



Engineering and Assurance Service



Ian Storrar
Assistant Director Engineering and Assurance

NHS Scotland Assure

Agenda

1. Engineering and Assurance Service (Ian Storrar)
2. Key Stage Review (Thomas Rodger)
3. Lessons learnt (George Reid)
4. Key stage review Monklands Replacement Project (Carole Callaghan)
5. Key stage review Monklands Replacement Project (Laura Gilchrist)
6. Discussion



Engineering and Assurance Service

Ian Storrar
Assistant Director Engineering and Assurance



NHS Scotland Assure, Engineering

- What we do:-
 - Engineering support for NHS Boards
 - Support for Board IMT with ARHAI
 - Engineering guidance and research (with NHS SA Research team)
 - Engineering Authorising Engineers and SME
 - HV electrical
 - LV electrical
 - Ventilation
 - Water
 - IRIC investigations
 - Engage with Devolved Administration and various British and International Standard committees

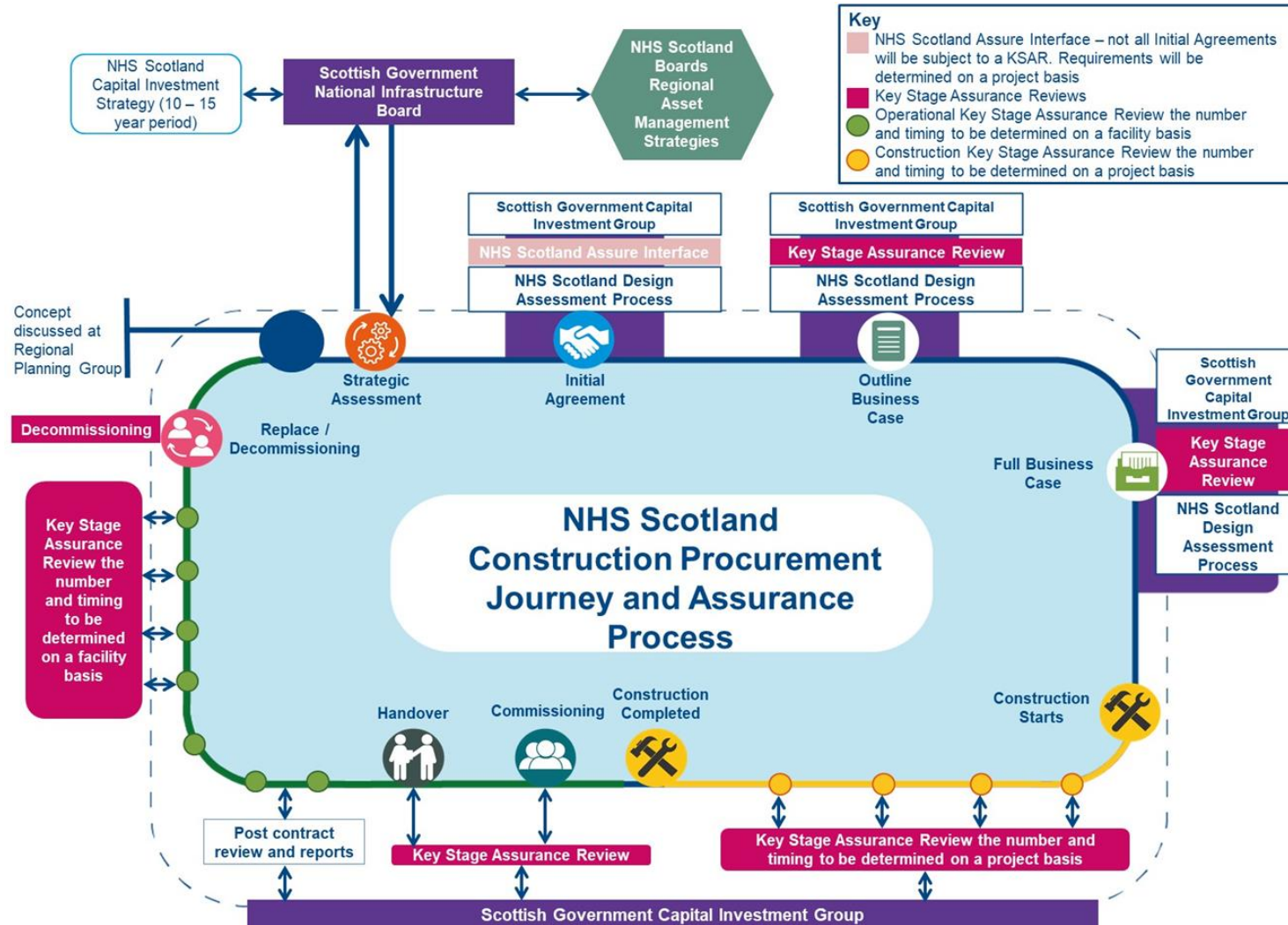


NHS Scotland Assure, Assurance Service

- DL(2021)14: *NHS SCOTLAND ASSURE: QUALITY IN THE HEALTHCARE ENVIRONMENT*
- Assurance service running for 18 months
- Number of projects = 54
- Number of KSAR = 38
- Lessons learned
- Presentations
- Templates



NHS Scotland Assure, Assurance Service



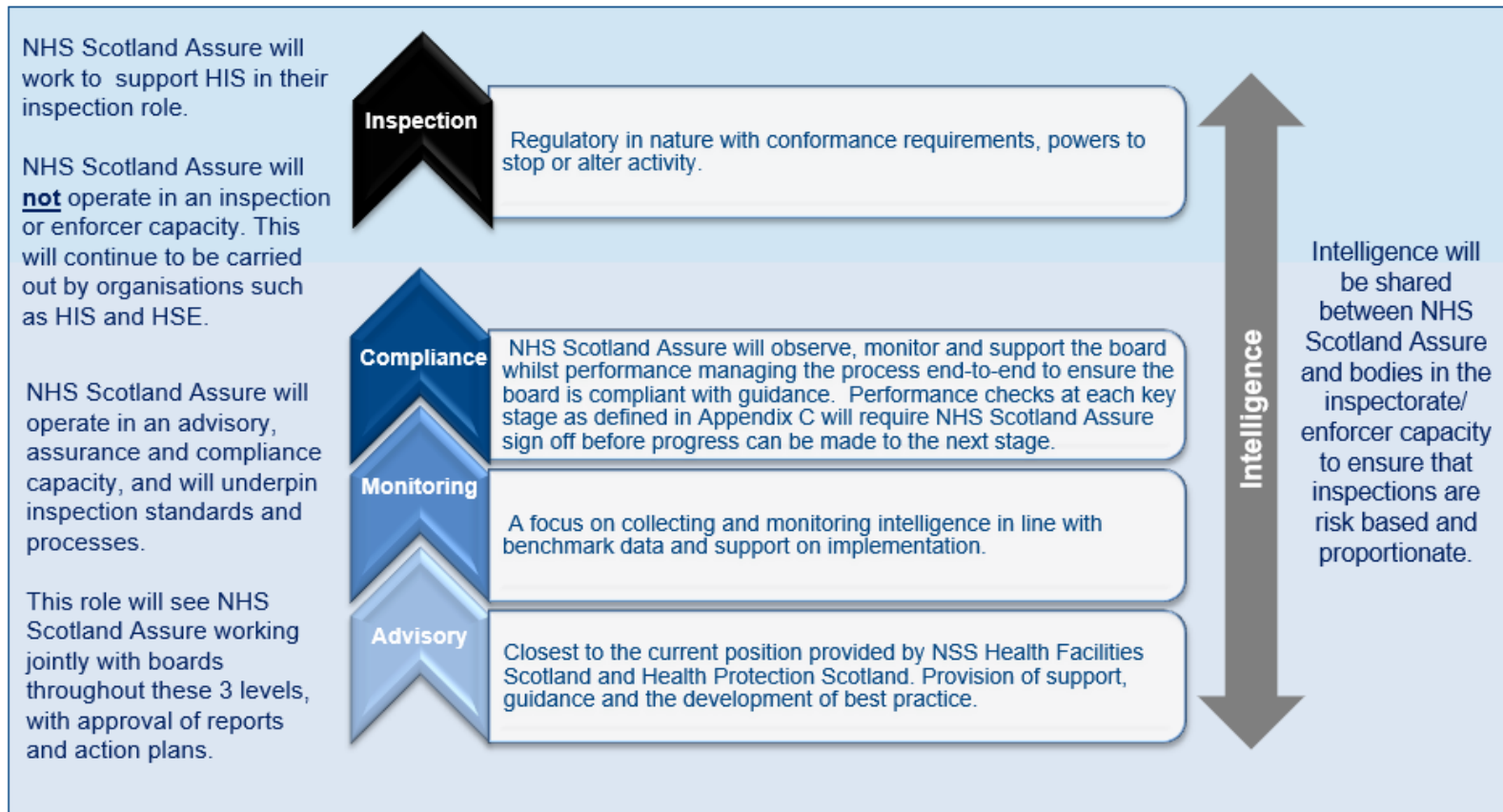
Key Stage Assurance Review

Thomas Rodger
Head of Engineering

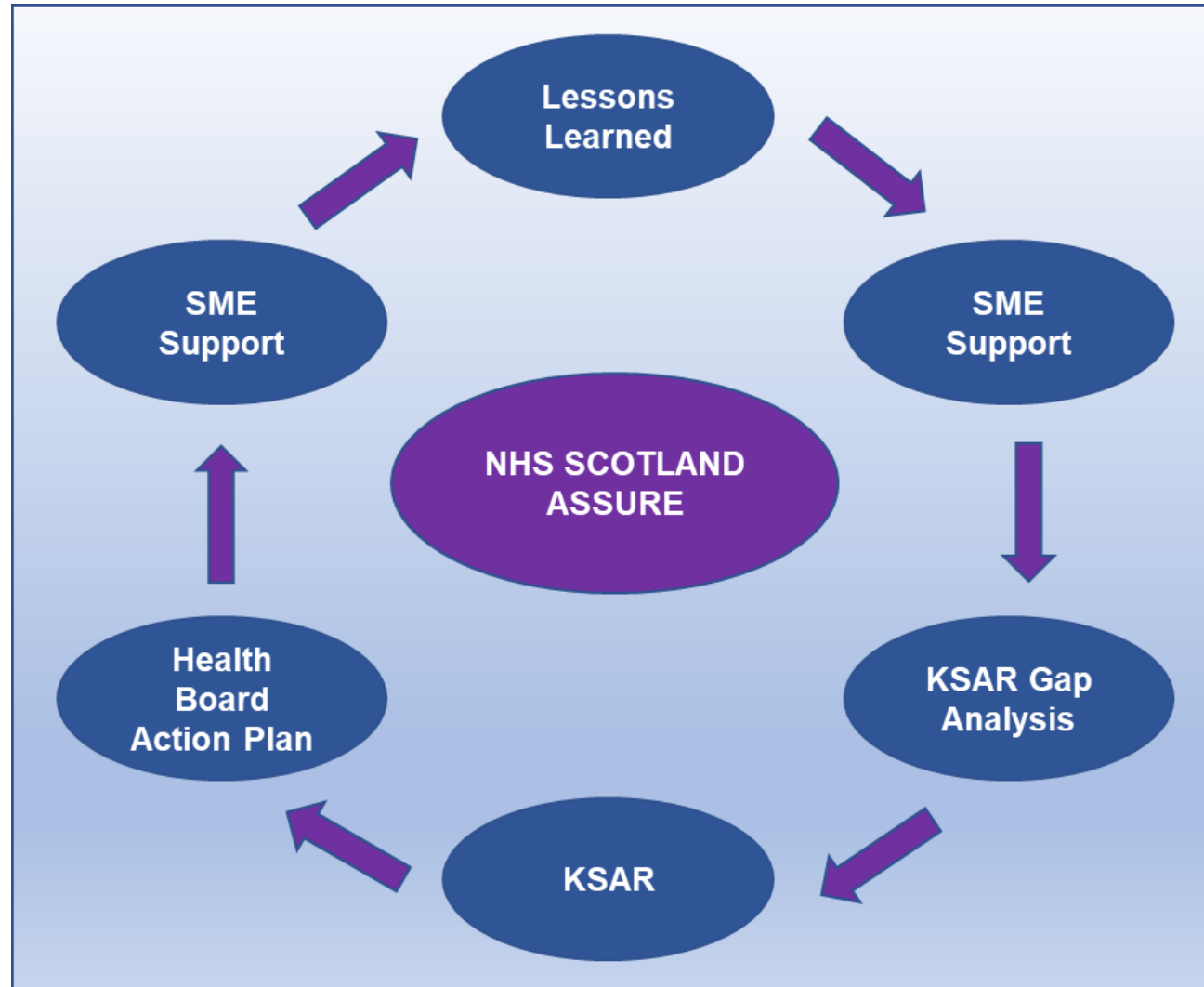


NHS Scotland Assure – Compliance Not Inspection

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



NHS Scotland Assure – The KSAR Process and Support



NHS Scotland Assure – KSAR Process

- Pre-KSAR support & engagement with health board
- KSAR workbooks provide guidance on the structure of the review and the areas of investigation to be addressed by the review team.
- Key topics for KSAR – Water & Drainage, Ventilation, Electrical, Medical Gases, Fire. All underpinned by Infection Prevention Control & Project Governance
- Standard format for all reviews
 - Pre-KSAR Gap Analysis
 - “Review Phase”
 - Reporting
 - Health board “Action Plan”



NHS Scotland Assure – KSAR Key Lessons Learned

- Project governance – no “golden thread”, inconsistent stakeholder engagement
- Derogations process – lack of detail and mitigations
- Project risk register – lack of detail, often generic
- Lack of detail in briefing documentation (BCRs not fully defined etc.)
- Lack of detail to support Net Zero strategy & associated engineering strategies



NHS Scotland Assure – KSAR Key Lessons Learned

- Level of design not reflective of the stage the project is at – risks being pushed into later stages
- Lack of consistent IPC input & resource challenges
- Resilience risk assessments not completed or reviewed by limited stakeholder groups. Lack of consideration to impact on clinical service – only impact to system
- Lack of detail to support fire strategy principals
- Lack of governance on Contractor Design Packages



Key Stage Assurance Review Monklands Replacement Project

My (Jargon free) KSAR Experience



George Reid
Head of Projects
Monklands Replacement Project

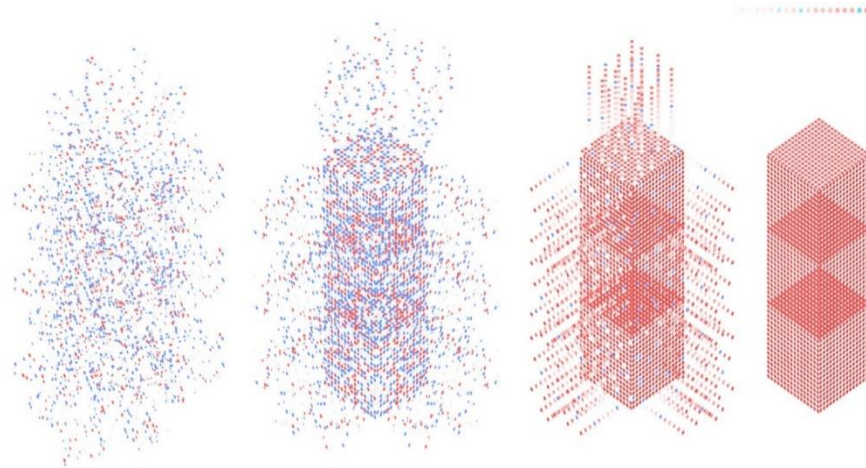


Introduction

2019 NHSScotland Key Stage Authorisation Review

No overarching control or **direction** or working to a **defined strategy**. I was aware of the need to consider what the NHS Assure landscape meant for the future of projects and what it would mean for me and the project I was working on, specifically.

I went along to every **session** I could, and tried to **get educated**. I quickly realised that I had to consider moving out of this phase of **individuals contributing** to the common task to a much more structured mechanised system



Information In - Knowns

It was known that the target would be New Builds and Major Refurbishments that would be submitted to Scottish Government Capital Investment Group. This included Oncology, Maternity, Theatre and Intensive Care Units, no matter their financial value.

Recent experience had demonstrated that good and effective management and control was an essential element to the successful delivery of NHSScotland Healthcare objectives.

The Authorisation Review process was designed to provide independent assurance to Scottish Government Health and Social Care Directorates (SGHSCD's).

The NHSScotland Key Authorisation Review Process would examine programmes and projects at key points in their lifecycle.

A focus would be placed on those construction elements that recent reviews have demonstrated potential patient safety concerns.

At the outset the reviews would place an emphasis on the ventilation; water; electrical resilience and fire installations; however if any further issues were raised, the review team would fully incorporate those issues into the reporting process.

Evidence Gathering

What have I got that I want?

What have I got that I don't want?

What have I not got that I want?

What have I not got that I don't want?



Information Out



It became clear that a significant amount of thought would have to go into how the information out would look.



Example of a Single Area

ASSESSMENT OF DELIVERY APPROACH

Areas to Probe	Evidence Expected
7 Areas	Area 1 x 4 Area 2 x 4 Area 3 x 5 Area 4 x 2 Area 5 x 5 Area 6 x 1 Area 7 x 1

(Example) Assessment of delivery of approach 7 areas and 22 pieces of evidence expected

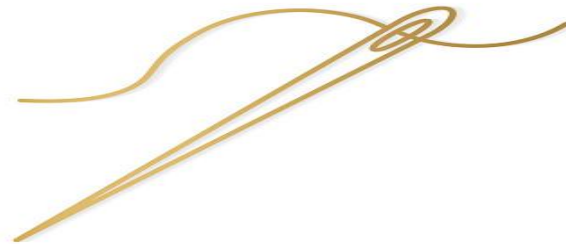
Assurance Management 4 sub areas, 18 Areas and 48 pieces of evidence expected

Infection Control and Prevention Issues, no areas defined



The 48 pieces of evidence expected would result in managing in excess of 200 pieces of evidence.

All whilst maintaining the golden thread.



- Clinical and Non-Clinical Output Specifications
- Schedule of Accommodation
- 1:200 Reviewable Design Data (RDD)
- 1:50 Reviewable Design Data (RDD)
- Mechanical, Electrical & Plumbing Design (MEP)
- Project Governance



NHSScotland Patient Safety via Design Assurance – NHS Lanarkshire Implementation Plan

|

NHSScotland Patient Safety via Design Assurance

NHS Lanarkshire Implementation Plan

1. Process chart
2. Programme
3. Assessment of delivery approach

Assessment of delivery approach			
Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.1 Are the clinical needs clearly understood by the client organisation and fully described in the Boards Construction Requirements, in a manner likely to be understood by those involved in the delivery	<ul style="list-style-type: none"> Detailed output/outcome-based definition of requirements 	Date: _____	
	<ul style="list-style-type: none"> Specifications related to specific sections of the guidance 	Date: _____	
	<ul style="list-style-type: none"> Appropriate quality criteria applied to information provided to the delivery organisations 	Date: _____	
	<ul style="list-style-type: none"> Clear identified understanding of patient cohort, current and future clinical requirements, procedures and protocols 	Date: _____	
Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.2 Is the selected delivery strategy defined and evidenced	<ul style="list-style-type: none"> Is the delivery strategy clearly defined, showing reasons for selection and agreed with stakeholders 	Date: _____	
	<ul style="list-style-type: none"> Is it clearly defined how each element of the design is being developed and the individual delivery partner has signed up to their responsibility 	Date: _____	

Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.3 Will the delivery strategy facilitate communication and co-operation between all parties involved	<ul style="list-style-type: none"> Communication strategy and support mechanism in place 	Date: _____	
	<ul style="list-style-type: none"> Is their processes in place to ensure the designer will sign off the element of the design that is their responsibility 	Date: _____	
	<ul style="list-style-type: none"> Evidence that the delivery strategy will include: <ul style="list-style-type: none"> Early involvement of suppliers to 	Date: _____	

Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.4 Is the contract management strategy robust	<ul style="list-style-type: none"> The contract management strategy demonstrates key factors such as clinical involvement, competency and capacity of key identified staff and management systems of multiple suppliers have all been considered Evidence of continuity of key project personnel 	Date: _____	
Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.5 Is a clear policy and procedure in place for agreeing the design	<ul style="list-style-type: none"> Contractor Mechanical and Electrical and Plumbing (M&E&P) 	Date: _____	

Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.6 Are clear management structures in place to ensure infection prevention and control measures are being designed into the programme / project	<ul style="list-style-type: none"> A comprehensive Derogation procedure, detailing clinical infection control and estates sign off HW SCRIBE reviews for the relevant development stages Comprehensive plans in place to monitor / respond the contractors quality safety plan and work delivered (at CDC stage drawings and specifications reviews) 	Date: _____	
Areas to probe	Evidence expected	NHS Lanarkshire Current Position (Evidence)	Actions
1.7 Governance and escalation ladder fully defined and implemented	<ul style="list-style-type: none"> Evidence advise from HPS to be discussed Governance 	Date: _____	





KSAR STARTS HERE



June 2021

Outline Business Case KSAR Deliverables List

NHS Scotland Assure
Quality in the healthcare environment

NHS
National Services
Scotland

Date: 1st June 2021

Version: 1.0

Item	Deliverables - including drawings, specifications, reports	Further Information
1	NHS Board Authority Construction Requirements (ACRs)	
2	PSCPI/Design Team Contracts/Appointment Documents	
3	Evidence of Board Competency Checks on Design Team/Contractors	
4	Clinical Brief	
5	Project Brief	This document should be in place from IA Stage. Changes/departures from brief during OBC to be clearly identified. May be linked to ACRs if they are project specific.
6	Project Programme	
7	Responsibility/Duty Holder Matrix	Evidence that the Board have a fully recorded matrix of the required roles and responsibilities and have a clear governance structure that is fully resourced together with plans in place for the implementation. Evidence that Health Boards have (or have a strategy to procure) appropriate number of competent, qualified staff to carry out specific duties throughout the life cycle of the project e.g., IPC, Engineers, Estates staff etc. The number of competent, qualified staff will depend on the type and size of the Build Project.
8	Provide report(s) on building services issues as part of concept design report(s). The following topics must be covered as minimum:	
8.1	MEP system strategies to satisfy the clinical and project brief	<p>Include details of ventilation strategy (natural/mechanical), outline control strategy. Identify requirements for pressure cascades in clinical areas. Identify any specialist areas requiring dedicated/specialist ventilation services e.g. decontamination units, infectious diseases, etc. Evidence of dynamic modelling should be provided to support the strategies (e.g. TM52 all 3 criteria, TM59 for bedrooms, use 2020 High local weather data, plus test for 2030).</p> <p>Identify strategy for heating/cooling to each area/room including how temperatures and peak percentage relative humidity will match the level of control selected by the clinical team.</p> <p>Identify common design criteria including summer/winter external design criteria both for building loads and for plant selection.</p> <p>Primary plant strategies to be defined, including details on how loads have been assessed and indicative plant selections made.</p> <p>Provide a breakdown of water supply grade to be provided to each space. This should include details of any areas required to be provided with dedicated water supplies independent to the remainder of the main facility, as well as any specialist clinical/process requirements.</p> <p>Identify requirements for Medical IT systems to BS7671.</p> <p>Identify life safety systems & resilience requirements.</p>
8.2	Sustainability Strategy	Document should include detail of:

Key Stage Assurance Review Workbook

**Outline Business
Case**

June 2021
Version 1.0





287 evidence areas

240 multiple pieces of evidence generated

600 hours required to review multiple pieces of evidence

80 days required to review multiple pieces of evidence

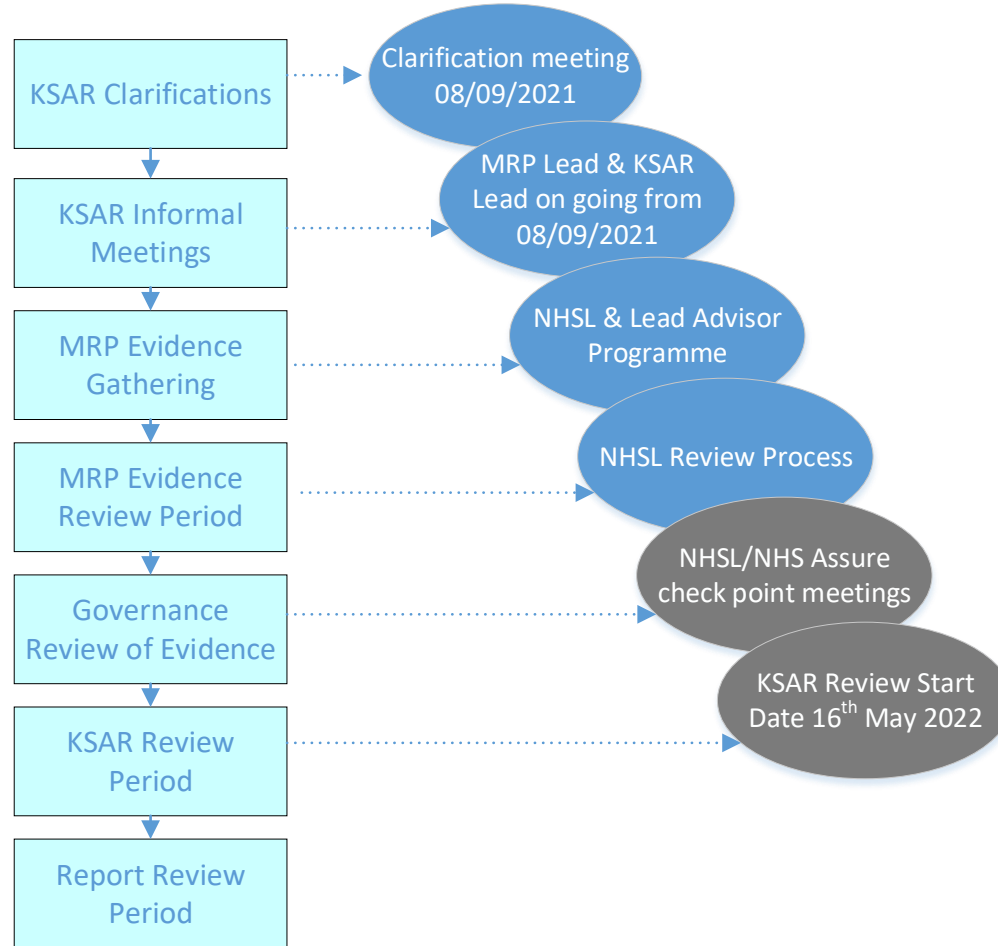
Governance evidence reviews required

THIS MEANS OVER 2000 ITEMS!!

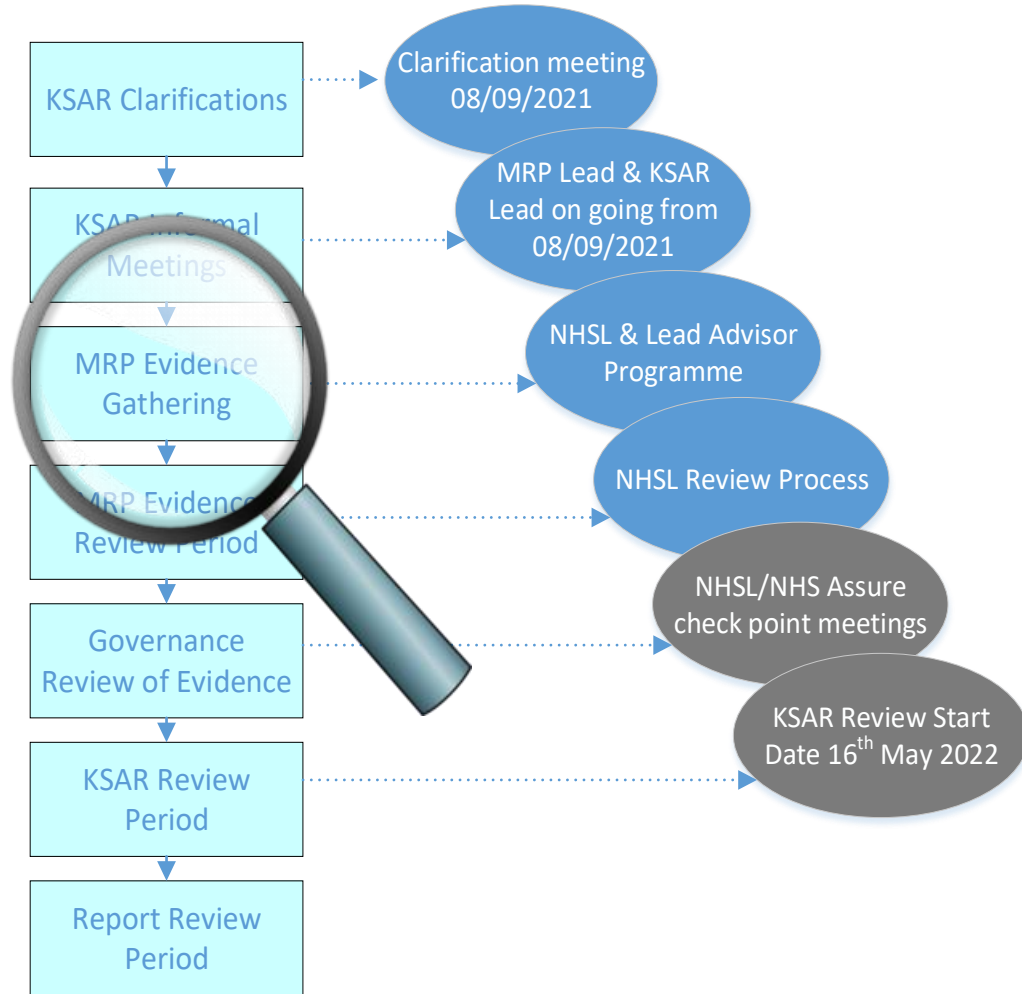


KSAR Implementation

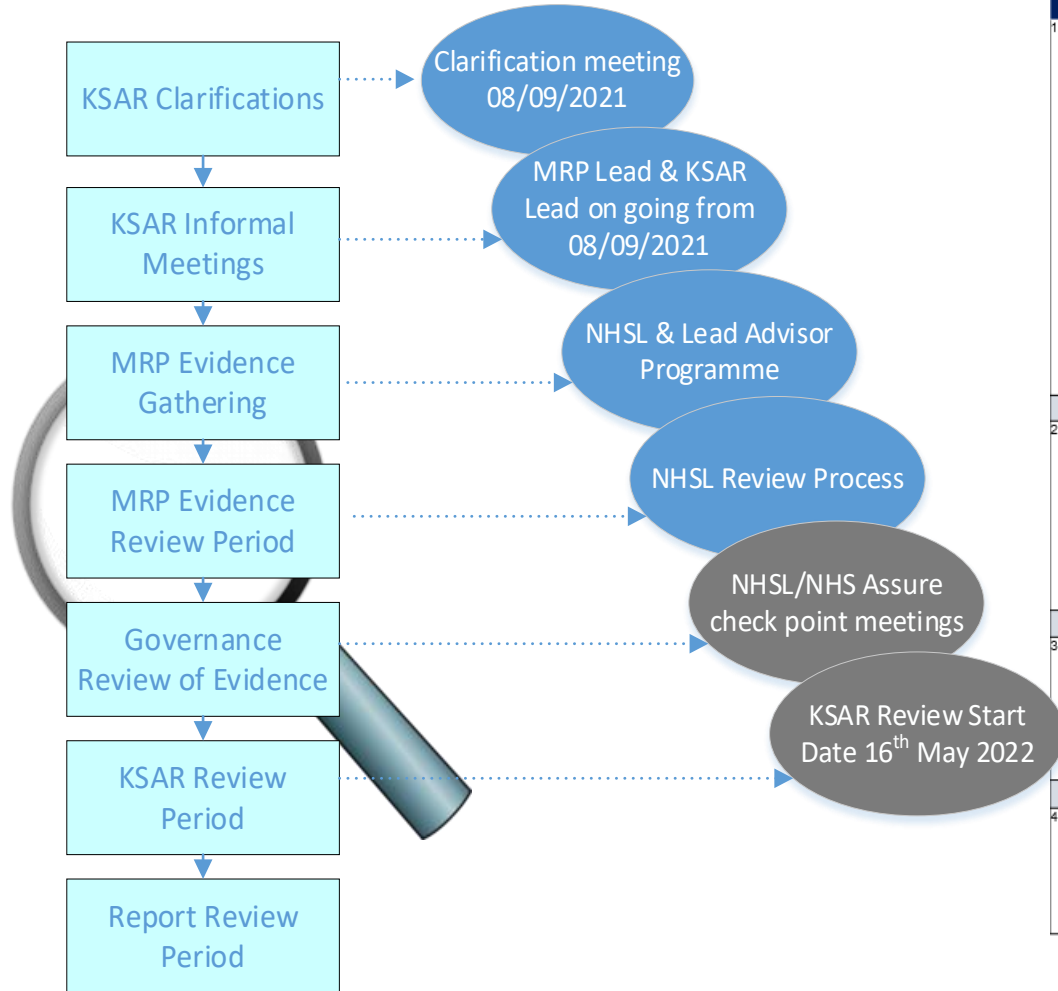
KSAR Evidence & Review Process



KSAR Evidence & Review Process

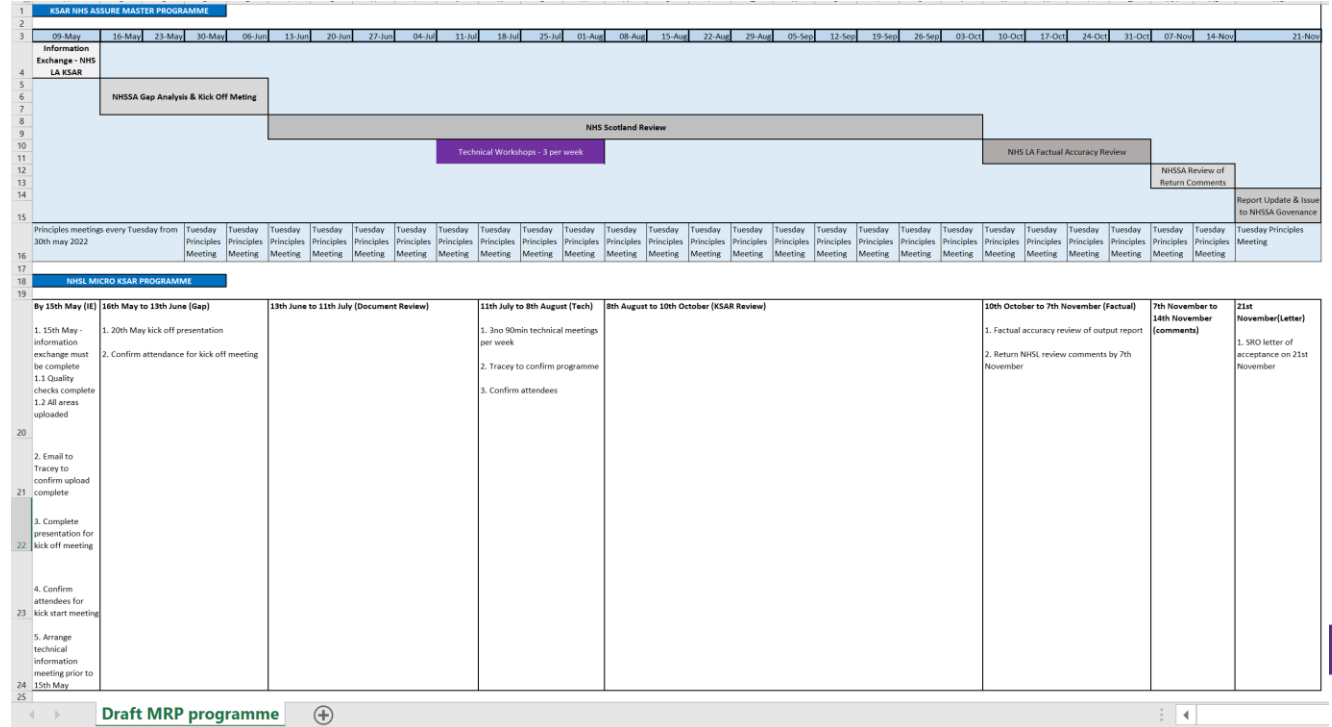
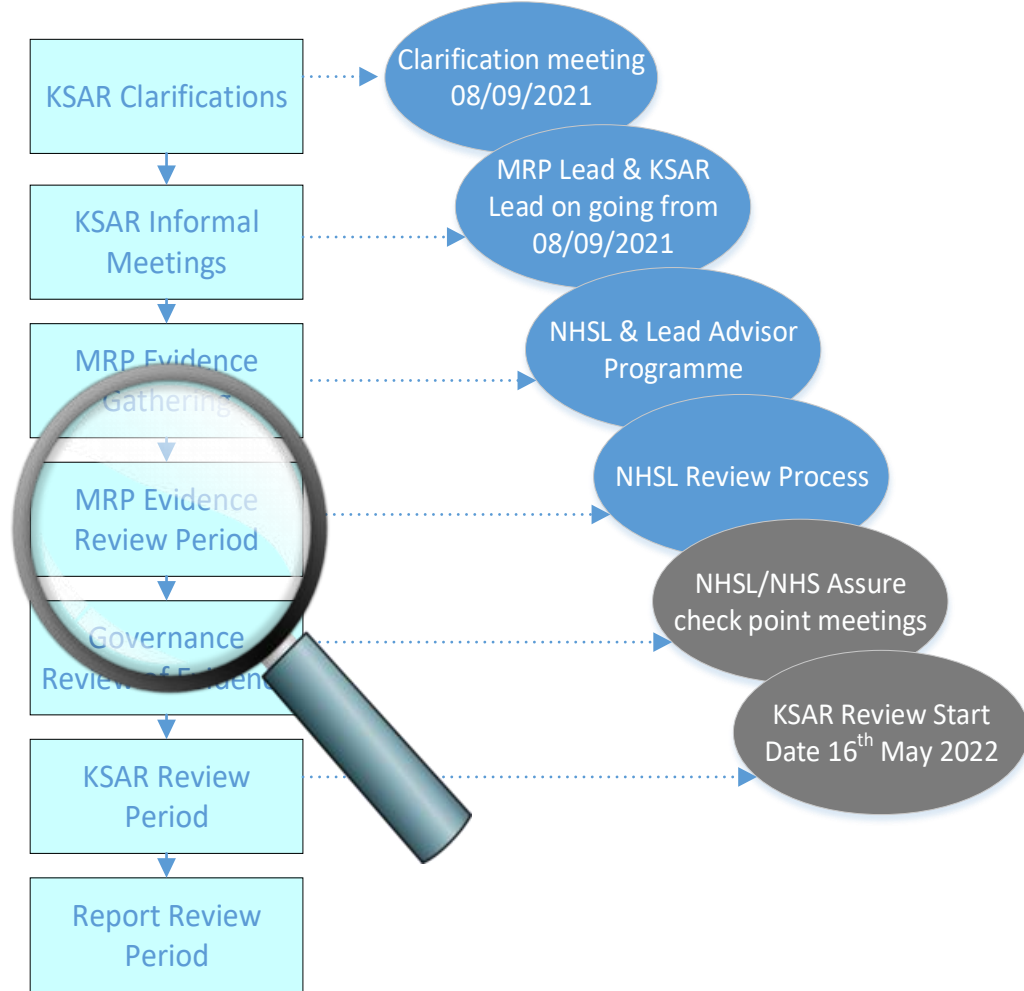


KSAR Evidence & Review Process

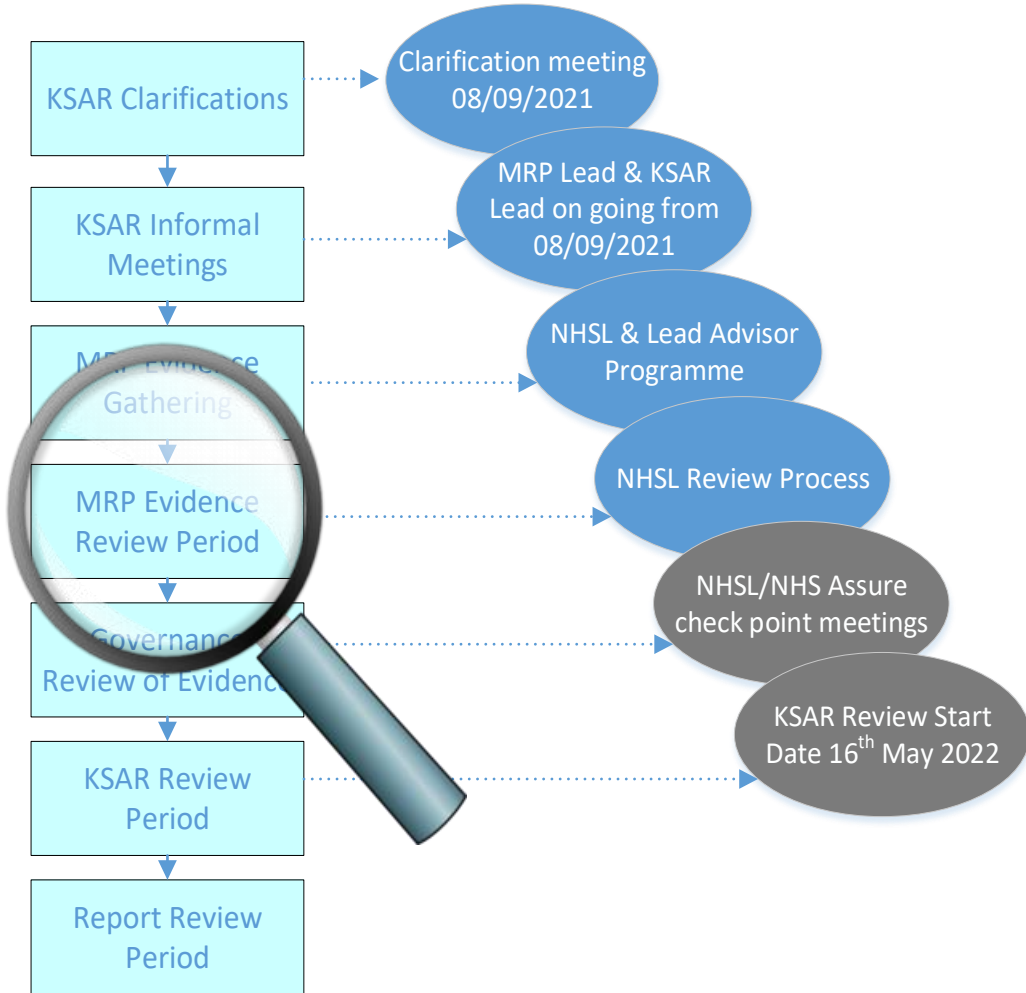


Item	Deliverables - including drawings, specifications, reports	Proposed Evidence	Comments Clarifications meet 8.9.21	NHSL Delivery Date	LA Delivery Date	WW KSAR Deliverable	WW Potential KSAR Deliverable Date
1	NHS Board Authority Construction Requirements (ACRs)	Do the individual design statements, Environmental Matrix, and SOA documents satisfy this requirement? For clarity, there will be no single ACR document produced. (Authority Construction Requirements)	How are you maintaining your governance, clarity and quality? If you are not using an ACR what are you using from your control mechanisms to define :- 1. your requirements and 2. monitor subsequent compliance throughout the design stages? Purpose of ACR doc - as an organisation you can pull together your information and see it as a whole. Its a doc that can be used outwith your board to secure the contract - develop designs etc. If there is no ACR, HFS needs direction to understand how you are presenting information and how everyone will understand the needs from a host of different documents rather than one. An ACR helps with gateway checks.	Process First Nov	Mar-22	No Wallace Whittle direct deliverable	N/A
2	PSCP/Design Team Contracts/Appointment Documents	We intend to provide the HLIP for LA and Currie & Brown response, Appointment including agreed schedule of deliverables; will this suffice?		PSC/HCP First Nov	PSCP TBC	No Wallace Whittle direct deliverable	N/A
3	Evidence of Board Competency Checks on Design Team/Contractors	We will provide competency checks for the PSC and the design team including any sub contractors (Tier 2); will this suffice?		PSC/HCP First Nov	PSCP TBC	We have provided CV's and experience previously so we assume no further input required other than a refresh?	04/12/2021
4	Clinical Brief	We can provide the SOA and clinical output specifications (prepared by the NHSL and healthcare planner) will be provided if this suitable?		First Nov	Final SOA TBC	No Wallace Whittle direct deliverable	N/A

KSAR Evidence & Review Process



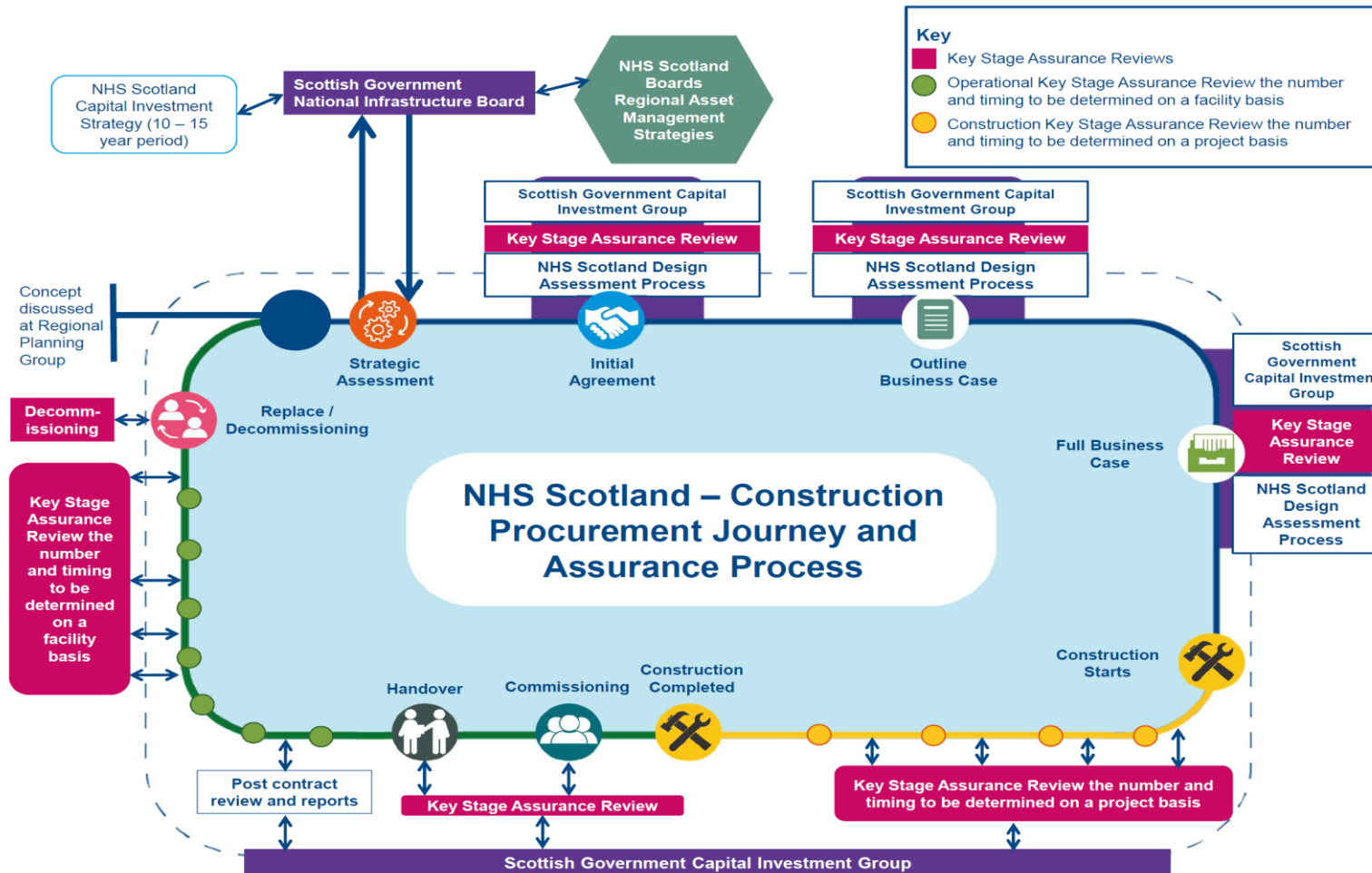
KSAR Evidence & Review Process

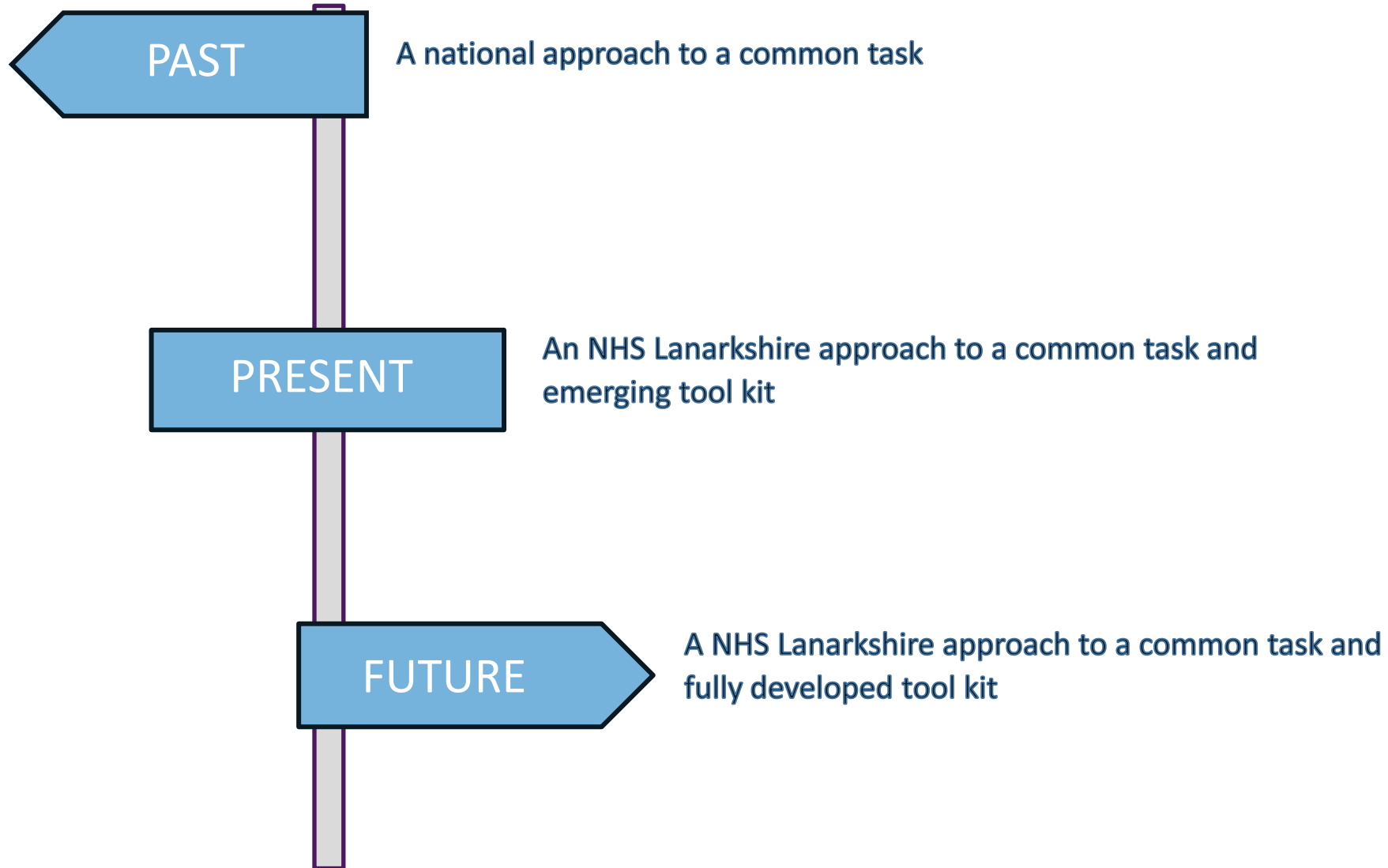


The collage includes the following documents:

- KSAR Evidence Summary:** Lists draft output specification templates for Office & Admin, Endoscopy and Decontamination, and Planned Investigation & Treatment Unit. It includes a table for 'Our Health Together' with a 'To be added' status.
- Feedback Form:** A form with sections for 'Summary of Evidence', 'Feedback to', and 'Area to probe'. It contains questions about the Health Board's service and the expertise of service leads.
- OBC KSAR Review 1.4:** A review form with fields for 'Lead' (Kathryn Henderson), 'Review Panel', and 'Evidence expected'. It includes a 'Does the evidence answer the question?' section with 'Yes' and 'No' options.
- Design Approvals Process:** A register of CoS Documents and Register, listing various templates such as 'MRP CoS Register v2.0.0', 'Draft Output Specification - Laboratory Services', and 'Research and Education Output Specification Template'.

The KSAR Process: Aligning with the stages of SCIM





Key Stage Assurance Review Monklands Replacement Project

Carole Callaghan & Laura Gilchrist
Assistant Project Managers, Monklands
Replacement Project



Information Sharing



Initial Engagement Meeting

Early engagement with the NHS Assure team took place following confirmation of the implementation of the Key Stage Assurance Review.

This meeting facilitated the exchange of key information such as:

- Key contacts
- Protocols of conduct for emails
- Dedicated MRP inbox for correspondence
- Dedicated MRP Teams channel for ease of information sharing



KSAR Workbook and Deliverables

The Workbook and Deliverables were shared with the NHS Lanarkshire team.

VERSION 0 1 August 2021

No.	Areas to probe	Evidence expected	Lead	Evidence	Expected Return Date	Evidence From Actual Return e.g NHSL, LA	Date	Status	Additional Comments
1.1	Evaluation of changes detailed from previous KSAR.	Assessment of any substantive changes in highlighted areas from previous review stage and all actions have been implemented.							
1.2	Verification that CIC recommendations have been implemented with respect to prescribed in scope.	Review of the implementation of all CIC recommendations. Evaluation of any deviation from previous submissions or reviews.							
1.3	Has cross-referencing with NDAP and AEDT recommendations been implemented?	An assessment if there is full compliance with the applicable recommendations and actions from the preceding step.							
1.4	Does the Health Board continue to demonstrate service / clinical input into design decisions based on a current and comprehensive knowledge of patient cohorts?	Recorded and updated input taken from service lead(s) / clinician(s) about relevant patient cohort characteristics and their typical needs in terms of the accommodation's environment, safety and infection control standards. Demonstrable expertise of service lead(s) / clinician(s) in providing this advice.							
1.5	Project team demonstrates a unified and recorded understanding of needs of main users and patient cohorts of the proposed environment, for all of the main risk, return and their associated needs.	Updated and current list available of all stakeholders, service users and patient cohorts impacted by this project, plus the impact of the proposed environment on all of the main risk, return and their associated needs.							

VERSION 0 1 AUGUST 21

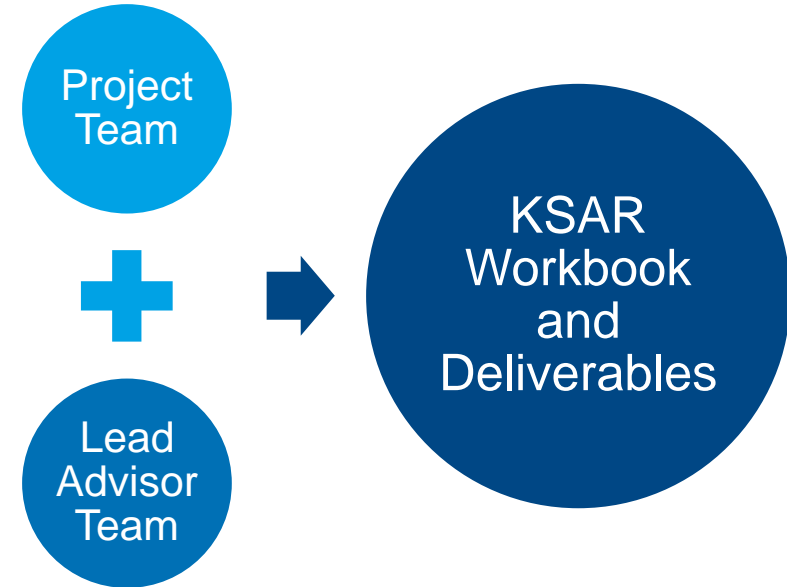
Item	Deliverables - including drawings, specifications, reports	Further information	Lead	Evidence	Expected Return Date	Evidence From Actual Return e.g NHSL, LA	Date	Status	Additional Comments
1	NHS Board Authority Constitution Requirements (ACRs)								
2	PS/CIC/Design Team Contracts/Appointment Documents								



Formation of a Core Team

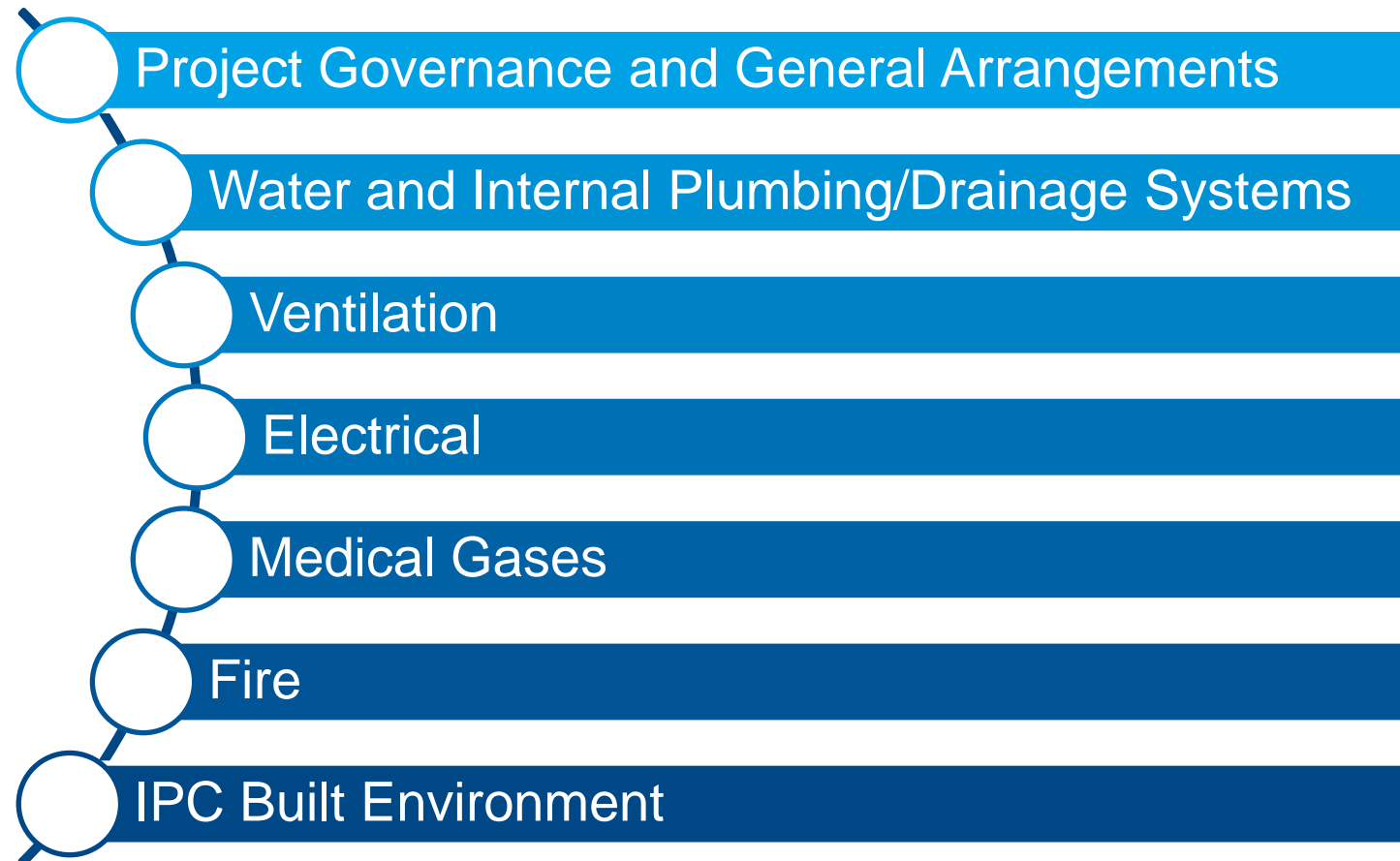
An internal KSAR core team was formed consisting of members of the MRP Team and the Lead Advisor team.

The core team considered each question posed by the KSAR Workbook and Deliverables in terms of the information required to answer the questions and how work to collate that information could be shared within the group.



7 Key Themes

There were 7 key themes to be explored within the review and, initially, each was assigned to an MRP team member to deliver:

- 
- Project Governance and General Arrangements
 - Water and Internal Plumbing/Drainage Systems
 - Ventilation
 - Electrical
 - Medical Gases
 - Fire
 - IPC Built Environment



Tracking Progress

A document was created in order to track the progress of collating the agreed information required.

Insert spreadsheet



Internal Gap Analysis

The MRP team carried out an internal gap analysis using the review template to assess the information that had been collated.

Gaps were identified by reviewers and detailed in the 'Feedback to Lead' section of the review page.

The core team established whether gaps were able to be filled with existing information or if any of it was a work in progress awaiting completion.

Tracking of document versions and 'live' documents is key to ensuring the information submitted to KSAR is consistent throughout.

The screenshot shows a document from NHS Lanarkshire. At the top is the NHS Lanarkshire logo. Below it is a table with three rows of draft templates and their corresponding file names. The first row is 'Draft Output Specification Template – Office & Admin' with file 'RC1CB-1.PDF'. The second row is 'Draft Output Specification Template – Endoscopy and Decontamination' with file 'F0352-1.PDF'. The third row is 'Draft Output Specification – Planned Investigation & Treatment Unit' with file 'F088F-1.PDF'. Below the table is a row with 'Our Health Together' and 'To be added'. A second row with the number '2' is partially visible. Below the table is a 'Summary of Evidence' section with a blue header. The text below the header states: 'The evidence included in this review addresses the questions through the following:' followed by three bullet points. Below that is a 'Feedback to Lead' section with a blue header. This section contains four bullet points, and the entire section is circled in red. The first bullet point asks: 'Is Design Approvals Process document the final draft? (Highlighted sections and comments to be left in?)'. The second bullet point asks: 'Design Approvals Process document does not really discuss specific patient cohort characteristics and their typical needs, but does show that stakeholders such as IPC and Clinical/Department leads are involved in design process – is this enough to answer the question?'. The third bullet point asks: 'Any abbreviations should be written out in full when first being used so it's clear what it stands for'. The fourth bullet point asks: 'Should authors be added to CoS documents so that it's clear who has had input?'.

• Draft Output Specification Template – Office & Admin	RC1CB-1.PDF
• Draft Output Specification Template – Endoscopy and Decontamination	F0352-1.PDF
• Draft Output Specification – Planned Investigation & Treatment Unit	F088F-1.PDF
Our Health Together	To be added
2	

Summary of Evidence:

The evidence included in this review addresses the questions through the following:

- The Design Approval Process outlines key design development activities. The document details how each activity was developed using methods such as collaborative workshops and stakeholder engagement. The document identifies the core group of stakeholders required to sign-off on designs, including Infection Prevention and Control and Clinical/Department Leads.
- The CoS Register details the clinical and non-clinical leads involved in the writing of the CoS documents, highlighting that the correct people have been included in the process.
- The CoS documents details current service models of each department, including what works well and where there is room for improvements. The service leads for each department are best placed to provide input about relevant patient cohort characteristics and their typical needs.

Feedback to Lead:

- Is Design Approvals Process document the final draft? (Highlighted sections and comments to be left in?)
- Design Approvals Process document does not really discuss specific patient cohort characteristics and their typical needs, but does show that stakeholders such as IPC and Clinical/Department leads are involved in design process – is this enough to answer the question?
- Any abbreviations should be written out in full when first being used so it's clear what it stands for
- Should authors be added to CoS documents so that it's clear who has had input?

Collaborative Approach



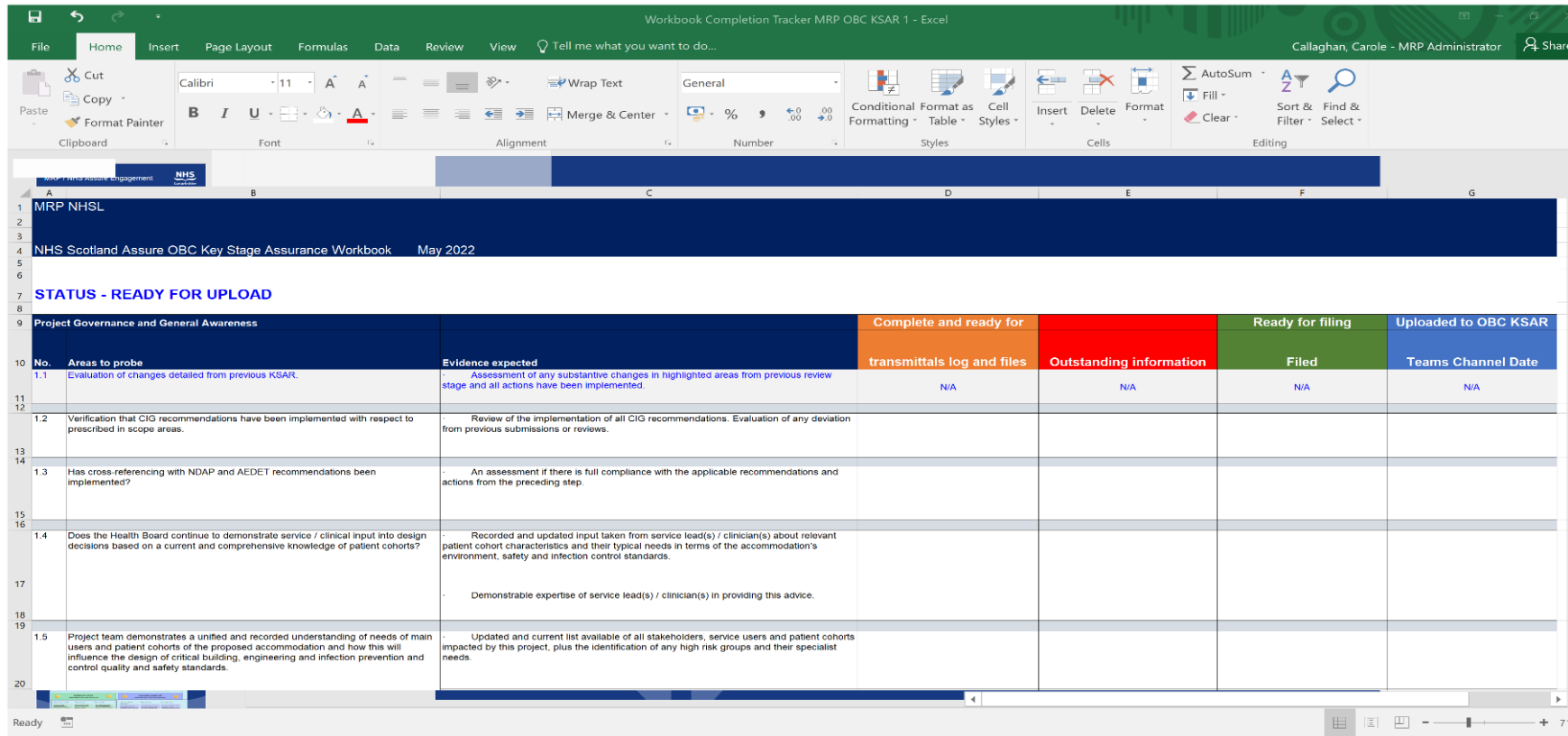
Throughout the process of preparing for the review, regular meetings were held between the NHS Assure team and NHS Lanarkshire.

Regular informal meetings helped to create a collaborative environment in which both parties could assess progress towards commencement of review and be transparent with each other.



Readiness to Submit

In preparation to formal submission, a new tracker document was prepared in order to cross-check when information was ready to be transferred across to the Teams channel.



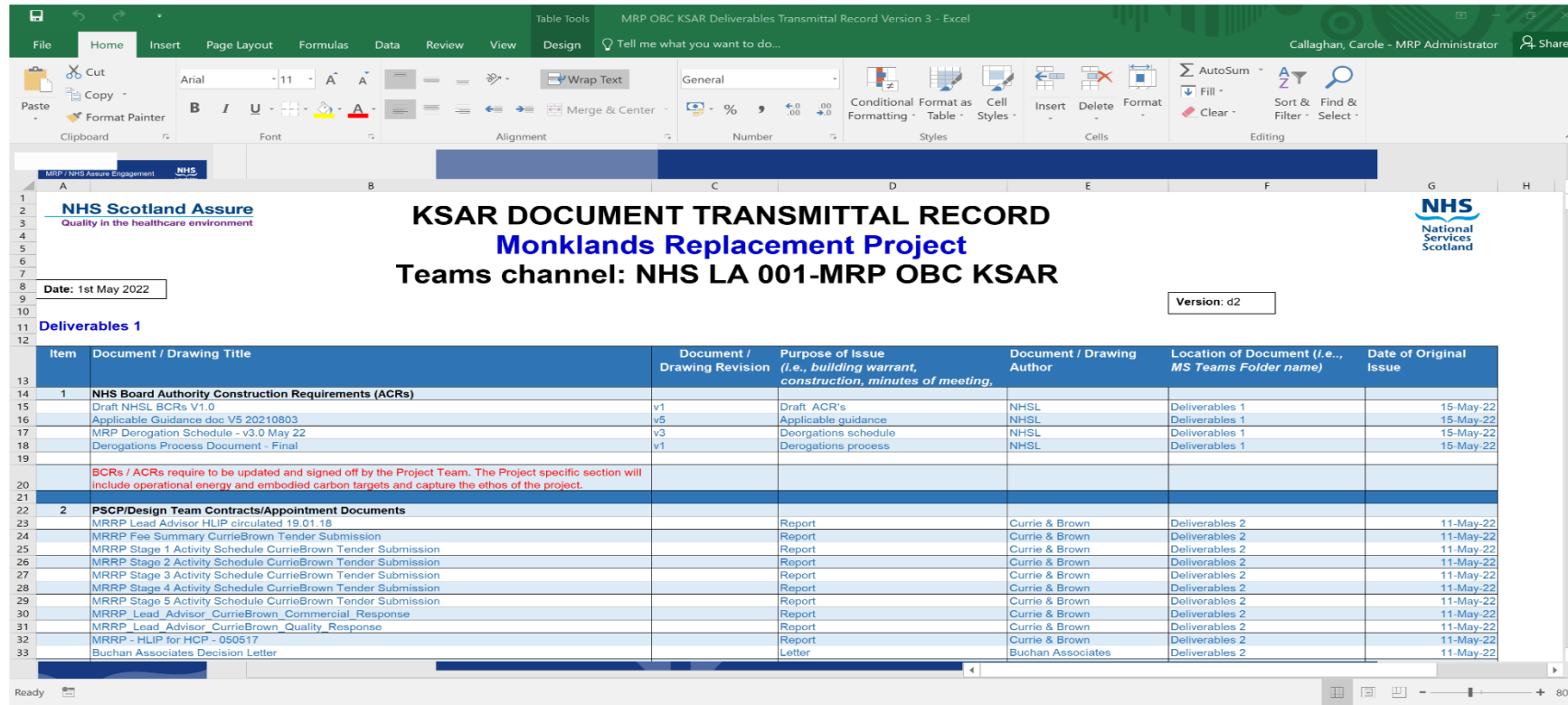
Project Governance and General Awareness		Complete and ready for transmittals log and files	Outstanding information	Ready for filing	Uploaded to OBC KSAR
No.	Areas to probe	Evidence expected	transmittals log and files	Filed	Teams Channel Date
1.1	Evaluation of changes detailed from previous KSAR.	- Assessment of any substantive changes in highlighted areas from previous review stage and all actions have been implemented.	N/A	N/A	N/A
1.2	Verification that CIG recommendations have been implemented with respect to prescribed in scope areas.	- Review of the implementation of all CIG recommendations. Evaluation of any deviation from previous submissions or reviews.			
1.3	Has cross-referencing with NDAP and AEDET recommendations been implemented?	- An assessment if there is full compliance with the applicable recommendations and actions from the preceding step.			
1.4	Does the Health Board continue to demonstrate service / clinical input into design decisions based on a current and comprehensive knowledge of patient cohorts?	- Recorded and updated input taken from service lead(s) / clinician(s) about relevant patient cohort characteristics and their typical needs in terms of the accommodation's environment, safety and infection control standards. - Demonstrable expertise of service lead(s) / clinician(s) in providing this advice.			
1.5	Project team demonstrates a unified and recorded understanding of needs of main users and patient cohorts of the proposed accommodation and how this will influence the design of critical building, engineering and infection prevention and control quality and safety standards.	- Updated and current list available of all stakeholders, service users and patient cohorts impacted by this project, plus the identification of any high risk groups and their specialist needs.			



NHS Assure Transmittal Log

The transmittal log is a key requirement for the KSAR Team and not to be underestimated in terms of time taken to complete and requirement for complete accuracy.


This is the main focus of the 2-week Gap Analysis period when the KSAR review formally kicks off.





Item	Document / Drawing Title	Document / Drawing Revision	Purpose of Issue (i.e., building warrant, construction, minutes of meeting,)	Document / Drawing Author	Location of Document (i.e., MS Teams Folder name)	Date of Original Issue
Deliverables 1						
1	NHS Board Authority Construction Requirements (ACRs)					
	Draft NHSL BCRs V1.0	v1	Draft ACR's	NHSL	Deliverables 1	15-May-22
	Applicable Guidance doc V5 20210803	v5	Applicable guidance	NHSL	Deliverables 1	15-May-22
	MRP Derogation Schedule - v3.0 May 22	v3	Derogations schedule	NHSL	Deliverables 1	15-May-22
	Derogations Process Document - Final	v1	Derogations process	NHSL	Deliverables 1	15-May-22
	BCRs / ACRs require to be updated and signed off by the Project Team. The Project specific section will include operational energy and embodied carbon targets and capture the ethos of the project.					
Deliverables 2						
2	PSCP/Design Team Contracts/Appointment Documents					
	MRRP Lead Advisor HLIP circulated 19.01.18		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Fee Summary CurrieBrown Tender Submission		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Stage 1 Activity Schedule CurrieBrown Tender Submission		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Stage 2 Activity Schedule CurrieBrown Tender Submission		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Stage 3 Activity Schedule CurrieBrown Tender Submission		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Stage 4 Activity Schedule CurrieBrown Tender Submission		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Stage 5 Activity Schedule CurrieBrown Tender Submission		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Lead Advisor CurrieBrown Commercial Response		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP Lead Advisor CurrieBrown Quality Response		Report	Currie & Brown	Deliverables 2	11-May-22
	MRRP - HLIP for HCP - 050517		Report	Currie & Brown	Deliverables 2	11-May-22
	Buchan Associates Decision Letter		Letter	Buchan Associates	Deliverables 2	11-May-22

Lessons Learned

Maintaining the spirit of collaborative working, the NHS Assure and NHS Lanarkshire team have also begun collation of lessons learned ahead of the full business case stage.









Achievements and Lessons Learned Monklands Replacement Project (MRP)

This template will be used to reflect on the on the achievements and lessons learned during the Key Stage Assurance Review (KSAR) for the MRP.



10 June 2022



Achievements

What have you got better at?

What went well?	The impact	The result
From an NHS Scotland Assure perspective the gap analysis process worked well due to the way NHS Lanarkshire had structured their response.	Information was sign-posted and easy to find.	The appointed lead adviser reflected it was clear that the pre-KSAR engagement between NHS SA and NHS LA had helped to smooth the way for this part of the process.



Lessons Learned

What do you want to improve?

What could be better?	The impact	For next time
Embedding multiple documents on to one document within the MS Teams environment during information upload phase.	Caused documents to not open correctly and for the workbook and deliverables list needed updating to incorporate each embedded document.	For future KSARs each document will be individually loaded within the appropriate teams channel.
I made 89 individual Transmittal Logs in response to the Deliverables List. Items within folders not listed - only folder name listed.	Transmittal logs had to be merged to one.	For future KSARs - a 10 min chat dedicated to the transmittal log required.



Discussion



**NHS Scotland
Assure**

Presenter Name (18pt)
Title/position (16pt)