NHS Scotland Assure
Quality in the healthcare environment

NHS National Services Scotland

NHS Highland Lochaber Health & Social Care Redesign Key Stage Assurance Review

Initial Agreement KSAR Report

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Document Overview

Lochaber Development | Key Stage Assurance Review Report | IA Stage

Prepared for:

NHS Highland

Prepared by:

NHS Scotland Assure – Assurance Service

Document Control Sheet

Revision History

Version	Date	Revision Details	Originator	Changes Marked
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1. Executive Summary

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

Throughout the Key Stage Assurance Review (KSAR) it was evident that NHS Highland demonstrated a good understanding of the challenges faced by their current facilities in the Fort William area and how their care model needs to be developed to suit the population demographic. NHS Highland assert the need for change is to mitigate current and future clinical risks to the service and outline these within their Initial Agreement (IA) and associated appendices documents.

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 several points that we recommend NHS Highland review as part of their action plan to mitigate potential risks identified. One of the key items we recommend NHS Highland prioritise is the further development of their programme. Whilst a programme is referenced within the IA documentation, in our opinion it should be developed to represent all stages of the project. The master programme should also allow time for appropriate levels of internal and external governance when assessing the finalisation of design options during the Outline Business Case (OBC).

The documentation provided by NHS Highland is generally well developed and aligned to the level of detail expected at the IA of the project. The solutions explored to date focus more around the service requirements as opposed to final technical solutions (which will be developed on the journey to OBC).

NHS Highland have submitted a preliminary risk register, and this should continue to be reviewed and developed as the project moves through to the next design stages.

NHS Highland have identified that they do not have the (internal) capacity and capability to deliver the project, this is flagged as a 'Major' and 'Possible' within the project risk register. The proposed mitigation, identified within the IA documentation, is to identify dedicated internal resources augmented by support through Hub North Partnership. Whilst NHS Highland have provided high level consideration on the required internal and external project and technical specialists, there is no detail developed at this stage on how the required project resources, capacity and competencies will be assessed and subsequently filled or procured.

Stakeholder input into the proposed solutions is evident, however in our opinion, there is a lack of documented sign-off evidence from stakeholder leads as to approval of the options taken forward through the IA process. We recommend that NHS Highland review how stakeholder sign-offs' are captured during subsequent stages to provide full transparency in the decision-making processes. NHS Highland should also consider creating a detailed resource plan to ensure appropriate levels of support are provided for the OBC stage, including any required input from senior leadership personnel.

The stakeholder list provided by NHS Highland has the majority of key roles and individuals clearly defined, however there is a lack of detail around the technical stakeholders at this stage (for example design team members and Authorising Engineers). NHS Highland have undertaken a gap analysis to identify roles that require to be filled at subsequent design stages, however from the evidence provided, it is unclear what the formal process will be to fill the roles. The gap analysis does not identify any resource contingency.

The Infection Prevention and Control Team (IPC) input to the IA has been evidenced at various points, with the IPC team inputting to and recording agreement within the HAI-SCRIBE document submitted by NHS Highland. It is noted however there has been limited Stakeholder input into the HAI-SCRIBE process. We recommend that NHS Highland develop a full resource plan for IPC input during subsequent design stages that takes cognisance of any and all other resource demands placed on individuals, including working on concurrent projects. This plan should include a process for ensuring that the individuals involved have appropriate knowledge and expertise with respect to IPC issues relating to the built environment.

NHS Highland have made a statement that technical standard and guides shall be incorporated and developed within the next design stage. In addition to the lack of technical standards outlined, there are no Board Construction Requirements (BCRs) developed and the strategy for fully defining the technical brief at subsequent design stages is not clear from the evidence provided. We recommend that NHS Highland consider how these will be defined at OBC, with particular consideration on how these may impact on the appointment of a Principal Supply Chain Partner (PSCP) Contractor and Design Team. NHS Highland should also ensure that adequate time is allowed with respect to project governance when developing the various options through the OBC phase of the project.

No derogations have been identified at this stage. Although NHS Highland provided evidence of their proposed governance approach to derogations which they plan to fully integrate into subsequent design stages.

NHS Highland have indicated within their IA, that they are in the process of establishing a Climate Change / Sustainability Governance Group to oversee their transition to a net-zero emissions service and note that the project team will work collaboratively with this internal group to ensure the investment in Lochaber aligns with their work across the Health Board and is developed in accordance with Scottish Government/NHS Scotland Policy. A number of potential options are listed to be explored further by the project team at OBC (no supporting technical information has yet been developed to support the options noted).

NHS Highland have indicated that Framework Scotland 3 is the preferred procurement route for Contractor involvement/delivery, supporting professional services and design services moving forward through the OBC. NHS Highland have not identified how they plan to utilise IPC and technical specialists in the procurement process to define and assess the competencies of potential supply chain partners.

1.1 Summary of Findings

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

Review	No. of Issues per category				
	1	2	3	4	5
Project Governance and General Arrangements	0	0	1	20	6

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 Highland Initial Agreement documentation sets out the case for change and assesses the project financial, commercial financial and management case for relocating the existing Hospital from Belford to the Blar Mhor site in Fort William.

The clinical model and service change proposals indicate a requirement to create a 10,890m² (GIA) facility, providing a mixture of in-patient and out-patient facilities, as well as improved site access to ensure resilience against current and projected future service demands.

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 Highland.

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 Highland Lochaber Development took place between 1st November 2021 and the 3rd of December 2021.

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 Highland. The detailed observations are recorded in an action plan that should be adopted by NHS Highland 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 Highland 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.

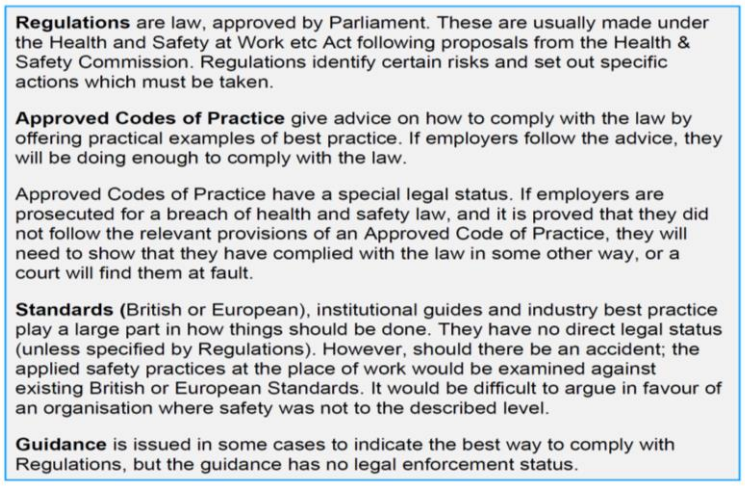
2.3 Application of Standards & Legislation

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 Health 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 Highland have evidenced a good understanding of the patient cohort as part of the KSAR response, including demonstration of clinical input into the development of the Initial Agreement documentation.

The KSAR response notes that a strategic assessment workshop was held, attended by service leads and stakeholder groups (Appendix A - Strategic Assessment Development Workshop Report) where the following was reviewed:

- Responding to public opinion / concerns about a service.
- The organisation needing to enhance its service provision or performance.
- The organisation needing to change in order to maintain the quality of service delivery or comply with regulatory requirements.
- Concerns regarding the effectiveness of assets to support modern service delivery.
- Needing to respond to NHS Scotland's policy agenda and its triple aim of improving the quality of care, health of the population, and value & sustainability.

NHS Highland advised there were no minutes taken for this workshop (rather a presentation was made on the day and an information pack issued ahead of the workshop). There is a lack of supporting written documentation to demonstrate stakeholder review/sign-off of the developed options.

NHS Highland have provided demonstrable evidence of a structured approach to the management and development of the project, focusing particularly on clinical input and requirements. A list of the service leads, clinicians involved in the development of the Initial Agreement documentation was provided, and includes designated senior clinical experts with defined roles and responsibilities.

As part of the KSAR response, NHS Highland were able to demonstrate the roles and responsibilities of those involved in the noted groups, including clinicians, through Project Team Biographies that demonstrate the expertise of the service leads and clinicians.

Documents referenced are:

- *Appendix A - Strategic Assessment Development Workshop Report*
- *Appendix F - Initial Agreement – DRAFT*
- *Appendix M - Governance Structure*
- *Appendix N - Benefits and Risk Register*
- *NHSH - Lochaber - IA KSAR Submission v2*

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 Highland have demonstrated a good understanding of the needs of the main users and patient cohort through the development of the clinical brief and input of key stakeholders.

The project stakeholder list (Appendix B - Lead Stakeholders) contains a good overview of the board and executive team members, clinical specialists, IPC, estates team and third-party consultants involved in the project. However, the stakeholder list lacks detail on technical stakeholders, such as authorising engineers, estates colleagues and PSCP at this stage.

The KSAR response does not evidence the sign-off and acceptance of key design decisions by stakeholder groups and service leads.

The needs of the main users and patient cohorts have been identified in Appendix F - Initial Agreement – DRAFT. The KSAR response provided by NHS Highland indicates that any 'high risk' patient groups will be transferred to another facility for ongoing care.

The IA submission evidences the review of various options with respect to how the required service model could be delivered. The preferred model identified within the IA is to provide care within a community setting, with the hospital facility 'providing inpatient, emergency department, outpatient and surgical facilities at the 'Blar Mhor' site in Fort William.

The IA documentation includes a design statement that identifies the required objectives for the new facility, including how to deal with the key issues identified within the 'need for change' observations.

The Achieving Excellence in Design Evaluation Toolkit (AEDET) assessment of the current and proposed facilities, is included, within the IA submission. The attendees at the AEDET workshop included members of the project team, public stakeholders, other 3rd parties including the local access panel & Scottish Ambulance Service, was well as Health Board stakeholders, where they agreed that the existing facilities are performing poorly across all categories, with the following key themes being identified:

- Facilities do not currently satisfy the notional clinical brief
- Facilities are inadequate for all care services required for the local and wider community.
- Patient privacy or dignity is not met.
- Inadequate storage requirements within the building or on site.
- Existing engineering infrastructure and control of systems not sufficient for operational and user needs.
- Both on and off-site parking not adequate for staff or patient needs.

The IA submission provides evidence of workshops assessing the required project scope, future service model and options for the service delivery model (including patient journey and throughput, taking cognisance of challenges being experienced at the current Belford Hospital site).

The IA submission includes planning based on current service demands and is based on pre COVID-19 data. Evidence of a future capacity planning exercise has not been provided within the documentation.

Documents referenced are:

- *Appendix A - Strategic Assessment Development Workshop Report*
- *Appendix C - Lochaber Community Update June 2021*
- *Appendix E - Activity Data*
- *Appendix F - Initial Agreement – DRAFT*
- *Appendix G - Schedule of Accommodation – DRAFT*
- *Appendix H - EQIA – Draft*
- *Appendix L - Design Statement*
- *Appendix N - Benefits and Risk Register*
- *20210804 AEDET Refresh Belford IA v0_1 (2)*
- *Lochaber Redesign draft communication and engagement strategy 17062021*

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:

With respect to relevant legislation, NHS guidance and non-NHS guidance to be used and adopted, the IA documentation does not provide a list of these documents.

NHS Highland have however stated that the project scope is to "be developed in accordance with all published guidance and technical standards, with a minimum of derogations", but does not identify or reference specific guidance.

There is no derogations schedule in place at this stage of the project.

NHS Highland have provided a draft copy of a proposed Health Board wide derogations process they plan to adopt on the project moving forward. This outlines their proposed governance approach; however, this does not outline potential opportunities, risks (including mitigation measures) and stakeholder review/sign-off.

NHS Highland currently have no Board Contract Requirements (BCR) document in place. NHS Highland noted during the KSAR workshops that they intend to review this requirement during OBC.

The IA Submission identifies a requirement for Net Zero Carbon (NZC), and an initial list of proposals identified to be further developed, potentially in partnership with the West Highland College. However, no supporting technical details are provided, with NHS Highland noting these will be developed at subsequent design stages. NHS Scotland Assure recommend that these are developed throughout the OBC stage to ensure compliance with Scottish Government & NHS Scotland Sustainability & Climate Change policies can be achieved.

The IA submission includes Project Team Biographies, which outline the experience of team leads, including the proposed infection control lead.

Documents referenced are:

- *Appendix B - Lead Stakeholders*
- *Appendix D - HAISCRIBE Stage 1*
- *Appendix F - Initial Agreement – DRAFT*

- *Appendix J - External Resource input*
- *Appendix K - Internal Resource input*
- *Appendix I - Derogation Recommendation Template*
- *Appendix N - Benefits and Risk Register*
- *NHSH - Lochaber - IA KSAR Submission v2 - Project Team Biographies*

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:

NHS Highland have identified that they do not have the (internal) capacity and capability to deliver the project, this is flagged as a 'Major' and 'Possible' within the project risk register. The proposed mitigation, identified within the IA documentation, is to identify dedicated internal resources augmented by support through Hub North Partnership. Whilst NHS Highland have provided high level consideration on the required internal and external project and technical specialists, there is no detail developed at this stage on how the required project resources, capacity and competencies will be assessed and subsequently filled or procured.

NHS Highland will also appoint a Lead Advisor via the HFS Framework, through which it is proposed to access appropriate experienced professionals, including a Project Manager, Cost Advisor, Health & Safety Adviser, Sustainability Consultants, and other specialist technical consultants.

The IA documentation notes that Commissioning Managers and Authorising Engineers will have responsibility for monitoring design compliance on behalf of NHS Highland and achieved through attendance at design and technical meetings as the project progresses. Resource is not identified for these roles, similarly no requirement for an NEC Supervisor (or

equivalent dependant on procurement route), Principal Designer, or validation experts is identified.

A roles and responsibility matrix has not been included within the IA documentation.

A Project Execution Plan (PEP) is not provided within the IA submission and as such will need to be developed as the project moves forward. The IA documentation incorporates a Governance Structure that identifies that the Project Team are noted are responsible for developing a clear and appropriate brief for the project which meets the needs of the service, and once approved, monitor and control changes, throughout the design and construction stages. The governance structure outlines the proposed escalation and approval routes, however procedures for approval and acceptance by stakeholders is not outlined.

The IA documentation outlines how stakeholders will continue to be involved with the project, as it develops through to OBC, FBC, construction and operation stages. The members of this stakeholder group are representative of the wider Lochaber community and service users. Clinical and non-clinical stakeholders are on the Project Team and the Project Board, and this process will continue to be monitored as the project develops and decisions are taken.

The IA document identifies that the new facility may share some facilities with West Highland College, however full details of this potential opportunity have not been defined during the IA. NHS Highland intimated during the KSAR workshops that the IA was designed to be standalone and further engagement would take place with West Highland College at subsequent stages as required/appropriate, including a review of any contractual implications.

A draft communication and engagement strategy sets out a suggested approach for communication and engagement throughout the development of the Initial Agreement for the Lochaber Redesign. The document is marked draft, so it is unclear if this was finalised or if the actions contained were undertaken.

Workbook Ref No.	Areas to probe	Evidence expected
1.5	Conceptual approach on the procurement journey with initial plans on how the Health 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:

NHS Highland have demonstrated their governance structure within the Initial Agreement documents, including routes of accountability, reporting and consulting and an outline schedule of dates when project governance meetings will take place and routes of accountability, reporting and consulting.

The proposal is for NHS Highland to select and appoint a Principal Supply Chain Partner (PSCP) at the next stage (OBC), from the HFS FS3 Framework. It is identified that the Project Board have ratified the proposed procurement route, and this has been recorded in the meeting minutes, which were not provided as part of the IA submission.

The IA documentation states that on approval NHS Highland will develop the project briefing information and will consider whether there are any gaps in procurement which need to be addressed.

NHS Highland have not detailed the IPC terms of reference and how they will utilise IPC and technical specialists within the procurement approach process and assess the competencies of potential supply chain partners. It is noted that the IPC lead is also being utilised for the Caithness Project, therefore it is recommended that the Health Board consider resourcing and capacity requirements. The IA identifies that microbiologist advisors will be co-opted in as and when required to support the IPC team.

The IA states that the IPC representative will take ownership of the HAISCRIBE process at each stage of the project and note they will also liaise with the new National Centre for Reducing Risk in the Healthcare Built Environment. NHS Scotland Assure note that NHS Highland must retain ownership of this process.

Documents Referenced:

- *NHSH - Lochaber - IA KSAR Submission, 01.10.21*
- *NHSH - Lochaber - IA KSAR Submission v2 - Project Team Biographies*
- *Appendix B - Lead Stakeholders*
- *Appendix D - HAISCRIBE Stage 1*
- *Appendix F - Initial Agreement – DRAFT*
- *Appendix G - Lochaber - External Resource input*
- *Appendix H - Lochaber - NHSH Resource input*
- *Appendix M - Governance Structure*

3.1.2. Project Governance and General Arrangements: Further Observations

In addition to the points raised via the KSAR workbook above, we also include the following observations as a result of the review, which relates to the evidence presented during the appraisal.

3.1.2.1	Appendix B within the Initial Agreement document provides a list of Lead Stakeholders, however their link to the reporting structure as defined in Appendix D - Lochaber Redesign Governance Structure is unclear.

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.

[redacted]