accordingly.

9. Change Control

9.1. Where any aspect of this agreement requires to be changed by either party, the changes will be notified to the other party in writing as soon as possible. The other party will consider the impact of the change and confirm whether this can be accommodated.

9.2. Once the change has been agreed by both parties, this agreement should be updated and revised version issued.

9.3. Both parties will endeavor to keep changes to a minimum and where changes are necessary, ensure that these are agreed and documented as soon as practicable.

9.4. Where a change is implemented / agreed, NHS Scotland Assure will advise the service recipient of the impact of the change on the commission. This may include revised timescales for key dates / milestones.

9.5. Where a change is considered by NHS Scotland Assure to be a material change and significant addition or scope increase, it may be considered appropriate to establish a new and separate agreement for the additional commission.

10. Completion Criteria

10.1. The following deliverables / outputs are the completion criteria for the commission:

Criteria	Description / Output

10.2. NHS Scotland Assure will confirm satisfactory completion of the outputs with the service recipient's key contact or alternative / deputy where appropriate.

10.3. The service recipient will provide confirmation in writing to NHS Scotland Assure that they commission is considered to be complete.

10.4. Where the service recipient does not consider any of the deliverables or outputs to have been satisfactorily met, this must be communicated to NHS Scotland Assure in writing, clearly stating the reasons why the service recipient does not believe the deliverable(s) or output(s) to be satisfactorily completed.

11. Post Commission Evaluation

11.1. NHS Scotland Assure will seek feedback on the commission from the service recipient. The method of feedback will be (Insert details of feedback process).

11.2. The feedback from the commission will be used as part of NHS Scotland Assure's knowledge management and continuous improvement / lessons learned process.

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 21 December 2022 by videoconference.

Present: Mr A. McCann, Non Executive Board Member (chair); Ms S. Akhtar, Non Executive Board Member; Mr P. Allenby, Non Executive Board Member; Mr A. Fleming, Non Executive Board Member; Mr G. Gordon, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member

In attendance: Mr R. Aitken, Associate Director of Operations, Facilities (items 33.4 and 33.6); Mr B. Barron, PPP Programme Director (items 33.5 and 33.7); Mr S. Brown, Assistant Director, NHS Assure (item 33.1); Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Ms D. Carmichael, Special Projects and Assurance Associate Director (observing); Mr I. Graham, Director of Capital Planning and Projects; Ms S. Gossner, Talent Management and Succession Programme (observing); Mr M. Higgins, Talent Management and Succession Programme (observing); Dr J. Hopton, Programme Director; Mr D. Low, Talent Management and Succession Programme (observing); Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr G. McGrandles, Head of Fire Safety (item 33.6); Ms R. Miller, Strategic Programme Manager (item 33.3); Ms B. Pillath, Committee Administrator (minutes); Mr A. Ritchie, Talent Management and Succession Programme (observing); Ms C. Swift, Talent Management and Succession Programme (observing); Mr D. Thompson, Board Secretary.

Apologies: Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director.

Chair's Welcome

The Chair welcomed members to the meeting.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

32. Minutes and Actions from Previous Meeting (26 October 2022)

32.1 Members accepted the minutes from the meeting held on 26 October 2022 as a correct record.

32.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

33. Committee Business

33.1 <u>NHS Assure – Stuart Brown, Assistant Director, Property and Capital Planning</u>

33.1.1 The Chair welcomed Mr Brown to the meeting and he gave a presentation. Mr McCann suggested that guidance documents on the NHS Assure process with a checklist of what was required for Boards and Finance Committees would be useful.

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Mr Brown advised that one hour training sessions with NHS Education Scotland were being arranged for executive and non executive Board members, project managers and project teams, and that individual sessions for Boards could also be arranged if requested. Guidance documents would also be considered in the next year.

33.1.2   Mr Brown advised that one of the priorities of NHS Assure was to raise awareness on best practice. For instance there was a digital estate programme investigating how a digital strategy could support buildings programmes. There was a focus on improving quality as well as reducing risk, and a quality improvement group was being formed.

33.1.3   In response to a question about timescales for the NHS Assure process and whether this would cause delays and therefore increase costs for Boards, Mr Brown advised that the full process would typically take approximately three months and that it should be possible to programme this in so that it was simultaneous to other activities and would not add any time into the programme overall and would have the potential to reduce costs by making improvements.

33.1.4   All projects which meet the criteria for being submitted to the Scottish Government Capital Investment Group should also go through the NHS Assure process at the outline business case stage with the design assessment having been completed at the initial agreement stage.

33.1.5   In response to a question about whether the NHS Assure process provided expert assurance on a project to the Board or to the Scottish Government that the design would meet current standards, Mr Brown advised that the responsibility for the technical specifications of the design as well as the decision making and governance process remained with the Board and that the Board would provide assurance to NHS Assure on these areas.

33.1.6   Members noted that in previous projects the NHS Assure process had caused a delay in the programme and hoped that this might be improved in the future. It was noted that the NHS Assure process must fit in with other assurance requirements so that there was no duplication and it was clear what needed to be completed when.

33.1.7   In response to a question about NHS Assure's role in sharing learning between Boards, Mr Brown advised that Boards could request any of the assurance reports completed from other Boards, but that he would discuss further with colleagues the suggestion of more proactive sharing.

33.1.8   The aim for a successful NHS Assure process was for reviews to be required less often and for resources to be used in different ways to improve processes and outcomes.

33.1.9   It was noted that the Infection Prevention and Control work being done by NHS Assure was resulting in recruitment of workforce from NHS Boards and there was no training pool for expertise in this area. It was suggested that working together would be a more sustainable option.

33.1.10 It was a recommendation in the KPMG audit of NHS Assure that a service level agreement should be put in place between Boards and NHS Assure so that processes were clear; Mr Brown advised that this should be in place in 2023.

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2.1.2 The results of the members' survey on committee effectiveness showed that members would welcome more development opportunities. It was proposed that hour length sessions could be held between meetings on particular topics according to need. Suggestions for topics could be made to the chair.

2.1.3 Members accepted the recommendations laid out in the paper.

3. Capital

3.1 <u>Property and Asset Management Investment Programme</u>

3.1.1 Mr Graham presented the previously circulated paper, and Ms Carmichael was also in attendance. Ms Carmichael advised that the 'green' status on the Laboratory Information Management System (LIMS) project referred to the Lothian position, although the project was not currently progressing as a national programme was awaited. She agreed to check the expected completion date for this and update in the next report. **IG**

NHS Scotland Assure

3.1.2 The NHS Scotland Assure Memorandum of agreement had been circulated. This document fell short of a formal Service Level Agreement which was still expected. It was noted that Assure would only provide assurance on certain technical areas and not the overall capital programme.

3.1.3 Mr Graham agreed to bring back a further update specifically on NHS Scotland Assure and the Assurance Framework for capital projects which was in use in Lothian. **IG**

3.1.4 Overall assurance on the capital programme was provided by the project teams; reviews were carried out on all projects with lessons learned informing other projects, and there was dialogue with the other health boards to share ideas and problems. Scottish Government assurance processes were in place for architecture design and planning, some of which were part of NHS Scotland Assure. There was also core technical guidance and technical notes. This would be detailed in the report to this meeting for information.

3.1.5 NHS Lothian's obligation to engage with NHS Scotland Assure was based on a director's letter. If NHS Scotland did not support a project at the Key Stage Review Process then capital funding would not be released by the Scottish Government.

3.1.6 Mr Graham and Mr Marriott advised that although the Assure process was causing delays, they had raised some useful issues so far. It was felt that the process remained at a bedding in stage and any issues highlighted through the programme boards were addressed individually with the Assure team to try to drive the process in a direction that would work for health boards.

3.1.7 The risk for programme delivery of the delays to projects caused by the NHS Scotland Assure process would be discussed when the next update was received. Any delays were recorded within each programme with the associated cost.

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NHS Scotland Assure
Quality in the healthcare environment

NHS Scotland Assure

Quality in the healthcare environment

Stuart Brown

A47499557 **Assistant Director (Property and Capital Planning)**
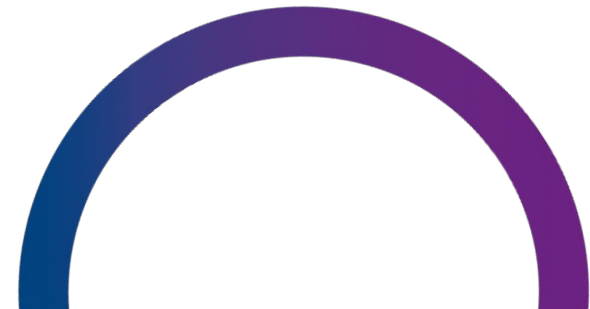
Why NHS Scotland Assure?

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Programme for Government 2019

*"To ensure patient safety we will create a **new national body** to strengthen infection prevention and control, including in the built environment. The body will have **oversight for the design, construction and maintenance of major infrastructure developments** within the NHS and also play a crucial policy and guidance role regarding incidents and outbreaks across health and social care."*

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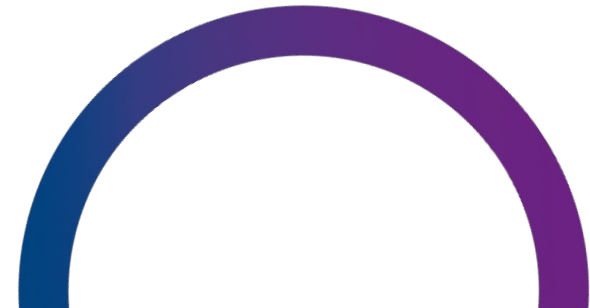
History of NHS Scotland Assure

- NHS Scotland Assure was developed with full stakeholder engagement from the Health Boards
- DL(2021) 14 27 May 2021: NHS SCOTLAND ASSURE: QUALITY IN THE HEALTHCARE ENVIRONMENT was issued which detailed the role and remit of Assure plus the requirements for KSAR
- Accountability - NHS Scotland Assure is accountable via National Services Scotland to Scottish Government and provides assurance that the Healthcare built environment is safe, fit for purpose, cost effective and capable of delivering sustainable services over the long term

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NHS Scotland Assure

- NHS Scotland Assure delivers a co-ordinated approach to the improvement of risk management in the new build and refurbishment projects across NHS Scotland.

- This new service underpins a transformation in the approach to minimising risk in our healthcare buildings and environments, protecting patients from the risk of infection and supporting better outcomes for patients in Scotland.

- NHS Scotland Assure will work with Health Boards to deliver high quality, sustainable, cost effective build solutions for the Healthcare Environment.

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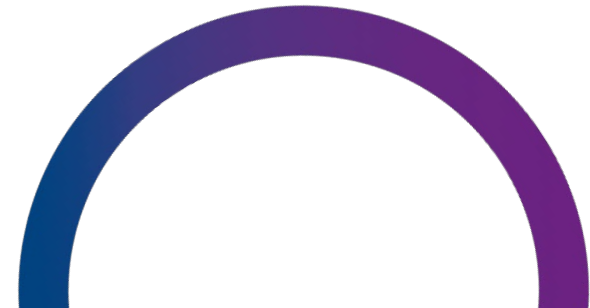
What NHS Scotland Assure is for

- All NHS health and care environments

- The full lifecycle of a build

- Operation and ongoing maintenance

- Decommissioning

- Built environment risk

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Development Programme

1. Commission agreed 2019

2. Shadow service April 2020

3. Interim review service

4. Development - Full stakeholder involvement

5. Recruitment

6. Launched June 2021

What's new?

- Mandatory involvement from NHS Scotland Assure.

- Move from producing Guidance and advice to undertaking KSAR reviews.

- Report provided to Boards - will highlight any aspects which do not meet the standards and ask that the Board produce an action plan which they then monitor to assure compliance.

- Assurance on the KSAR process will be required for approval from the SG Capital Investment Group (CIG).

- The KSARs have been designed to provide assurance to the Scottish Government that guidance has been followed. The Scottish Government may also commission NHS Scotland Assure to undertake reviews on other healthcare built environment projects.

- This does not change accountability for the projects; NHS Boards remain accountable for their delivery.

- NHS Scotland Assure will be accountable for the services it provides that support delivery of the projects.

- As a quality management system for the healthcare built environment, NHS Scotland Assure will strengthen infection prevention and control and play a crucial guidance role regarding incidents and outbreaks across health and social care.

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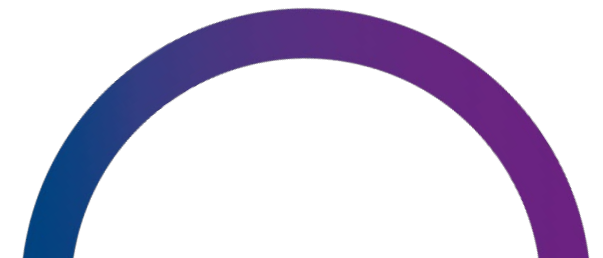
NHS Scotland Assure, Assurance Service

- DL(2021)14: NHS SCOTLAND ASSURE: QUALITY IN THE HEALTHCARE ENVIRONMENT
- Assurance service running for 18 months
- Assurance reviews
  – Number of projects in pipeline = 72
  – Number of live projects = 54
  – Number of KSAR = 19
- Engagement with stakeholders
- Lessons learned
- Presentations
- Resources
- Templates
- Education

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Impact: benefits

Increased patient safety by reducing the risk of healthcare associated infections and other avoidable harms such as burns, electrocution, ligature injury, and medical gas intoxication.

Reduced costs in relation to building retrofit costs, delays to opening new hospitals and additional length of stay in hospital settings due to healthcare associated infections

Increased public confidence through the creation of a national body of expertise which will be a trusted independent voice.

Sustainability by ensuring more flexibility, adaptability and 'future-proofing' of infrastructure, and also finding innovative solutions to energy efficient hospital design.

Strengthened clinical outcome-focused relationships in the built environment through creating a whole system approach in healthcare; relationships will be strengthened nationally and locally.

International leadership with increased connections with expertise across other countries.

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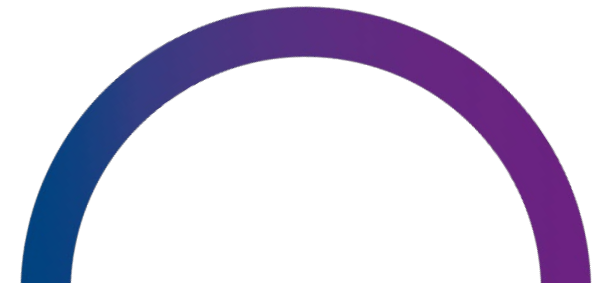
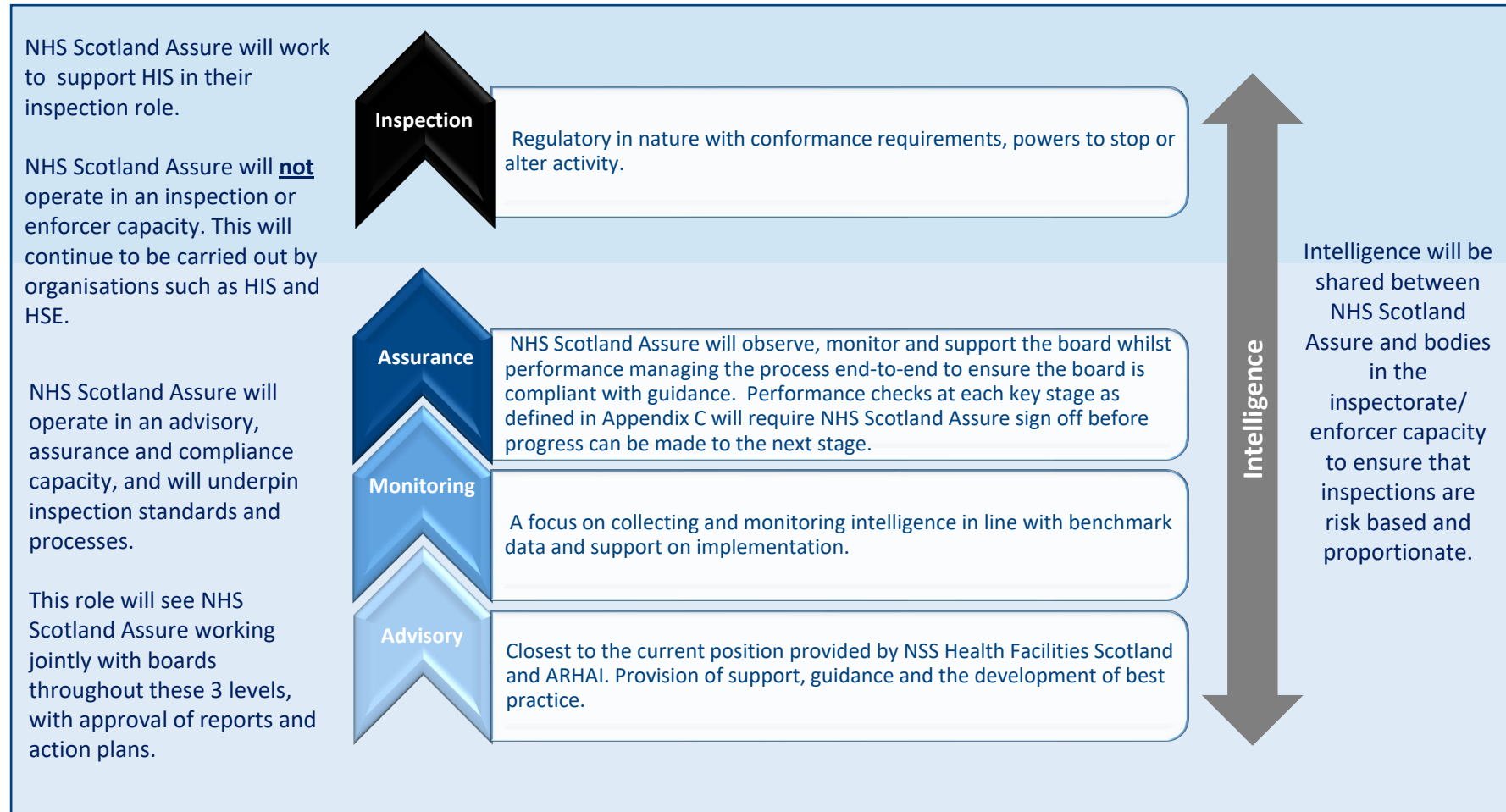# What NHS Scotland Assure isn't

NHS Scotland Assure will not:

- Address or seek to change **legal responsibilities of NHS Boards, or primary legislation.**

- Create a **Central Building Division** as NHS Boards need to remain accountable for their projects and current estate.

- Address **non NHS** Healthcare environments e.g. private dental practices

- Develop an **inspection** function

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Assurance NOT Inspection

The NHS Scotland Assure – Assurance Service will not deliver an inspectorate role

NHS Scotland Assure will work to support HIS in their inspection role.

NHS Scotland Assure will **not** operate in an inspection or enforcer capacity. This will continue to be carried out by organisations such as HIS and HSE.

NHS Scotland Assure will operate in an advisory, assurance and compliance capacity, and will underpin inspection standards and processes.

This role will see NHS Scotland Assure working jointly with boards throughout these 3 levels, with approval of reports and action plans.

Inspection

Regulatory in nature with conformance requirements, powers to stop or alter activity.

Assurance

NHS Scotland Assure will observe, monitor and support the board whilst performance managing the process end-to-end to ensure the board is compliant with guidance. Performance checks at each key stage as defined in Appendix C will require NHS Scotland Assure sign off before progress can be made to the next stage.

Monitoring

A focus on collecting and monitoring intelligence in line with benchmark data and support on implementation.

Advisory

Closest to the current position provided by NSS Health Facilities Scotland and ARHAI. Provision of support, guidance and the development of best practice.

Intelligence

Intelligence will be shared between NHS Scotland Assure and bodies in the inspectorate/ enforcer capacity to ensure that inspections are risk based and proportionate.

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NHS Scotland Assure
Quality in the healthcare environment

We are not alone…

Beyond healthcare estates

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NHS Scotland Assure
Quality in the healthcare environment

UK wide issues

Royal Liverpool University Hospital

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Getting the Balance Right

NHS Scotland Assure
Quality in the healthcare environment
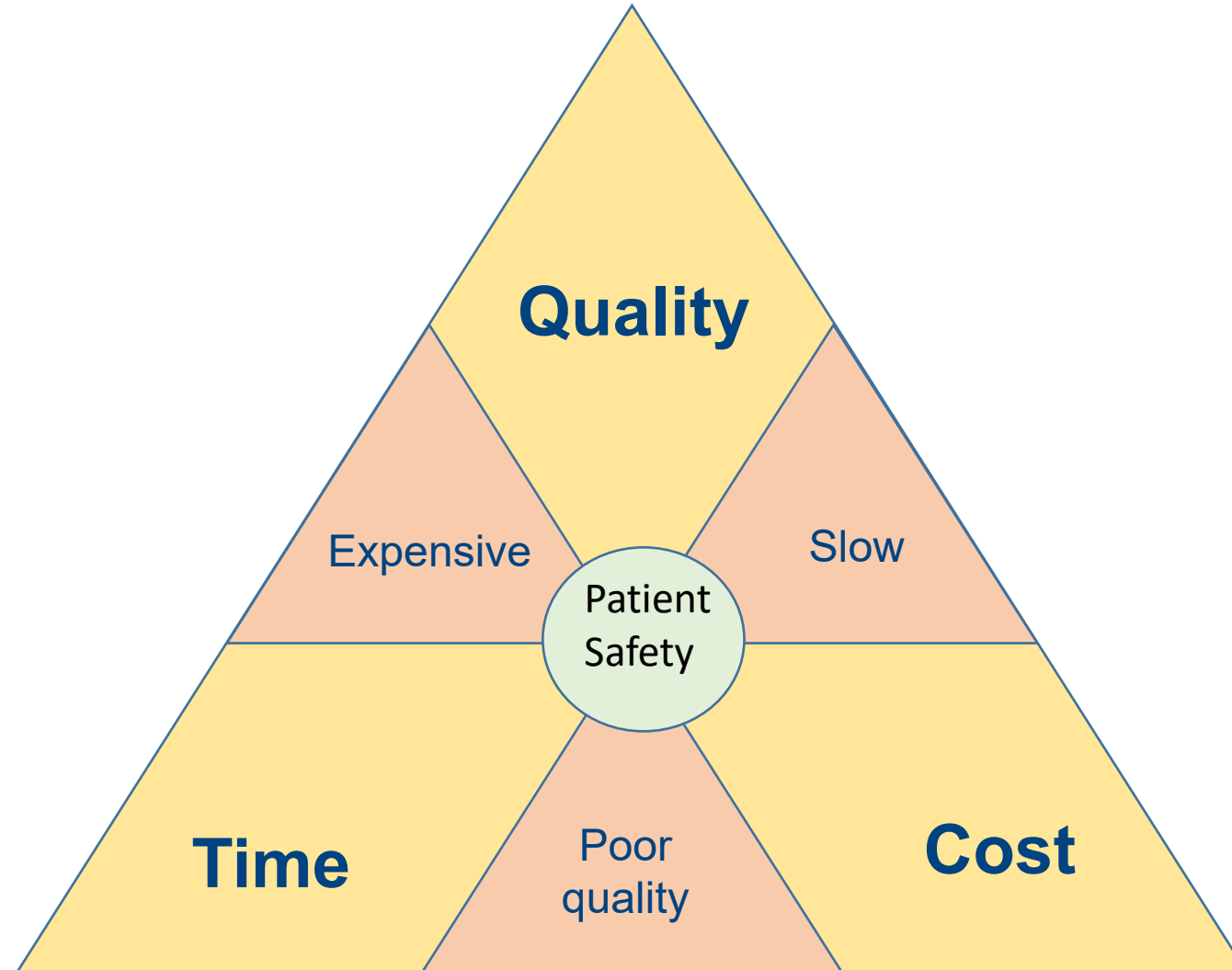
How services are provided

NHS Scotland Assure

Health Facilities
Scotland and ARHAI

Assurance

NHS Scotland Assure is part of National Services Scotland (NSS)

Health Facilities Scotland (HFS) and Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) services still exist

The eight services which make up the Assurance Service

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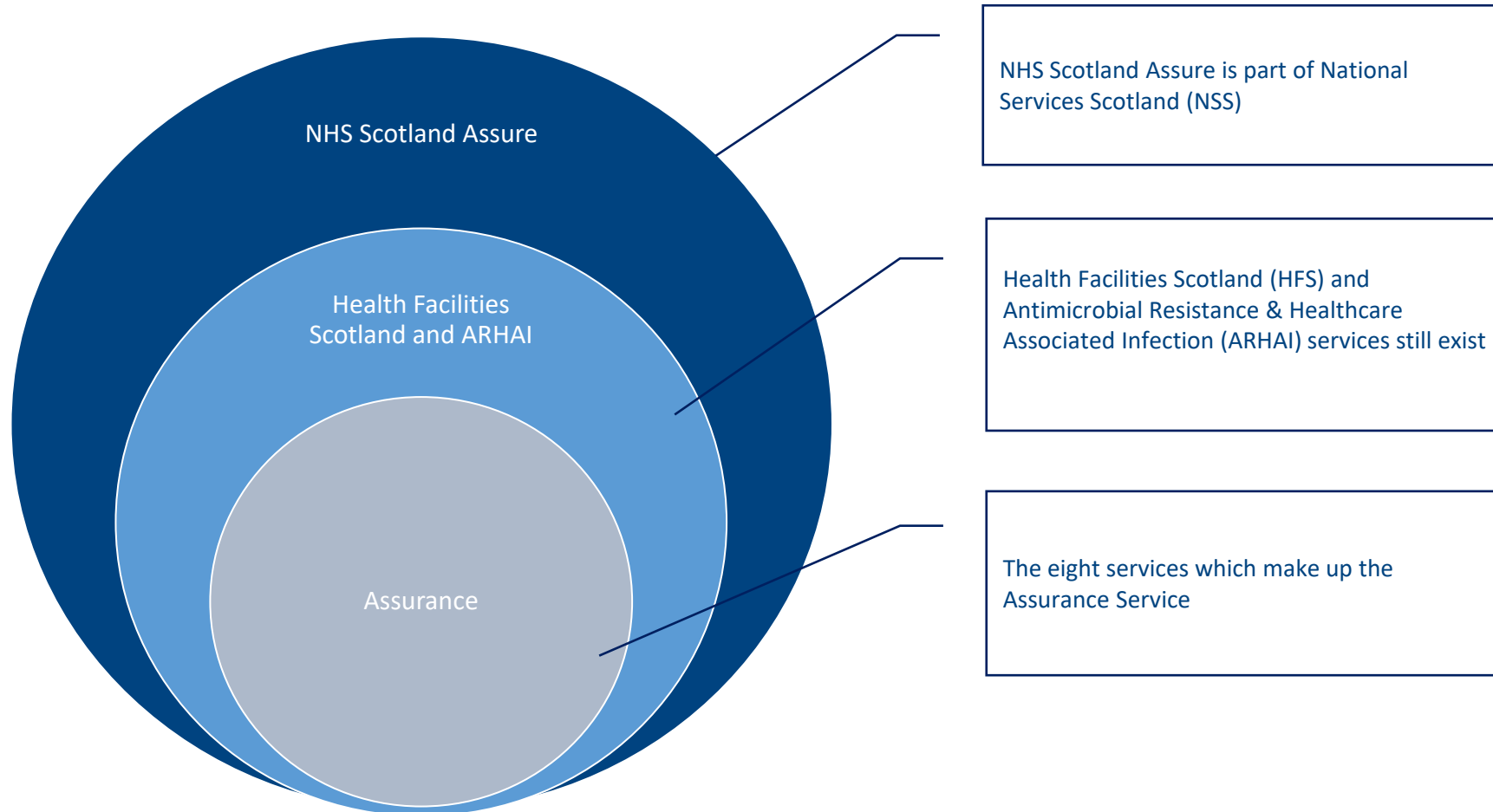
Alignment of Processes / Services
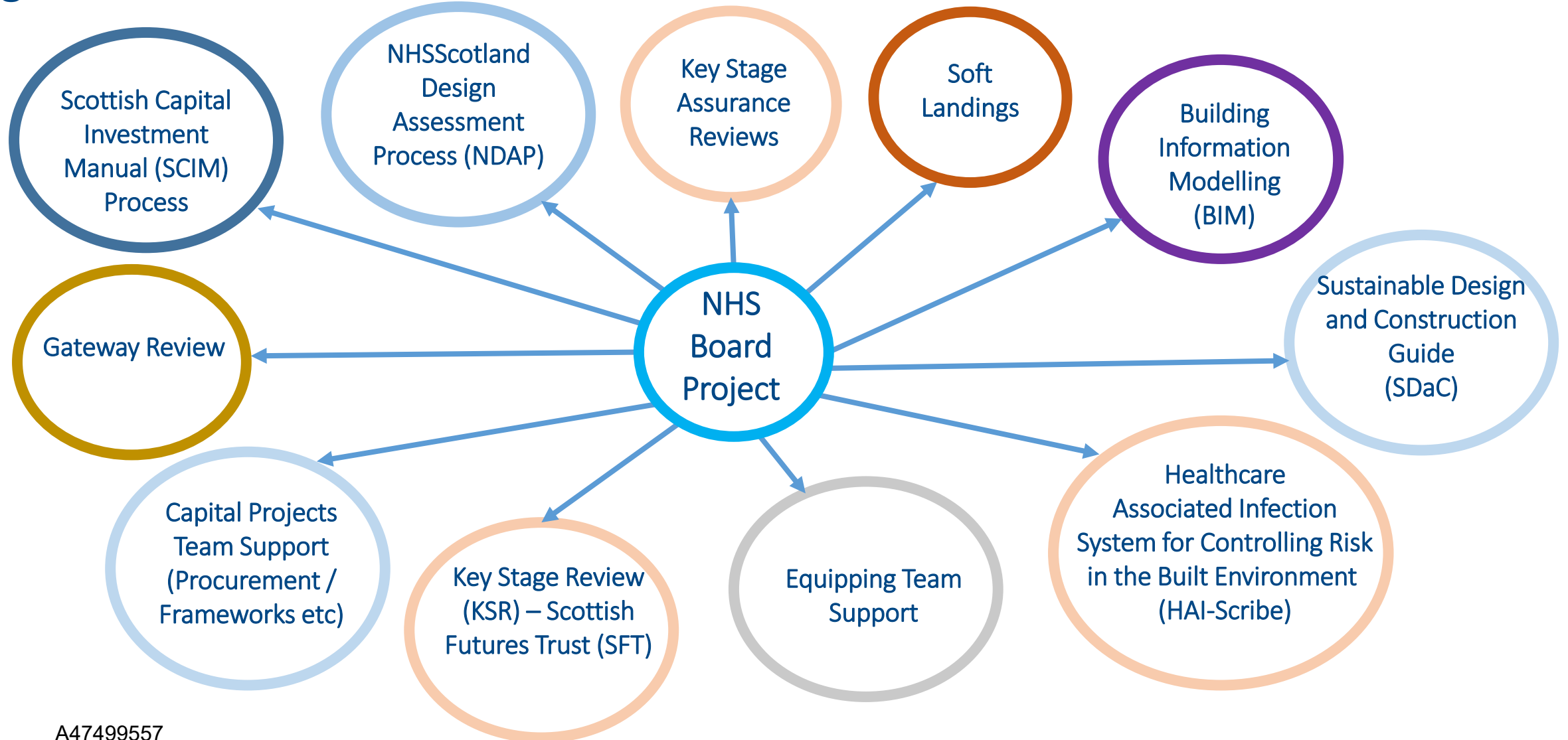
Interim Review Service Lessons

- Equipment capacity sized for ideal (unrealistic) conditions
- Equipment inaccessible for maintenance
- Natural ventilation vs opening windows
- Complex water systems impede thermal disinfection
- Minimise time between filling water systems and commissioning and handover.
- Flushing of water systems inadequate
- Water dump valves not a substitute for good design
- Lack of Diverse routes and fire protection for safety critical supplies
- Medical IT circuit maximum cable lengths ignored
- Fire dampers inaccessible for inspection
- Fire dampers installed in place of smoke dampers
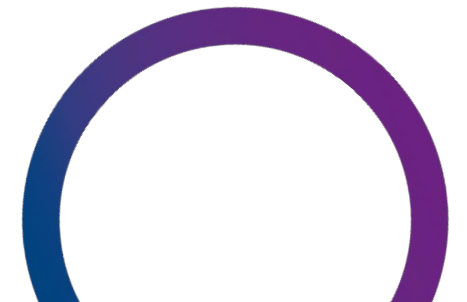
Lessons Learned

Key documents

- Environmental Matrix
- Authorities Construction Requirements
- Overheating Analysis Reports
- Room Data Sheets
- MEP Strategy Reports
- Fire Strategy Report

Key documents

- Acoustic Report
- System Schematics
- General Arrangement Drawings
- Specifications and Schedules
- Design Risk Assessments
- Full Design Calculations

Lessons Learned

- Key lesson is follow the guidance (or take advice where unclear)

- Derogations Schedule
  – Fully completed
  – Agreed by all stakeholders
  – Provide a full comparison to extant guidance
  – Evidence of sign off

- Lessons learned report on NHS Scotland Assure website

- Sessions available for lessons learned (IA / OBC / FBC)

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Steps to avoid future problems

- **Partnership** with health boards and supply chain

- Join up key disciplines

- Share learning - **Lessons learned**

- Better use of existing tools and guidance

- **Mandatory training** for key roles

- **Audit**, (closed loop)

- **Specialist expertise** (estates and infection control)

- Adequate specialist roles during design and in operational phase

Guidance

- Participation in UK Future Standards Working Group (programme of approx. 30 pieces of guidance to be reviewed-technical engagement through to mid 2023)

- A comprehensive technical guidance program was presented at the December meeting of SETAG and was approved and ratified by them. SETAG has representation from all boards, including NHS Lothian. This program dovetails into the UK Future Standards Working Group schedule for guidance updates. The National Advisory Groups, ARHAI, IPC and other stakeholders will be involved in the production of the guidance.

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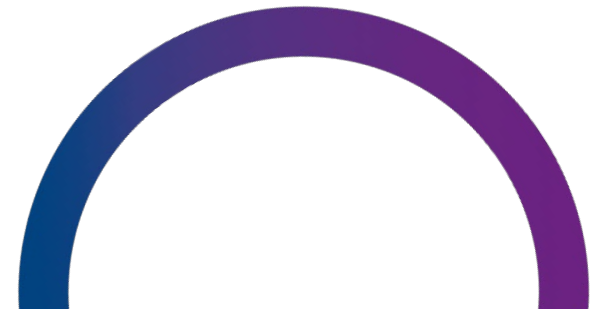
Guidance Queries

- **Guidance Index:** Utilise to inform of applicable guidance including closest applicable in absence of specific

- Ensure all relevant people, technical & clinical, are involved in determining applicable guidance e.g.:

  - Infection prevention control

  - Anaesthetics

  - Theatres

  - Critical care

- Seek expert advice where appropriate

- Record the process and decision

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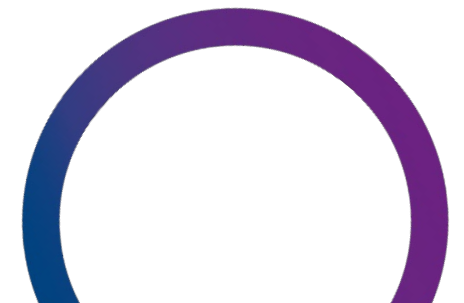
Guidance Query

- Availability of technical guidance documents relating to the architectural design of recovery areas to determine:

  - Number of total recovery spaces (22)

  - Number of recovery single rooms (2)

  - Size of recovery single rooms (19sqm)

- Advice sought which acknowledges no specific guidance related to 'Treatment Centres'

- NHSL review process to establish closest applicable guidance:

  - HBN 26 Vol. 1 Facilities for Surgical Procedures

  - SHPN 52 Part 1 Day Surgery Unit

  - HBN 04-02 Critical Care Units – N/A

  - HBN 00-03 Clinical & clinical support spaces – N/A

- Relevant people engaged to determine proposals

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NHS Scotland Assure Summary

- Follow the guidance

- Any derogations:

  - Ensure all relevant stakeholders are involved

  - Seek expert advice where appropriate

  - Risk assess

  - No less safe than the recommended approach

  - Record the process and decision

- Positively verify compliance (close the loop)

- Specialist commissioning with adequate time

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SCOTTISH HOSPITALS INQUIRY
Hearing Commencing 26 February 2024
Bundle 13 – Miscellaneous
Volume 11