

ASSURANCE RAG STATUS KEY	
GREEN	Assurance provided - no further action.
AMBER	Health board has demonstrated an appropriate action plan is in place to address observation. Further supporting evidence required to provided assurance.
RED	No assurance provided.

COLUMN COLOUR-CODING KEY

Colour	Who Completed	Instruction
Purple	NHSSA	Initial observation comments
Yellow	Health Board	Response to NHSSA's observations
Light Blue	NHSSA	Response to further evidence provided by health boards to address the initial observation
Dark Blue	NHSSA	Only to be completed when observation is closed

NHSScotland Assure <small>Quality in the healthcare environment</small>		Detailed Review Findings (DRFs) NHS Greater Glasgow & Clyde Parkhead Hub Handover DRF										NHS National Services Scotland		
Date: 22/11/2024		Version: V1.0												
NHSSA Initial Observations				Health Board Response 1 to Observations			NHSSA's review of health board's response to observation (including any additional evidence submitted)		NHSSA Close-out Evidence		Assurance RAG status			
Discipline	Ref	Category (1-5)	NHSSA KSAR Observation	NHSSA KSAR Recommended Action	Date NHSSA comment added (DDMM/YYYY)	Health Board Response	Health Board Action	Evidence To Support Close Out Of Action <small>(Health board to provide list of documents)</small>	Additional Evidence Required for Assurance <small>(include date each comment is added - do not remove previous comments)</small>	Date reviewed (DDMM/YYYY)	Evidence Reviewed To Support Assurance <small>(only complete when action closed)</small>	Date (DDMM/YYYY) <small>(for Close-out)</small>	On evidence received through the various responses	
Governance			Actions from Previous KSAR	NHSSGC to ensure that appropriate documentation is in place to provide assurance for the remaining KSAR observations that currently remain open.	19/11/2024								Amber	
Governance	HAN.G.1.1.1	3	The health board have provided a response to the previous KSAR stage action plan however there are a number of observations that still require further assurance.										Amber	
Governance	HAN.G.1.2.1	3	Technical Assurance Letters Whilst NHSSGC have provided a letter from their Contractor confirming that all MEP systems installed on the project have been installed and commissioned in line with the contract MEP specifications and drawings, there is no similar letters of assurance provided by the Designers. There are also some external works that are required to be undertaken in a future phase post practical completion. It is unclear how any post practical completion works will be reviewed and signed off.	NHSSGC to ensure that there is appropriate documentation and processes in place to provide assurance that all agreed handover and post-handover activities are addressed. NHSSGC to ensure these letters of assurance are provided by their designers ahead of building handover.	19/11/2024								Amber	
Governance	HAN.G.1.3.1	3	Collation, Documenting & Review of Handover Documentation NHSSGC have provided evidence from their Principal Designer that the H&S file has been reviewed and accepted, however no evidence of the final O&M information has been provided. Assurance is required on the status of the O&M information and clarification/confirmation of how the review of this documentation has been undertaken (e.g. final commissioning records, O&M manuals, record drawings etc). NHSSA note that whilst commissioning documentation has been previously issued by NHSSGC as part of the Commissioning KSAR, the status of the commissioning documentation and records provided for handover is unclear.	NHSSGC to ensure that there is appropriate full and final handover documentation in place and ensure that the documentation has been reviewed by the relevant stakeholders. NHSSGC should ensure that their consolidated commissioning documentation records are confirmed as full and final and have been completed.	19/11/2024								Amber	
Governance	HAN.G.1.4.1	3	Works Completed to Required Safety & Quality Standards - Outstanding works at Handover and Associated Schedule of Defects NHSSGC have provided an 'Issue Report' noting building fabric and MEP observations raised by the Quality Monitor. However there is no confirmation of the status of the complete works and written assurance from the Quality Monitor in relation to the status of the works with respect to safety and quality.	NHSSGC to ensure that there is appropriate documentation and processes in place to provide assurance that all outstanding work/defects at Handover are addressed including demonstrating sign off by the Contractor, Designer and other relevant stakeholders. NHSSGC to ensure that the any outstanding defects including the quality, safety and risks associated with these are understood and that all relevant stakeholders acknowledge and accept these items ahead of building handover and occupation. NHSSGC to ensure a letter of assurance is provided by their Quality Monitor ahead of building handover.	19/11/2024								Amber	
Governance	HAN.G.1.5.1	3	Stakeholder Involvement in Handover Process The roles and responsibilities of those involved in the handover process are not clearly defined.	NHSSGC to ensure that there the roles and responsibilities of those involved in the handover process are clearly documented.	19/11/2024								Amber	
Governance	HAN.G.1.5.2	4	Formal Appointment of APs Whilst NHSSGC have provided correspondence from their Assistant Head of Estates confirming the proposed APs for the system, this is noted a temporary support.	NHSSGC to ensure that the appointment of APs including any extension of duties or changes to current duties are formally recorded, documented and signed off in accordance with their formal governance processes for appointment of APs including assessment of competency & qualifications.	19/11/2024								Amber	
Governance	HAN.G.1.5.3	3	Clinical and IPC Input to Maintenance Procedures and Operational Processes There is no evidence to provide assurance that the maintenance and operational processes for the facility have been completed with input from the Clinical and IPC stakeholders.	NHSSGC to ensure that the Clinical and IPC teams are engaged in the review and development of the maintenance and operational processes for the facility.	19/11/2024								Amber	
Governance	HAN.G.1.7.1	3	Training NHSSGC have provided a sign off sheet noting the Estates personnel that have attended facility system familiarisation training and building orientation training for other building users. However no detail has been provided regarding the training resources, material content, etc. provided. There is also no confirmation that all necessary personnel have undertaken familiarisation training and/or building orientation or what processes are in place to ensure any gaps are addressed.	NHSSGC to ensure that the training elements provided to staff (which has also been video recorded for future use) has been clearly documented and referenced for ease of future reference (such as contents list/summary of content etc) NHSSGC to ensure that all necessary training for personnel and building users have been undertaken and that appropriate processes are in place to ensure any gaps in training for building users are addressed.	19/11/2024								Amber	
Governance	HAN.G.1.8.1	4	Tools, Spares and Consumables Whilst NHSSGC have provided correspondence from their Contractor with respect to spares/tools/consumables there is no evidence to confirm that an inventory has been developed.	NHSSGC to ensure that an inventory of all necessary tools, spares and consumables is generated to support the building operational FM requirements.	19/11/2024								Amber	
Governance	HAN.G.1.9.1	3	Transfer of Project Knowledge to Operational Teams - Post PC PPM activities The is no evidence submitted that provides assurance that a detailed and dedicated handover plan is in place including clarity of post practical completion PPM activities.	NHSSGC to ensure that a detailed handover plan is in place that includes detail of any post practical completion PPM activities to be undertaken by the Health Boards Estates/FM team.	19/11/2024								Amber	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
11	Governance	HAN.G.1.9.2	4	Transfer of Project Knowledge to Operational Teams - Soft Landings There is no evidence to provide assurance that soft landings review meetings have been undertaken and that other soft landings activities such as building user guides for systems have been provided.	NHSGGC to ensure that the soft landings process is fully documented including all necessary building user guides for the various systems.	19/11/2024											Amber				
12	Governance	HAN.G.1.10.1	3	Process for managing Statutory Compliance No evidence has been submitted that provides evidence that the process for managing Statutory Compliance including the use of the NHS Scotland SCART system is in place.	NHSGGC to ensure that a process for managing statutory compliance is in place including evidence of: SCART question review Personnel allocated to compliance Policies and procedures in place for managing and operating engineering systems Process for storing and managing documentation and statutory maintenance records associated with the project.	19/11/2024											Amber				
13	Governance	HAN.G.OB.1	4	Lessons Learned NHSGGC have noted a number of lessons learned in response to previous KSAR observations. There is a commitment to produce a formal paper to document these lessons learned and apply to future projects however these have yet to go through NHSGGC's formal governance groups.	NHSGGC to ensure that formal lessons learned papers are developed and taken through their governance groups. NHSGGC to ensure that the lessons learned tools will be used as reference documents on future projects and post project reviews.	19/11/2024											Amber				
14	IPC			Commissioning and Handover Process Documentation provided demonstrates IPC involvement with the commissioning and handover process, however assurance has not been provided that the processes described have been concluded.	NHSGGC should continue to provide updates to documentation as commissioning and handover activities are finalised and which shows approval by IPC where appropriate. E.g. Rev 5 site visit tracker, Rev 8 Sample room tracker	14/11/2024															
15	IPC	HAN.IPC.2.1.1	3														Amber				
16	IPC	HAN.IPC.2.1.2	4	BE Action Tracker Assurance has not been provided that the BE action tracker is a standing item at the AICC meeting. Acute ICG agenda - August 13th 2024 - Notes BE action tracker as AOB. No minutes provided.	NHSGGC should confirm that the BE tracker is a standing agenda item at the AICC and provide the minutes of the meeting of the 13th August where it was discussed.	14/11/2024											Amber				