NHS Scotland Assure
Quality in the healthcare environment

NHS National Services Scotland

NHS Highland Redesign of Health and Social Care Services in Caithness Key Stage Assurance Review

Initial Agreement KSAR Report

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NHS Highland

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Document Control Sheet

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Approvals

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Version	Date	Name & Organisation	Role	Signature
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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, 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 have a good understanding of the challenges faced by their current facilities provided across the three intended sites within Thurso and Wick.

Overall, the KSAR has not identified any specific or significant findings that require to be addressed prior to the conclusion of the Initial Agreement (IA) phase of the project. There are a number of points that we recommend NHS Highland review as part of their action plan to mitigate potential risks as the project develops and moves towards the Outline Business Case (OBC) Stage.

The documentation provided by NHS Highland is well developed and generally aligned to the level of detail expected at the current stage of the project, with appendices well-coordinated. The solutions explored to date focus around the clinical service model requirements as opposed to final technical solutions.

The project information identifies a succinct and clear case for change however it is recommended that the Board Construction Requirements (BCRs), including the incorporation of any lessons learned from the COVID 19 pandemic, are developed as early as possible during the OBC stage to reduce project risk going forward.

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

Stakeholder input into the proposed solutions is evident, with records of stakeholder workshop attendance provided as part of the NHS Highland KSAR response. The IA documentation evidences stakeholders being present during the development of the project Achieving Excellence Design Evaluation Toolkit (AEDET) and Design statement, which were subsequently signed off by the Project Team and Project Board. However, the process for documenting and recording acceptance from individual / lead stakeholders, and the associated risks (if sign off is not achieved) has not been evidenced.

Full stakeholder sign-off was not evidenced with regards to the proposals of the "Care Hub", located in Wick. NHS Highland have identified this risk within the IA KSAR responses, but this needs to also be identified on the project risk register. It is recommended that NHS Highland review how stakeholder sign-off is captured during subsequent project / design stages.

With respect to the stakeholder list provided by NHS Highland, many key roles and individuals are clearly defined, however there is a lack of detail around the technical stakeholders at this stage, such as the Authorising Engineers. NHS Highland have undertaken a gap analysis to identify roles that require to be filled at subsequent design and construction stages, however from the evidence provided, it is unclear what the formal process will be to fill the roles.

NHS Scotland Assure recommend that NHS Highland create a detailed resource plan to ensure appropriate levels of support are available for the Outline Business Case (OBC) processes, including any required input from senior leadership and Infection Prevention & Control (IPC) personnel.

NHS Highland have identified the need for Infection Prevention and Control (IPC) staff involvement throughout the project and have started to consider the roles required for future

stages of the project. NHS Scotland Assure note a concern with respect to the demands multiple concurrent capital projects will place on the individual stakeholders named on the project. We recommend that NHS Highland develop a full resource plan for IPC input during subsequent design stages that takes cognisance of any other resource demands placed on individuals, including working on concurrent projects.

NHS Highland have identified that the HAI-SCRIBE document shall be submitted within the next stage of design.

NHS Highland have made a statement that technical standards and guides shall be developed and incorporated within the next design stage. There is a dedicated appendix (appendix Y) which details the relevant technical standards which shall be adhered to. NHS Highland noted within the KSAR response that "*The Authorising Engineers will have input to the briefing stage prior to the OBC stage commencing, and they will review and sign off the technical design as it develops at each stage. A programme for design issue will be agreed with the Principal Supply Chain Partner (PSCP) and Hub North Scotland Limited (HNSL) and a record kept of who from each discipline has reviewed and signed off each briefing document and design, recording the date of review, status, and document version*."

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 that whilst a singular holistic approach has been used to determine the care model requirements. The IA documentation identifies that whilst three build projects have been identified, these will split into two strands, Caithness General Hospital, through Frameworks 3 contract and the Care Hub / Care Villages (within Thurso & Wick), through Hub North Scotland Ltd.

NHS Highland have noted within the IA documentation that staffing/resourcing to support the three projects will be a challenge and that mitigation measures to counter that risk will need to be developed. NHS Scotland Assure recommend that the resourcing of the projects is prioritised in terms of the Board's actions.

NHS Highland have stated that Net Zero shall be dealt with during the Outline Business Case stage with any costs associated with this element of scope excluded from the submission at this stage. NHS Scotland Assure recommend this is reviewed by NHS Highland as a priority element to ensure compliance with NHS Scotland and Scottish Government sustainability policies & targets are achieved and suitably budgeted/resourced. NHS Scotland Assure recommend that the development of the strategies should be a key part of the Board's OBC process.

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 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	3	12	4

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 IA documentation sets out the case for change to the model for care delivery and assesses the project economic, financial, commercial and management case for a wholescale redesign of health and social care services in the Caithness region.

The services within the scope of the project include social care, community, and acute, and the affected buildings provide a range of inpatient, outpatient, primary care, and day services. Within the IA documentation, NHS Highland's review of health and social care delivery has identified that a reduction from five 24/7 sites to three is required to help make service delivery more sustainable in the face of continuing workforce challenges. The existing facilities either require replacement with new health facilities or extensive upgrading to suit modern healthcare practices.

NHS Highland's preferred clinical model and service change proposals indicate a requirement to create two new Community Hubs, one in Thurso on the existing Dunbar Hospital site, and one within Wick (site to be determined) which will include community care beds (care home and community hospital), community team base, outpatients, day services and primary care facilities.

The third property shall be the major refurbishment of the existing rural general acute hospital located within Wick.

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 Tayside.

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 Redesign of Health and Social Care Services in Caithness took place between 1st November 2021 till 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 Scotland Assure (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 Highland have identified the patient cohort within 'Appendix R - Activity and Data Analysis of Current Services' included as part of the IA. The Health Board's KSAR response (section 4.2.1) identifies the cohorts within the Community Hub / Care Villages and Caithness General Hospital.

The IA submission evidences a strategic assessment workshop, completion of option analysis, and identification of a "Preferred Way Forward", and the preparation of design statement and AEDET assessments, being undertaken and attended by stakeholder groups (Appendix B, C, L, M, N, O and P).

A list of the service leads and clinicians in attendance at these workshops includes designated senior clinical experts with defined roles and responsibilities. NHS Highland note that technical input was provided via the Head of Estates who co-ordinated input from the wider team in the background.

NHS Highland also noted during the KSAR process that their compliance team engineers were involved in the initial review of existing sites, however no evidence of the review outputs was provided as part of the KSAR response.

NHS Highlands evidencing the development of the preferred development options has been included within the IA documentation, including board acceptance Project Team & Programme Board. NHS Highland have also evidenced wider community stakeholder consultation. The IA KSAR responses identifies that NHS Highland (at the time of the KSAR) have not received sign off from all of the stakeholders, associated with the care hub located in Wick. This is not currently identified within the project risk register.

The documentation and appendices do not identify formal processes for stakeholder review / sign-off / acceptance, of the business stages. The introduction of these processes will help to reduce the risk of potential conflict occurring during the OBC and FBC stages.

As part of the IA KSAR response (section 4.1.2), NHS Highland were able to demonstrate the roles and responsibilities of those involved in the noted groups, including clinicians. The response also identifies a number of roles without identifying a specific project resource.

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 option analysis and engagement with project stakeholders.

The IA KSAR response identifies a number of potential high risk patient groups within Caithness General Hospital, including surgical, chemotherapy and renal. At this stage no specific details relating to these spaces, such as MEP services requirements, are noted within the project documentation.

The IA documentation incorporates a project stakeholder list 'Appendix Z - Lead Stakeholder List' which provides an overview of the NHSH-wide stakeholders who will input to the project throughout the briefing and design stages.

The stakeholder list (Appendix Z) includes senior engineers, that have an advisory role on the project. NHS Highland should consider identifying technical stakeholders, such as authorising engineers, that will be involved in the project.

A high-level assessment of the needs of main users and patient cohorts has been identified within the KSAR Response (section 4.2.1, IA KSAR Submission).

The Options Appraisal Report', and SWOT Analysis evidence workshops to determine a "Preferred Way Forward" which includes investment in Caithness General Hospital investment in community-based services; and the development of new "care hubs" in Thurso and Wick. The options analysis identifies that the aspiration is for the care hubs to eventually replace a wide range of services (including 24/7 care).

The options appraisal report is dated July 2018, prior to the COVID 19 Pandemic. The IA states that any relevant lessons learned will be considered when developing the solutions, through subsequent project stages.

The project risk register refers to COVID 19 impacting on the redesign workstreams, however this should be monitored and reviewed during OBC / FBC development including the impact on the proposed healthcare model, option analysis, programme, and budget.

The IA submission provides evidence of workshops to review development options, carry out AEDET assessments and develop design statements, but does not fully demonstrate stakeholder review / sign-off / acceptance. (Refer to KSAR question 1.1).

Two separate AEDETS (and Design Statement) workshops were carried out. One was specific for CGH (appendix L), the other was for the 2 community hubs (appendix N) and considered all premises within scope of those two hubs. The design statements (Appendix M and Appendix O) identify the required objectives for the new facilities including how to deal with the key issues identified within the 'need for change' observations and AEDET assessment.

The proposed 'need for change' looks to resolve the following primary key issues, as set-out in the IA document, 'NHSH Caithness IA KSAR Submission (section 3)', these are:

- Improve User Experience
- Improve Access to Service and Care
- Improve Quality and Effectiveness of accommodation
- Improve Safety of Service Delivery
- Make best use of available resources i.e., staffing, buildings, and clinical offerings

The IA submission outlines both the current Service Model and identifies the proposed framework for future delivery of services.

The existing and proposed service models included within the IA submission provides details for current services and an indication of potential future location, of where this service will be delivered and the proposed arrangements.

The KSAR response did not evidence how critical building or engineering requirements will be set-out or defined by NHS Highland moving forward, nor how these will be reviewed from a clinical/IPC perspective. At this stage of the project NHS Highland have an outline accommodation schedule (Appendix W - Early Accommodation Schedules), which was developed for the purposes of costing. This will be required to be developed further during OBC project stages. NHS Highland noted as part of the KSAR process that "*the accommodation schedule that will be included in the brief will flow from the detailed service model work that is now underway, building on the high level health and care spec referenced above*".

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 NHS and non-NHS guidance to be used and adopted, as noted within 'Appendix Y - Applicable Guidance Draft', the document provides an indicative list of guidance that is to be used when developing the design of the NHS Highland Caithness Project. NHS Highland currently have no Board Construction Requirements (BCR) document in place.

The IA KSAR Response (section 4.3.2)' states that NHS Highland are not proposing any specific derogations or considering any gaps in guidance that need to be resolved at this stage.

NHS Highland have provided a draft copy of a proposed Board wide derogations process they plan to adopt on the project moving forward (Appendix X - Derogation Template), which outlines their proposed governance approach.

The derogation process does not explicitly identify potential risks or mitigation measures. The process map provided notes that the commissioning manager will issue a copy of the proposed derogation to 'relevant technical reviewers'. The stakeholder list (Appendix Z) includes senior engineers, that have an advisory role on the project. NHS Scotland assure recommend that this be expanded to include team members that will be responsible for reviewing and accepting project derogations, at the next phase, including any subject matter experts that form part of the project team.

NHS Highland have identified the Infection Prevention and Control (IPC) lead and supporting team structure, which includes a microbiologist, within (Appendix F-Biographies Key Project Leads and Appendix Z-LeadStakeholderList_CaithnessRedesign_V11_20211116).

The IA document, 'NHSH Caithness IA KSAR Submission' nor 'Appendix A - Caithness IA' does not reference a resource plan to ensure resource availability throughout the design stages.

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 that a Programme Board has been established to provide Project governance to deliver the service redesign and estates projects.

NHS Highland has demonstrated the planned project governance procedures, project teams and reporting structure within the 'Appendix G - Programme Board Terms of Reference'. The Programme Board provides governance to the Project Team delivering the service redesign and estates infrastructure projects and identifies 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 NHS Highland Project Team are noted as being responsible for delivering the project, budget, quality managing risks and undertaking monitoring and control activities. Specialist Workstreams within the operational management team and project support are detailed with appointed leads and interface with the Project Team as defined in 'Appendix H - Project Team Terms of Reference'.

The IA documentation identifies that the Estates Workstream will separate into two strands, which could result in two separate procurement routes with linked OBCs, with these works streams being undertaken concurrently. These workstreams are:

- Caithness General Hospital, (Frameworks 3 contract)
- Care Hub / Care Villages (within Thurso & Wick), Hub North Scotland Ltd (HNSL)

The IA states this will have "no impact on the overall governance structure and the two workstreams would report to the Project Team and Programme Board as outlined in diagrams 9 and 10" within 'Appendix A - Caithness IA' (ref 6.1 Governance arrangements), however no evidence is provided to support this.

The IA documentation acknowledges the need for additional roles/expertise to support the various procurement routes identified for taking forward each of the three projects. The IA documentation does not fully detail how the existing Board/project resource will be utilised to support the procurement of these additional resources and subsequently monitor/manage them to maintain an interface to NHS Highland's overall governance structure. It is also unclear whether the existing Board/project resource has sufficient capacity to undertake these tasks.

NHS Highland have identified a requirement for additional specialist technical roles as the project progresses into OBC and beyond. These roles are to be filled by external resources procured through the HFS Framework Scotland 3 and Hub North Scotland Ltd (HNSL) frameworks. The IA demonstrates the required skills and resource required to be filled externally, with the KSAR response identifying a requirement for the project team to be supported by external professionals such as NEC supervisors and technical advisors, during the project's construction stages. The full scope of these roles is yet to be defined.

Table MC01 - High level project milestones, of the IA documentation identifies high-level project milestones.

The IA document identifies the project stakeholders involved in the Option Analysis workshops, AEDET workshops and Design Statement workshops. (Appendix B, C, L, M, N, O and P). The KSAR response states that Lead stakeholders will be invited to participate in NDAP review workshops, held at each business case stage.

The IA (NHSH Caithness IA KSAR Submission) notes that 'technical information outlining NHS Highland's requirements for compliance with relevant statutory and guidance documents' require to be developed. The IA documentation includes a list of guidance documentation 'Appendix Y - Applicable Guidance Draft'. The KSAR response noted NHS Highland intend to produce ACRs and have provided a timeline for their inception.

The IA documentation does not evidence a design change schedule where any agreed changes to design are to be recorded.

The document 'Appendix H - Project Team Terms of Reference' identifies the stakeholder groups advising Project Team chair as part of the approvals process. Although the sign off and approvals process by individual stakeholders is not identified. The processes for monitoring and reporting the design solutions throughout the development of the business case, including the monitoring compliance, of the project, through construction, and commissioning stages is not identified.

The IA documentation states that Net Zero Carbon and energy strategies are required to be developed as part of the design brief, but it is not demonstrated how this will be achieved at this stage. This should be developed to ensure that the development complies with the current Scottish Government and NHS Scotland policies, including post COP-26 announcements.

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 outlines the high-level overarching Project Governance structure.

The internal finance, legal & procurement resources identified are limited and not fully detailed or demonstrated within the following documents:

- Appendix G - Programme Board Terms of Reference - Details the Director of Finance -as the project Finance Lead. There is no detail on Procurement or Legal leads.

- Appendix H - Project Team Terms of Reference - The Finance Role Area Accountant, North is noted as Finance Lead. The internal Legal or Procurement roles are not identified.
- Appendix F - Biographies Key Project Leads - Only details the Procurement experience of the Senior Project Manager. No detail is provided on financial or legal experience within the Project Team.

The Risk Register Table 19 (Appendix A - Caithness IA Draft v14_4) acknowledges the risk of 'insufficient internal resource' and that the project governance reporting structure will be subject to review as this programme progresses (Appendix A Caithness IA (section Ref 6.1). The IA does not identify how the project governance reporting structure will be managed and resource assessed going forward.

The IA sets out that the Caithness Redesign Project approach is one of three national pathfinder schemes, based on the Local Care Model.

NHS Highland will lead on the procurement of the building solutions and the Project will be split as follows:

- one workstream to deliver the alterations to Caithness General Hospital via a design and build capital solution (Frameworks 3 contract) and another to work with Hub North Scotland Ltd (HNSL) to deliver the two Care Hub / Care Villages (Thurso and Wick).

- The IA identifies that the Caithness project will require additional specialist external consultants to be appointed under the Health Facilities Scotland Framework Scotland 3 (HFS FS3) Framework to provide further detailed health planning and develop the digital requirements.

The IA identifies that procurement of the two Care Hub / Care Villages (Thurso and Wick) will require NHS Highland to appoint their own advisors to support them to manage the HNSL projects, including Technical, Legal, FM and Financial as required (FM and Financial required for a revenue-funded scheme only).

The IA identifies that the Hub procurement process could be either a design and build capital scheme or design, build, finance, maintain, and states this will be fully explored as part of the development of OBC.

The details of the procurement arrangements are stated as 'set out in section 4, the Commercial Case, of the IA (Appendix A - Caithness IA Draft v14_4)'.

The IA does not demonstrate at this stage how the proposed strategic procurement routes for the project(s) will be controlled, managed and resourced within the overall Project.
The IA submission does not demonstrate a Project Execution Plan (PEP) or gap analysis/resource plan in relation to the development and procurement phases of the project(s).

A Stage 1 HAI SCRIBE has not been provided for the sites under consideration. The IA states that "*this will be completed early in the OBC stage as the accommodation brief is developed and finalised*".

Nominated Infection Prevention and Control (IPC) representatives for the project are identified within the project documentation and allocated to provide input to the Project Team as required.

The Control of Infection Lead named is noted as also being engaged on the Lochaber Project. It is not assessed within the IA if the IPC resource detailed has the capacity and ability to undertake concurrent roles within the Caithness or Lochaber projects.

The IA documentation provides detail on the IPC terms of reference and high-level description identifying how the project IPC procedures and management will fit within the procurement approach.

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, all of which relate to the evidence presented during the appraisal.

3.1.2.1	N/A

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]