NHS Scotland Assure
Quality in the healthcare environment

NHS National Services Scotland

NHS Tayside Critical Care Unit Key Stage Assurance Review

Initial Agreement KSAR Report

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Document Overview

Critical Care Unit (CCU) | Key Stage Assurance Review Report | IA Stage

Prepared for:

NHS Tayside

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NHS Scotland Assure

Document Control Sheet

Revision History

Version	Date	Revision Details	Originator	Changes Marked
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Approvals

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1. Executive Summary

1.1 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 Tayside'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 Tayside demonstrated a good understanding of the challenges they face in the delivery of critical care across the NHS Tayside region and the need to mitigate future risks to the project as outlined within their Initial Agreement (IA) documents.

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 Tayside 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 Tayside is well developed and aligned to the level of detail expected at the current stage of the project. A project HAI-SCRIBE is in place and the patient cohort needs are well considered, including a projection of future service demand through engagement with a clinical planner. NHS Tayside have included lessons learned from the COVID-19 response within the IA and have indicated they will continue to evaluate these during subsequent design stages.

Stakeholder input into the proposed solutions is evident in the majority of instances, however in our opinion, there is a lack of documented sign-off evidence from the stakeholders. We recommend that NHS Tayside review how stakeholder agreement and sign-off is captured during subsequent stages to provide full transparency in the decision making processes.

NHS Tayside should also consider creating a detailed resource plan to ensure appropriate and adequate levels of support are provided for the OBC processes, including any required input from senior leadership personnel, IPC colleagues, estates colleagues, external professional advisors and any other specialist required to deliver the project.

The stakeholder list provided by NHS Tayside indicates that the majority of key roles and individuals are defined, however there is a lack of detail with respect to the various technical stakeholders at this stage (for example design team members and Authorising Engineers). NHS Tayside 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 and ensure the correct level of project support is provided.

There is currently no microbiologist in place to support new capital projects at NHS Tayside. Whilst the Board have implemented contingency plans in this respect to ensure IPC representation at all stages of the project, NHS SA note a concern with respect to the resiliency of the current measures and the demands multiple concurrent capital projects will place on the individual stakeholders named on the project. We recommend that NHS Tayside 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 Tayside have indicated the technical standards that design options should be developed to at subsequent stages. No derogations have been identified at this stage. Whilst the technical standards are outlined at a high level, 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 Tayside 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 Tayside 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.

Net-zero and sustainability requirements are acknowledged within the IA documentation, noting strategies are to developed at subsequent design stages. The project cost plan includes an uplift for sustainability 'in line with SFT funding for schools'. NHS Tayside should ensure these costs are also reviewed against NHS Scotland sustainability targets.

NHS Tayside have indicated that Framework Scotland 3 is the preferred procurement route for contractor, supporting professional services and design services moving forward through the OBC. NHS Tayside 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.

1.2 Summary of Findings

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

Review	No. of Issues per category				
	1	2	3	4	5
Project Governance and General Arrangements	0	0	1	16	8

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

1.3 Project Overview

The NHS Tayside Initial Agreement documentation sets out the case for change and assesses the project financial, commercial financial and management case for transforming the critical care services at NHS Tayside.

The existing critical care service experiences significant capacity challenges, which have been amplified when responding to the pandemic, thus compounding existing deficiencies within the critical care units at Ninewells Hospital. The clinical model and service change proposals indicates a requirement to create a new 7,900m² (GIA) critical care facility.

The implementation of the clinical model is to be developed at OBC, however the current preferred option involves the creation of a co-located Intensive care unit and high dependency unit at Ninewells Hospital and upgrade the high dependency at Perth Royal Infirmary to provide a stabilisation unit prior to transfer to Ninewells Hospital.

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 Tayside CCU took place between 6th October 2021 and 1st December 2021.

2.2.2 To inform the findings of the KSAR, NHS Tayside 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 Tayside. The detailed observations are recorded in an action plan that should be adopted by NHS Tayside 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 Tayside 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 Tayside 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.

NHS Tayside have demonstrated a formal, structured approach to the management and development of the project, focusing particularly on clinical input and requirements which have been documented within the project structure as:

- Project Board
- Project Team
- Clinical Reference Group

The Clinical Reference Group was established at the outset of the project, consisting of various clinical specialists. This group met weekly throughout the completion of the IA and as part of a wider critical care multidisciplinary team contributed to the completion of the clinical brief, which was subsequently transcribed into the Initial Agreement. The IA document also includes the Benefits Realisation Plan which details the benefits anticipated from the proposed service change

NHS Tayside noted that whilst not all meetings were formally recorded, draft iterations of the development of the IA document were reviewed and updated by this group virtually using tracked changes to then agree a final version. NHS Tayside provided evidence of this as part of the KSAR response.

The project team have also incorporated comments from the Critical Care Project Board and Senior Clinical Lead, within the initial agreement documentation.

As part of the KSAR response, NHS Tayside demonstrated the roles and responsibilities of those involved in the noted groups, including clinicians involved

NHS Tayside Reference documents:

- NHS Assure Submission Critical Care September 2021 FINAL 1.0
- Appendix C - Clinical Brief

- Appendix D - Capacity Planning Report
- Appendix F - Service Change Proposal
- Appendix H - Benefits Realisation Plan
- Appendix J - AEDET IA Benchmark and Target
- Appendix P - Stakeholder Engagement and Communication Plan
- 20201116-NHST Critical Care AEDET IA Benchmark and Target

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 Tayside have generally 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. At this stage of the process, NHS Tayside have focused on the development of the clinical and service level requirements, with the building engineering requirements to support these functions not yet defined.

As part of the KSAR response, NHS Tayside provided evidence of their key stakeholders list and demonstrated their engagement through various workshops as part of the development of the clinical plan. There is however a lack of evidenced sign-off of key decisions, with the exception of the 'track changes' version of the IA document provided in response to KSAR Workbook Question 1.1.

The stakeholder list is well developed and provides an overview of the board and executive team members, clinical specialists, IPC specialists and the estates team involved in the project, however it lacks detail on technical stakeholders at this stage.

With respect to the patient cohort, the IA identifies that the new critical care unit is required to support high risk patient groups (Level 2 and Level 3 patient groups). The clinical briefing

document outlines the current capacity issues faced by the service, including challenges as a result of the Intensive Care Unit (ICU) at Ninewells Hospital not being co-located with other high dependency units.

An Equality Impact Assessment has also been developed which details the service users' needs including the impact on the nine protected characteristics of diversity.

The initial agreement identifies the clinical model required in order to deliver a resilient critical care service within NHS Tayside, which has preceded the development of the Achieving Excellence Design Evaluation Toolkit (AEDET).

An AEDET assessment for the existing CCU facilities, at NHS Tayside, has been included within the project information provided. Whilst the IA documentation identifies that clinical, non-clinical and managerial staff, attended options scoring workshops, evidence of individual attendees has not been provided within the IA project information.

The early stage scoring of the existing and new proposals evidence that the key stakeholders agree on the need for change, with key drivers including:

- Facilities do not currently satisfy the notional clinical brief.
- Facilities are inadequate for all critical care services.
- COVID has left the department less functional.
- Staff areas are not easily accessible.
- Lack of colocation, with departments spread two floors apart.
- Risks with the existing service, such as environmental infection prevention and control risks

The design statement identifies the key design features, which are required to be implemented within the new critical care facilities, which also evidences the inclusion of stakeholders within its development.

To further support the outcomes of the AEDET assessment and clinical brief requirements, NHS Tayside have engaged with a Health Care Planner to help inform the service model and schedule of accommodation, including an assessment of current versus projected demand in terms of critical care patient throughput. The review of projected demand was undertaken prior to the COVID 19 pandemic. NHS Tayside have however undertaken a 'lessons learned' exercise in this respect and note within the submitted documentation that projected capacity demands will be reviewed/validated during the OBC stage of the project to ensure they remain accurate.

The IA identifies a number of lessons learned from the existing CCU provision that will be considered when developing the design options at subsequent stages, including:

- A lack of protective isolation facilities whether it be to protect a single patient from exposure to others or other patients from exposure to a patent with a potentially contagious (and or dangerous) disease.
- No side rooms in SHDU or MHDU. ICU side rooms have no lobby or suitable area for donning or doffing PPE and are unable to be effectively sealed from the main bay.
- Lack of space between beds, meaning that it is easier for transmission of infection from space to space. None of the bed spaces in any of the units meet the current requirements for critical care.
- Inadequate hand washing facilities.
- Lack of daylight and fresh air which is now accepted as being important for patient's psychological recovery.
- A lack of compliance with current guidance and standards

The design statement identifies the service model as being a combination of both single and multi-bed spaces. NHS Tayside noted during the weekly KSAR workshops that the CCU

model may be adapted to increase the quantity of single rooms with ventilated ante lobbies to reduce the cross infection risks posed by COVID 19.

NHS Tayside Reference documents:

- Appendix C - Clinical Brief
- Appendix D - Capacity Planning Report
- Appendix E - Schedule of Accommodation
- Appendix F - Service Change Proposal
- Appendix K - Design Statement
- Appendix N - Outline Programme (OBC)
- Appendix O - Equality Impact Assessment
- Appendix P - Stakeholder Engagement and Communication Plan
- NHS Assure Submission Critical Care September 2021 FINAL 1.0
- NHS Assure Submission Critical Care September 2021 FINAL 1.0
- Appendix J - AEDET IA Benchmark and Target
- NHS Tayside - Shaping Critical Care - Initial Agreement, 20.05.21

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:

The IA documentation provides a list of guidance documents to be used as part of the development of the NHS Tayside Critical Care Unit. NHS Tayside currently have no Board Contract Requirements (BCR) document in place.

There is no derogations schedule in place at this stage of the project. NHS Tayside advised during the KSAR workshops that as the options detailed within the IA are developed, as will the derogations. The Board have also identified within their risk register the potential for guidance to be changed/withdrawn during the course of the project.

NHS Tayside have provided a draft copy of a proposed Board wide derogations process they plan to adopt on the project moving forward. This outlines their proposed governance approach, including review of any potential risks, mitigation measures and stakeholder review/sign-off.

NHS Tayside Infection Prevention and Control (IPC) Team are identified within the project stakeholder list. The stakeholder list provided notes that no microbiologist advisor is currently identified for the project. There was no evidence provided of an IPC resource plan.

NHS Tayside Reference documents:

- NHS Assure Submission Critical Care September 2021 FINAL 1.0
- NHST Derogation SOP V1.2.1 with appdx. Draft
- Appendix D - Capacity Planning Report
- Appendix I - Risk Register
- Appendix P - Stakeholder Engagement and Communication Plan

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 Tayside 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 be taking place.

The project information identifies that a resource plan for Outline Business Case (OBC) stage is still to be developed and once completed will be shared with the Project Sponsor and signed off by the Project Board to ensure resources are aligned to the project accordingly.

NHS Tayside have noted a project execution plan will be developed during the Outline Business Case (OBC) stage.

With respect to a gap analysis on roles/expertise required to deliver the project at subsequent stages, NHS Tayside have identified the following internal and external technical roles required as the project progresses to OBC:

- Cost Adviser

- NEC 4 Project Manager
- NEC Technical Adviser / NEC Supervisor
- Independent Tester / Supervisor / Clerk of Works
- Principal Designer
- Consulting Engineers (M&E, Civil & structural)
- Main Contractor Lead
- HFS Capital Project Adviser
- Independent verifier (MEP)

NHS Tayside have also identified within their stakeholder list that there are currently no Microbiologists for NHS Tayside capital build projects.

It is unclear from the information provided as to whether this is an exhaustive list, nor how resource will be managed with respect to time allocated on the project. NHS Tayside have demonstrated that they plan on utilising HFS Framework Scotland 3 for a number of roles, however it is not clear at this stage how internal roles will be filled.

NHS Tayside have not yet identified authorising engineers, microbiologist, and safety group members (water, ventilation, etc).

With respect to compliance, the IA documentation identifies an independent verifier, Clerk of Works (CoW), Technical Advisors (or NEC supervisor) and PSCP members, however there was no supporting evidence with respect to the scope associated with each role.

NHS Tayside have not evidenced consideration towards expertise or resource required to develop a facilities management strategy, including the related lifecycle costs, and resources experienced in construction design, cost management, programme planning and procurement.

Whilst clinical and non-clinical stakeholders are defined within the IA documentation, there is no Project Execution Plan in place to fully demonstrate how the respective inputs & interests will be maintained through subsequent design stages. The documentation does acknowledge that the Clinical Reference Group will continue to be involved in the development of the project, however lacks specific details around how this will be formally implemented.

The IA notes that a Clinical Risk Management strategy will be developed during the OBC with clinical stakeholder involvement. Again there is a lack of detail as to how this will formally be adopted into the project governance arrangements.

The IA incorporates a draft change process which details within a flow chart how change will be managed as the project progress. The process demonstrates how the internal clinical change process will be escalated and the decision-making process and interface.

NHS Tayside Reference Documents:

- NHS Assure Submission Critical Care September 2021 FINAL 1.0
- Change Request Map
- Change Request Form
- Clinical Change Form
- NHS Tayside - Shaping Critical Care - Initial Agreement, 20.05.21

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 states that the project will be delivered in accordance with NHS Scotland, construction procurement policy and it is anticipated that the Frameworks Scotland 3 will be the preferred option. There is limited evidence provided on the required internal and external technical competencies and resource required for progressing to the next stage of procurement. Whilst a procurement route is identified, including associated required roles (within the gap analysis), the evidence provided does not clearly demonstrate as to how the competency of those being considered for the roles will be assessed.

An outline procurement programme is identified (ref Appendix N), it is noted this will be developed in greater detail once a PSCP is appointed and the detailed design and construction methodology is considered for the identified option.

There is no evidence of consideration as to how the early technical development of preferred option will be developed in conjunction with the procurement process and overall project programme.

NHS Tayside have indicated within the IA documentation that their full internal governance processes will be developed during subsequent stages, including interfaces with the Project Board and Senior Management.

A project HAI-SCRIBE is in place, however as the development of options has not yet been progressed, the detail is often generic and will need to be refined during subsequent design stages to ensure it captures project specific risks.

Whilst the NHS Tayside Infection Prevention and Control (IPC) Team are noted within the project documentation, it is unclear what input they will have with respect to the procurement approach.

NHS Tayside Reference Documents:

- NHS Assure Submission Critical Care September 2021 FINAL 1.0
- Appendix N - Outline Programme (OBC)

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 by NHS Tayside.

3.1.2.1	The Clinical Reference Group are noted as feeding into the Project Team within the NHS Tayside KSAR response (NHS Assure Submission Critical Care September 2021 FINAL 1.0 Section 3.4.1 Project Structure), however this interface is not shown within the Project Governance Structure within the IA document (NHS Tayside - Shaping Critical Care - Initial Agreement, 20.05.21 (Section 2.7 Project Structure).
3.1.2.2	The Area Partnership Forum is identified within the Project Structure, however there is no description of their role in the project. **References** – NHS Assure Submission Critical Care September 2021 FINAL 1.0 b (figure 2.7)

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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