NHS Scotland Assure
Quality in the healthcare environment

NHS National Services Scotland

NHS Greater Glasgow and Clyde Redevelopment of Institute of Neurological Sciences

Initial Agreement KSAR Report

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Document Overview

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Prepared for:

NHS Greater Glasgow and Clyde

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Document Control Sheet

Revision History

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Approvals

This document requires the following signed approvals:

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V1.1	01/04/2022	Alan Morrison - Health Infrastructure, Investment and PPE, Scottish Government Health and Social Care Directorates Andrew Bailie – NHS GG&C [redacted] – NHS GG&C	 Assistant Head of Capital Planning Project Manager

1. Executive Summary

As a result of the Initial Agreement (IA) Key Stage Assurance Review (KSAR) and based on the information presented to NHS Scotland Assure (NHS SA), we are able to support the project at this stage, subject to NHS Greater Glasgow & Clyde's (NHS GG&C) confirmation of their action plan and commitment to address the issues identified.

Overall, the KSAR has not identified any significant findings that require to be addressed prior to the conclusion of the IA phase of the project. There are a number of points that we recommend NHS GG&C review as part of their action plan to mitigate potential risks identified.

The project information provided by NHS GG&C clearly responds to the IA KSAR Workbook questions, identifying the patient cohort, their specialist requirements, and the clinical models for the new facility, to meet their specialist needs. The documentation provided by NHS GG&C is well developed and aligned to the level of detail expected at the current stage of the project.

Throughout the Key Stage Assurance Review (KSAR) it was evident that NHS GG&C understand the challenges faced by the redevelopment of the Institute of Neurological Service (INS) current facilities and how their estate needs to be developed to suit the predicted patient throughput.

The project programme included within the IA documentation identifies several key activities that are running concurrently during the early stages of the OBC development. These include development of briefing documentation, site option appraisal, procurement, and contractor selection. The programmed timescales, for undertaking RIBA Stages 1, 2 and 3, are, in NHS SA's opinion, extremely ambitious given the size and complexity of the project. It is unclear from the evidence presented if NHS GG&C have benchmarked these timescales against other similar sized projects for comparison. This is an exercise which NHS SA recommend is undertaken to ensure a robust and achievable programme is in place from the outset of the OBC design.

It is also recommended that NHS GG&C review the activities and durations, within the master programme and consider programming the early stage OBC activities sequentially and extending durations where practical.

We suggest NHS GG&C should also review the timeline for developing the technical briefing requirements, as if this is not done in advance of contractor/design team appointments, it may represent a significant risk to the development of the project.

NHS GG&C have submitted an early-stage Project Risk Register, which is included within the IA documentation (Appendix A). Project risks, which have not been recorded within the master register have been identified elsewhere within the IA documentation (Appendix A). NHS GG&C should look to ensure all risks are collated in a common

location to ensure consistency and ease of risk management throughout the project design stages.

The risk register within the IA Documentation (Appendix A) identifies risk owners, but this appears to indicate the overarching responsible individuals, such as the Board member. It is recommended that each risk identifies the parties responsible for actively managing, reviewing, and closing the risk as well as the member of the Board that will be consulted.

Stakeholder input into the proposed solutions is evident, including the sign off and acceptance of the departmental briefing documentation, by a lead stakeholder. NHS GG&C clarified that the lead stakeholder signatures were fully supported by the workshop attendees in their acceptance to the clinical briefs developed by the Healthcare Planner, but documented evidence was not supplied to confirm this.

The IA documentation presented to NHS SA does not incorporate a Project Execution Plan or overarching Project Organogram indicating all responsible persons and routes of escalation. It is recommended that NHS GG&C develop these documents at the commencement of the OBC stage.

The Board have identified the project resources that are required to be filled, as part of the INS programme delivery. It is recommended that a further review of the project resource is undertaken, including the proposals for the appointment of internal and external consultants. NHS GG&C should also consider any concurrent resource demands where individuals are not working exclusively on the INS project to ensure time is allocated to meet project demands.

The IA demonstrates the establishment of the project governance procedure and details the terms of references for each of the Board project team members, and stakeholders.

The Board have engaged with the Infection Prevention & Control (IPC) team at a very early stage of the Initial Agreement (IA) and the documentation clearly identifies proposals for ongoing inclusion of the Infection Prevention and Control colleagues, within the proposed project governance structure.

A HAI SCRIBE assessment has not been undertaken at this stage as the board had not finalised the proposed site. However, the general site (QEUH) and patient populations affected were known and could have been considered within Stage 1 of the HAI SCRIBE risk assessment. NHS GG&C advised that this will be undertaken during the early OBC stages.

The INS Project Resource Schedule and Programme identifies a single whole time equivalent (1 WTE) for the IPC specialist. It is understood that this will be filled by a 0.5 IPCN and 0.5 ICD with experience in the built environment (however the project requirements for ICD does not indicate a requirement to have previous experience or qualifications in the built environment to hold the position) and will be committed to the project throughout the OBC design stage. The Board have verbally confirmed that the IPC resource has been benchmarked with other major projects for adequacy, however

NHS GG&C confirmed at the KSAR meetings that this will be reviewed as the project progresses.

The Board have outlined the basis of a process for reviewing derogations, throughout the project stages. Whilst the stated aspiration, of the Board, is for the new INS facility to be derogation free, it was acknowledged by NHS GG&C during engagement at the KSAR meetings that this would be challenging.

1.1 Summary of Findings

The findings of this report have been collated based on information provided by NHS GG&C. The following table outlines the status of key findings as derived from the KSAR and identified within the NHS SA Recommended Action Plan issued to NHS GG&C under separate cover:

Review	No. of Issues per category				
	1	2	3	4	5
Project Governance and General Arrangements	0	0	3	2	13

The following categories were used in relation to the findings:

Category	Definition
1	Significant – Concerns requiring immediate attention, no adherence with guidance
2	Major – Absence of key controls, major deviations from guidance
3	Moderate – Not all control procedures working effectively, elements of noncompliance with guidance
4	Minor – Minor control procedures lacking or improvement identified based on emerging practice
5	Observation and improvement activity

1.2 Project Overview

The NHS GG&C IA documentation sets out the business case proposals and service delivery model for the Institute of Neurosciences (INS) on the Queen Elizabeth University Hospital (QEUH) campus.

NHS GG&C have stated within the IA that the clinical risks involved in not addressing the significant issues posed by the existing infrastructure within the INS, are such that it is the top priority for capital investment on the QEUH site and within NHS GG&C.

The IA Documentation (Appendix A) Strategic Infrastructure Strategy for the project notes “that there are no existing alternative sites in Scotland which could support the loss of over 50% of all inpatient neurosciences and oral and maxillofacial surgery (OMFS) in Scotland and 100% of Scotland’s Spinal Injuries service”, in the event of catastrophic failure.

The current INS service is spread over seven buildings and the IA documentation outlines significant issues with several of the existing buildings. The IA identifies service pressures imposed by the facilities including the challenges of undertaking backlog maintenance works to mitigate the issues. The older INS estate (Neurosurgery and Neurology Buildings) floorplate areas for the theatres, wards, bays, storage areas and patient accessibility, do not comply with the current SHTM space standards, which may result in clinical risks due to insufficient space for the required activities.

The IA summarises the shortlisted options being considered, with further option analysis being required at the commencement of the OBC stage to identify the “preferred way forward”. The Optimism Bias within the IA identifies a preference for Option 2, which is described as a full rebuild of the INS Facilities on the QEUH Site. This is a result of the specific site constraints, and risk of disturbance to the clinical services during the refurbishment or extension of the existing facilities.

2. Review Methodology

2.1 Overview of NHS Scotland Assure & The KSAR Process

Good management and effective control of projects is an essential element to the successful delivery and maintenance of healthcare facilities across NHS Scotland estates.

The NHS Scotland Assure - Assurance Service was launched on the 1st June 2021 following a letter issued by Scottish Government to Health Board Chief Executives, Directors of Finance, Nursing Directors and Directors of Estates. This letter outlined the purpose of NHS Scotland Assure, with an overarching aim to deliver a co-ordinated approach to the improvement of risk management in new builds and refurbishment projects across NHS Scotland. The new service will underpin 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.

From the 1st June 2021, all NHS Board projects that require review and approval from the NHS Capital Investment Group (CIG), will need to engage with NHS Scotland Assure to undertake key stage assurance reviews (KSARs). Approval from the CIG will only follow once the KSAR has been satisfactorily completed. 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.

NHS Scotland Assure will also work closely with Health Boards to identify where a KSAR may be required for projects under their Delegated Authority, utilising a triage system to assess risk and complexity of projects.

The KSARs will assess if Health Boards Project Management teams (inclusive of clinicians, appointed construction consultants, and contractors) are briefed and following best practice procedures in the provision of facilities. We will review if projects are compliant in all aspects of safety, if specific engineering systems are designed, installed and commissioned, and for ongoing safety maintenance including Infection Prevention and Control (IPC).

The KSAR focuses on key topics, specifically – IPC, water, ventilation, electrical, plumbing, medical gases installations and fire. This ensures they are designed, installed and functioning from initial commissioning of a new facility and throughout its lifetime. Health Boards are required to have appropriate governance in place at all stages of the construction procurement journey.

Each NHS Health Board will be fully responsible for the delivery of all projects, and its own internal process and resources for carrying out internal reviews and audits of its activities. The KSAR is seen as a complementary independent review, and not as a replacement for the responsibilities of NHS GG&C.

Whilst the KSAR focusses on actions to improve the end product, it is not intended to detract from the merits of a development that will add significant benefit for the healthcare of the population served, and which has many exemplary elements. Rather, it is a reflection of the complexity of healthcare construction projects and the stage of development at which it was reviewed. Some conflicts and changes are to be expected as complex projects develop and project teams have in place mechanisms to identify and address these. This report adds a layer of scrutiny and assurance to that process to address the above requirement from government.

2.2 KSAR Process

2.2.1 The IA KSAR for NHS Greater Glasgow and Clyde (NHS GG&C) Institute of Neurological Sciences Project took place between 1st February 2022 and 18th March 2022.

2.2.2 To inform the findings of the KSAR, the Health Board were issued with key documents outlining the assurance question set and expected level of evidence and supporting documents in accordance with relevant legislation and guidance. This included the IA KSAR Workbook.

The KSAR report includes an overview of the main findings of the review, with a further itemised list of detailed observations provided under separate cover to NHS GG&C. The detailed observations are recorded in an action plan that should be adopted by NHS GG&C following the review and subsequently monitored by them to ensure appropriate actions are completed in a timeous manner.

2.2.3 As part of the KSAR process, NHS GG&C issued a document transmittal log which details the evidence provided in response to the KSAR Workbook and NHS SA recommended deliverables list. As part of an initial gap analysis, NHS SA reviewed the transmittal log to ensure all documents had been successfully received. The transmittal log provides a version history and audit trail of information reviewed.

2.3 Application of Standards & Legislation

2.3.1 Health Facilities Scotland (HFS) currently provides a range of advisory and delivery services across a wide variety of topics from a portfolio which covers the built estate, engineering and environment and facilities management. With some exceptions these services are largely advisory in nature, identifying best practice and developing national guidance and standards.

2.3.2 Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland currently provides advice and guidance on all aspects of infection protection and control nationally in Scotland, inclusive of expert advice and guidance on the topic of Healthcare Associated Infections (HAI) and antimicrobial resistance. It maintains and continues to develop a practice guide (National Infection Prevention and Control Manual – NIPCM) as well as a HAI Compendium of all extant guidance and policy appropriate for use in NHS Scotland. Like HFS, these services are largely advisory in nature, identifying best practice and developing national guidance and standards. The NHS Scotland NIPCM was first published on 13 January 2012 as mandatory guidance, by the Chief Nursing Officer (CNO (2012)1), and updated by a second edition on 17 May 2012 (CNO(2012)01-update). The NIPCM provides guidance for all those involved in care provision and should be adopted for infection, prevention and control practices and procedures. The NIPCM is mandatory policy for NHS Scotland.

The authority of guidance produced by National Services Scotland (NSS) and other national organisations e.g., Healthcare Improvement Scotland is best described by the definitions outlined below (SHTM 00 – Best practice guidelines for healthcare engineering):

> **Regulations** are law, approved by Parliament. These are usually made under the Health and Safety at Work etc Act following proposals from the Health & Safety Commission. Regulations identify certain risks and set out specific actions which must be taken.
>
> **Approved Codes of Practice** give advice on how to comply with the law by offering practical examples of best practice. If employers follow the advice, they will be doing enough to comply with the law.
>
> Approved Codes of Practice have a special legal status. If employers are prosecuted for a breach of health and safety law, and it is proved that they did not follow the relevant provisions of an Approved Code of Practice, they will need to show that they have complied with the law in some other way, or a court will find them at fault.
>
> **Standards (**British or European), institutional guides and industry best practice play a large part in how things should be done. They have no direct legal status (unless specified by Regulations). However, should there be an accident; the applied safety practices at the place of work would be examined against existing British or European Standards. It would be difficult to argue in favour of an organisation where safety was not to the described level.
>
> **Guidance** is issued in some cases to indicate the best way to comply with Regulations, but the guidance has no legal enforcement status.

2.3.3 Whilst guidance is deemed not compulsory by the Health and Safety Executive (HSE), where compliance with guidance is specified in a contract, as is the case here, it becomes a contractual requirement. Therefore, any permitted deviation from it would be expected to follow a formal process with input from all relevant parties, with clarity around how the outcome was reached, including risk assessments where appropriate and sign off by all those authorised to approve it.

3 KSAR Review Summary

The following narrative relates directly to the IA KSAR workbook and the evidence indicated therein. The comments associated with the points are because of the evidence presented by the Board and their advisors during the review process.

3.1 Project Governance and General Arrangements

3.1.1 Project Governance and General Arrangements KSAR Observations

Workbook Ref No.	Areas to probe	Evidence expected
1.1	Service / clinical input into early design decisions based on knowledge of patient cohort.	Recorded 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.

NHS Scotland Assure Observations:

NHS GG&C have demonstrated a good understanding of the patient cohort as part of the KSAR response, including being able to demonstrate clinical input into the development of the Initial Agreement documentation.

The IA KSAR response demonstrates details of the service leads / clinicians involved with the project, their expertise and identifies whether the team member is also a member of the Project Board.

The IA KSAR Response and IA documentation evidence workshops being conducted over a 4-month period (Oct 2020 to Feb 2021), to engage with stakeholders and leading to design briefs being developed for twenty-three departments within the proposed INS facility.

The IA KSAR review team noted workshops being undertaken with the Healthcare Planner to assist in developing the design briefs for the individual departments. The departmental design briefs developed from the workshops identifies the patient cohort characteristics, IPC requirements, accommodation, support facilities, adjacencies, activities, patient throughput and user requirements for clinical service delivery.

Appendix B and Appendix C of the IA documentation provide evidence of the workshops and their attendees, brought together to develop the scope of service for the departments.

The documentation and appendices record the stakeholders required design brief, and is supplemented with Appendix AA, which captures the stakeholder's acceptance to the design briefs.

Documents referenced are:

- INS KSAR IA response V1 (1)
- Appendix A: INS Initial Agreement v0.12
- Appendix B: INS Workshops Stage 0
- Appendix C: INS Workshops Stage 1
- Appendix D: Acute Neurology Inpatient Service
- Appendix E: Clinical Research Facilities including Imaging
- Appendix F: Estates Facilities Management including Catering Services
- Appendix G: Health Records Department
- Appendix H: Hyper-acute Rehabilitation and Medical Inpatient Service
- Appendix I: Inpatient Therapy Services
- Appendix J: Main Entrance and Family Accommodation
- Appendix K: Medical Physics Department
- Appendix L: Neuro Critical Care Unit
- Appendix M: Neurophysiology Department
- Appendix N: Neuroradiology Department
- Appendix O: Neurorehabilitation and Neurology Short Stay Unit and Day Unit
- Appendix P: Neurorehabilitation Inpatient Service
- Appendix Q: Neurosurgical Inpatient Service
- Appendix R: Oral Maxillofacial Laboratory and Prosthetic Service
- Appendix S: Outpatient Service
- Appendix T: Oral, Maxillo-Facial Surgery Inpatient Service
- Appendix U: Pharmacy
- Appendix V: Surgical Day Case and Same Day Admission Unit
- Appendix W: Queen Elizabeth National Spinal Injuries Unit including Step-down and Research Facility
- Appendix X: Stroke Inpatient Service
- Appendix Y: Theatres and Interventional Neuroradiology Department
- Appendix Z: Rest On-call Accommodation, Education, Training and Meeting Central Administration and Offices Staff Change
- Appendix AA: Clinical Brief Sign off Template 0421 Signed Complete

Workbook Ref No.	Areas to probe	Evidence expected
1.2	Health Board Project team 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.	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. Recorded engagement on these designs issues having taken place between the project team and service lead(s) / clinician(s), infection prevention and control team, and other key stakeholders (e.g. the AEDET, NDAP or other design briefing workshops). Details available of proposed service model, understanding of what the patient journey will be through the service, and records of expected patient throughput levels. Details available of how service users / patient cohort needs, and their expected use of the accommodation has influenced the initial design brief; including critical building, engineering and infection prevention and control quality and safety standards.

NHS Scotland Assure Observations:

NHS GG&C have demonstrated a good understanding of the needs of the main users and patient cohorts of the proposed accommodation, throughout the Initial Agreement documentation and supporting Appendices. The departmental briefs clearly outline the required departmental functions and outline the required standards that need to be adopted to develop the architectural and engineering designs.

The departmental design briefs have been developed for each department, within the INS facility (23 total), and provide a clear and concise overview of the specialist patient needs, high risk groups, service complexities and required specialisms to deliver the service within the INS facility.

The complete stakeholder list has been produced within the IA document (Appendix BB) which identifies representatives of the following:

- Patient Representatives (four named representatives of the Patient / Carer Representative Group)
- 3rd Sector Representatives (three named representatives nominated by The Neurological Alliance of Scotland)

- Other Representatives (two named representatives from NHS National Services Scotland)
- Clinical/Non-Clinical Service Representatives (thirty-six named representatives)
- NHS GG&C Project Stakeholders / INS Redevelopment Project Board (twelve named representatives. It is noted that the named Staff Partnership Representative is to be confirmed)

The evidence submitted shows that the 'start / from' dates for the involvement of a small number of the stakeholders expired in 2021. NHS GG&C confirmed at the KSAR weekly meeting that (Appendix BB) represented a snapshot in time and changes to the stakeholder involvement would be reviewed and documented as the project evolves in the OBC stage.

The stakeholder list does not identify roles for the authorising engineers, safety group members (water, electricity, ventilation, medical gas etc.) and microbiologists. NHS GG&C should identify stakeholders that will be involved in the project development during the commencement of the project OBC stage and ensure that they are engaged with the project as required.

The IA submission documents evidence of workshops being held to prepare design statements and Achieving Excellence Design Evaluation Toolkit (AEDET) assessments, for the new and existing INS facility, including a list of stakeholders present at the workshops.

The early stage AEDET scoring of the INS Facilities identifies that the Project Team and Health Board stakeholders, all agreed that the existing facilities are performing poorly across all categories, with the following key themes being identified:

- Building and services at the end of maintainable life
- Patients traveling excessive distances/between floors to attend interlinked INS clinical services.
- No flexibility / ability to expand
- Issues with accessibility / clinical adjacencies / internal flows

The IA Appendices (B and C) evidence the workshops held between NHS GG&C, the appointed Healthcare Planner and stakeholders to develop the clinical briefs for the INS Departments (Appendix D to Z).

The NHS GG&C clinical briefs detail the proposed service model within each department, key adjacencies, patient throughput, and the journey of staff, patients, and support services (catering, pharmacy, facilities management (FM) etc.). The clinical briefs provide an initial strategic definition of the client requirements for RIBA Design Stage 0 of the new INS facility and includes outline environmental considerations, identifying medical gas requirements, medical equipment requirements and environmental considerations.

Appendix HH of the IA documentation includes a schedule of accommodation which also outlines the planned departmental areas and bed numbers for development during the next project stages.

The IA (Appendix AA) evidences stakeholder acceptance (signed by the clinical lead only) of the briefing documentation developed for the new INS facility. NHS GG&C clarified that the lead stakeholder signatures were fully supported by the workshop attendees in their acceptance to the clinical briefs developed by the Healthcare Planner, but documented evidence was not supplied to confirm this. NHS SA recommend that a formal process is developed for capturing sign off by all attendees to ensure transparency.

The IA KSAR response outlines the engagement undertaken to date with patients and the approach to engage with them through embedding their representatives within the stakeholder sub-group.

The IA KSAR response documents the requirement for a gap analysis to be undertaken to help identify other key stakeholders and increase the number of Patient Representatives and service users involved as part of the project development.

The technical design brief (RIBA Stage 1) is identified on the programme as being developed at the commencement of the project OBC stage (Appendix GG). NHS SA recommends this includes details of the INS critical departments, resilience requirements, for the engineering systems, Net Zero Carbon (NZC) targets, quality and safety standards.

NHS Scotland Assure recommend that the design brief should be developed for use as part of the contractor selection process and to monitor the success/competency of NHS GG&C Design Partners in responding to their specific design / user requirements.

Documents referenced are:

- INS KSAR IA response V1 (1)
- Appendix A: INS Initial Agreement v0.12
- Appendix B: INS Workshops Stage 0
- Appendix C: INS Workshops Stage 1
- Appendix D: Acute Neurology Inpatient Service
- Appendix E: Clinical Research Facilities including Imaging
- Appendix F: Estates Facilities Management including Catering Services
- Appendix G: Health Records Department
- Appendix H: Hyper-acute Rehabilitation and Medical Inpatient Service
- Appendix I: Inpatient Therapy Services
- Appendix J: Main Entrance and Family Accommodation
- Appendix K: Medical Physics Department
- Appendix L: Neuro Critical Care Unit
- Appendix M: Neurophysiology Department
- Appendix N: Neuroradiology Department
- Appendix O: Neurorehabilitation and Neurology Short Stay Unit and Day Unit
- Appendix P: Neurorehabilitation Inpatient Service
- Appendix Q: Neurosurgical Inpatient Service
- Appendix R: Oral Maxillofacial Laboratory and Prosthetic Service
- Appendix S: Outpatient Service
- Appendix T: Oral, Maxillo-Facial Surgery Inpatient Service
- Appendix U: Pharmacy
- Appendix V: Surgical Day Case and Same Day Admission Unit

- Appendix W: Queen Elizabeth National Spinal Injuries Unit including Step-down and Research Facility
- Appendix X: Stroke Inpatient Service
- Appendix Y: Theatres and Interventional Neuroradiology Department
- Education, Training and Meeting Central Administration and Offices Staff Change and
- Appendix Z: Rest On-call Accommodation
- Appendix AA: Clinical Brief Signoff Template 0421 Signed Complete
- Appendix BB: INS Redevelopment full Stakeholder List
- Appendix CC: 20210526-GG-INS AEDET.notes.2
- Appendix DD: AEDET Attendees 27.5.21
- Appendix EE: Design Statement INS V.7 Final
- Appendix HH: Glasgow Institute of Neurosciences SoA V028 260521

Workbook Ref No.	Areas to probe	Evidence expected
1.3	What is the Heath Board's formal process for derogations'?	List of the relevant NHS and non-NHS guidance to be used and adopted (see previous section of workbook for examples of appropriate guidance) and how this is to be highlighted in the Board's Construction Requirements (BCR). List of any proposed derogations from NHS or other guidance and / or list of known gaps in guidance that will need to be resolved in order to meet the needs of the patient / user cohort. Knowledge of the role of infection prevention and control and microbiologist advisors to be used throughout the design stages, and details of the resource plan in place to ensure this advice will be available.

NHS Scotland Assure Observations:

NHS GG&C have identified the appropriate NHS Guidance, through the development of the departmental briefs. NHS SA Assure recommend this should be developed and captured in a BCR type document in advance of the contractor selection to form the basis of the PSCP appointment. This will help to reduce the risks associated with potential documentation not being identified that could influence the design being developed by the PSCP.

NHS GG&C have identified an outline process for derogation reviews. The documentation states that there are no derogations, or known gaps, identified at the IA stage. A Standard Operating Procedure (SOP) for derogations is documented (appendix VV) and it was verbally confirmed this will be used as a template to develop the derogations governance process at OBC stage.

The IA documentation provides an understanding of the role of the IPC and how they will integrate within the developing project design. The IA response identifies roles for

an Infection Prevention and Control Doctor (ICD), and IPC lead experienced in the built environment (however the project requirements for ICD does not indicate a requirement to have previous experience or qualifications in the built environment to hold the position).

The IA does not identify whether the strategy to fill these positions is to be resourced internally or externally by NHS GG&C. The Board should also consider identifying whether these resources will be allocated wholly to this project, through coordinating the commitments across other projects, and their durations.

Documents referenced are:

- INS KSAR IA response V1 (1)
- Appendix GG: INS IA Program Jan 2022 REV D
- Appendix VV: Derogation SOP 00-C1 03-06-21 V2

Workbook Ref No.	Areas to probe	Evidence expected
1.4	Planned approach for managing the design process to ensure successful compliance with agreed and approved standards.	The project governance arrangements and resource plan in place to ensure that the necessary decision-making authority and technical expertise is available to take responsibility for and deliver the project as planned and agreed. Gap analysis on expertise required specifically for the project and details of how gaps in expertise are to be filled. Details of how compliance with the appropriate guidance, design brief and other standards will be agreed, signed off, monitored, reported against and if necessary escalated / adjudicated throughout the design, construction and commissioning stages. Details of how all stakeholders' interests will be agreed, signed off, monitored, reported against and if necessary escalated / adjudicated throughout the design, construction and commissioning stages.

NHS Scotland Assure Observations:

The IA documentation identifies the overall project governance structure, the routes of accountability, reporting and consultation that have been established to deliver the INS Project, which are summarised as:

- The INS Capital Project Board (Board) reports to the Acute Strategic Management Group and is responsible for the planning, procurement and delivery of the INS Project.

- The Project Core Group are responsible to the INS Project Board for project delivery, service design, estates infrastructure. The documents identify and demonstrate the proposed team structure, roles and remits that will oversee the development of the IA, OBC, FBC, infrastructure and commissioning elements of the project.

- The Stakeholder Board feeds into the Project Core Team and has defined membership and terms of reference.

The Project Core Groups will manage multiple Sub-Groups, some are defined with draft TOR's, whilst new sub groups will require to be created at OBC stage as part of the wider project stakeholder engagement strategy and process.

The IA documentation does not evidence the availability of the IPC resource required to fill the IPCN and ICD roles. It was confirmed by NHS GG&C at the KSAR Weekly meetings that the project resource requirements have been benchmarked with other major projects, for adequacy, however this will be required to be reviewed further as the project progresses.

The full scope and resource of technical advisers and roles is not identified within the IA documentation and KSAR responses. The IA response states that this will be considered as part of the procurement strategy workshop, which will be set up at the outset of the OBC, to review and determine the design team selection and resource required as part of the strategic procurement.

The Legal and Finance Sub Group's (Appendices, MM & TT) notes that external legal and financial advisers will attend the meetings. The appendices are marked "Draft Only, Terms of Reference to be discussed at the Kick Off Meeting and detail agreed with the INS Project Board". The IA documentation does not clearly define how and when these key resources will be procured.

NHS SA recommend that NHS GG&C consider the timing for the procurement of the external technical, legal and financial resource required to support the Board in the development of the project towards the OBC Stage and beyond.

The IA demonstrates at high level how all stakeholders' interests will be agreed, signed off, monitored, reported against and if necessary escalated / adjudicated throughout the design, construction, and commissioning stages. The IA documentation outlines the planned sign off and approvals process by individual stakeholders, throughout the project lifecycle.

The IA documentation outlines the governance of stakeholders and evidences the establishment of clinical service Sub Groups (eighteen clinical stakeholder service groups and five support services) who have been actively engaged with the Health Planning workshops to develop the clinical departmental project design briefs at the outset of the IA Stage.

The IA documentation evidences sign off, of the clinical briefs, by a lead stakeholder. NHS GCC confirmed at the weekly KSAR meetings that some Clinical environments (rather than departments) will require multi-professional stakeholders at OBC stage to agree sign-off. NHS GG&C confirmed that the lead stakeholder was supported by the departmental leads, when signing off the clinical briefs.

NHS GG&C identified in discussion that if contradictory stakeholder aspirations arise, issues will be managed and resolved at an early stage. Where resolution or agreement is not reached then this will be escalated through the project governance and change control processes. NHS SA recommend that NHS GG&C should consider incorporating a process to record governance and acceptance from departmental leads and stakeholder sub-groups.

At OBC stage the existing clinical stakeholder Sub Groups will report to the Stakeholder Board and new Sub Groups which will be established to develop the draft IA design briefs into the Board's Construction requirements. A process for management of decision making, reporting and escalation will require to be formalised as part of the project governance.

The IA describes the requirements for statutory compliance and the relevant guidance documents which will apply to the project. In addition, each of the developed clinical department design briefs, details the specific departmental design guidance and regulations which will apply.

The IA outlines the process to monitor, manage and document the Contractor Design Proposals (CDP), Reviewable Design Data (RDD) and Change Control Process (CCP) as the project develops through OBC, FBC, infrastructure and commissioning elements of the project. The extent of the RDD process is defined and linked to CDP within a pro-forma document (Appendix WW) which will be reviewed and managed by the external Technical Adviser from the OBC stage onwards.

The IA acknowledges that a web/cloud based central project document control, record keeping system will required to be set up at OBC and accessible to all relevant parties.

Documents referenced are:

- INS KSAR IA response V1 (1)
- Appendix A - 21CPO24 INS Initial Agreement v0.12
- Appendix GG - INS IA Program Jan 2022 REV D
- Appendix II - INS Project Core ToR
- Appendix MM - INS Legal ToR
- Appendix TT - INS Finance ToR
- Appendix VV - Derogation SOP 00-C1 03-06-21 V2

Workbook Ref No.	Areas to probe	Evidence expected
1.5	Conceptual approach on the procurement journey with initial plans on how the Board will provide assurance, particularly on the identified areas described earlier.	Initial plans on how this requirement will be managed and how it fits with the project governance arrangements. Initial plans to identify any gaps in the procurement approach that may require to be addressed. Initial plans to indicate that the Health Boards selected procurement route will go through the Health Board's Governance channels. Initial consideration on how the Infection Prevention and Control Procedures and management will fit with the conceptual procurement approach and initial thinking on how it will be managed.

NHS Scotland Assure Observations:

The IA documentation identifies the long list of procurement options and outlines a high-level approach to the procurement of the project within the Project Governance structure.

NHS GG&C have also demonstrated within the IA that they plan to consult with their technical advisers as part of the procurement route /review.

The IA documentation indicates that further liaison will be required with Scottish Government Capital Investment Group (CIG) to determine the final procurement route.

Project risks associated with procurement options are identified within the IA documentation, and within (Appendix A:IA documentation - Appendix E and G).

The IA documentation provides Terms of Reference (TOR) for the project team members, within the Board, including a high-level description of their planned roles and responsibilities.

The specific omission of draft TOR's in relation to the procurement of external legal, technical and financial advisers is noted in section 1.4 above.

The IA documentation does not include a Stage 1 HAI-SCRIBE assessment for project options currently under consideration. The IA KSAR Responses identifies that "An early HAI-SCRIBE Session is programmed to be undertaken with the IP&C team and the wider stakeholder group at the beginning of the OBC stage".

The departmental design briefs, included within the IA Appendices, identifies IPC principles, which will be required to be developed further, during the project OBC design stages. The clinical design briefs have been signed off by a lead stakeholder.

NHS GG&C confirmed that the clinical lead had full acceptance of the stakeholders and sub-groups, when signing off the clinical briefing documentation. NHS Scotland Assure recommend that the Health Board includes a record of key stakeholder signatories, as part of the governance process, to ensure that acceptance from IPC and sub-groups is fully captured.

Nominated Infection Prevention and Control (IPC) representatives for the project are identified within the project documentation (Appendix BB) providing input to the Project Team as required. Some of the stakeholders identified incorporate start / from dates, which expired in 2021, which includes the ICD position. During the KSAR weekly meetings NHS GG&C clarified that the expiration dates referred to the date the stakeholders were last involved, or engaged with, and that their involvement would continue through the OBC / FBC stages.

The IA biographies for the service leads and clinicians, lists the lead Infection Control nurse and their qualifications/experience to support the project. During the weekly KSAR reviews it was confirmed that the IPC specialists with built environment experience were required, however the project requirements for ICD does not indicate a requirement to have previous experience or qualifications in the built environment to hold the position.

The IA states 'An Infection Control representative must be in attendance for any Project Board meeting where a decision is required which relates to Infection Prevention and Control'. NHSSA would suggest IPC attendance at all Project Board meetings rather than being co-opted when deemed appropriate by the Project Board. Not having IPC members present risks IPC issues or hazards not being identified in a timely manner, or at all.

The outline programme (Appendix GG) identifies key stage activities, occurring concurrently, these include developing the design brief, concurrently with the contractor selection process, rather than consecutively programmed activities. The Health Board should seek to review the durations indicated for developing RIBA Stage 1, 2 and RIBA Stage 3 design durations, with their appointed Technical Advisory team, to reflect the scale and complexity of the planned INS facility.

NHS GG&C should seek to review the programme as the approach could result in commercial risk, if engaging with a contractor in advance of developing a robust design brief. The durations for developing the RIBA Stage 1, 2 and 3 designs could also introduce a significant risk to the quality and safety of the INS design proposals.

Documents referenced are:

- INS KSAR IA response V1
- Appendix A - 21CPO24 INS Initial Agreement v0.12
- Appendix D: Acute Neurology Inpatient Service
- Appendix E: Clinical Research Facilities including Imaging
- Appendix F: Estates Facilities Management including Catering Services
- Appendix G: Health Records Department
- Appendix H: Hyper-acute Rehabilitation and Medical Inpatient Service
- Appendix I: Inpatient Therapy Services
- Appendix J: Main Entrance and Family Accommodation
- Appendix K: Medical Physics Department

- Appendix L: Neuro Critical Care Unit
- Appendix M: Neurophysiology Department
- Appendix N: Neuroradiology Department
- Appendix O: Neurorehabilitation and Neurology Short Stay Unit and Day Unit
- Appendix P: Neurorehabilitation Inpatient Service
- Appendix Q: Neurosurgical Inpatient Service
- Appendix R: Oral Maxillofacial Laboratory and Prosthetic Service
- Appendix S: Outpatient Service
- Appendix T: Oral, Maxillo-Facial Surgery Inpatient Service
- Appendix U: Pharmacy
- Appendix V: Surgical Day Case and Same Day Admission Unit
- Appendix W: Queen Elizabeth National Spinal Injuries Unit including Step-down and Research Facility
- Appendix X: Stroke Inpatient Service
- Appendix Y: Theatres and Interventional Neuroradiology Department
- Education, Training and Meeting Central Administration and Offices Staff Change and
- Appendix Z: Rest On-call Accommodation
- Appendix AA: Clinical Brief Signoff Template 0421 Signed Complete
- Appendix FF - INS Redevelopment - IPC meeting 070621

3.1.2. Project Governance and General Arrangements: Further Observations

No further observations were identified.

4. Appendices

Appendix 1: Glossary

Please refer to NHS Scotland Assure – Assurance Service Master Glossary document available to download from NHS National Services Scotland website

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