

<p>NHS HIGHLAND BOARD</p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/</p> <p>NHS Highland na Gàidhealtachd</p>
<p>DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)</p>	<p>26 November 2024 – 9.30am</p>

Present

Dr Tim Allison, Director of Public Health & Policy
Emily Austin, Non-Executive
Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elsbeth Caithness, Employee Director
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Albert Donald
Fiona Davies, Chief Executive
Karen Leach, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive (From 11.17am)
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Catriona Sinclair, Non-Executive
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll & Bute Social Care Partnership
Kristin Gillies, Interim Head of Strategy & Transformation
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Bryan McKellar, Whole System Transformation Manager (Item 6)
David Park, Deputy Chief Executive
Cathy Steer, Head of Health Improvement (Item 7)
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Katherine Sutton, Chief Officer, Acute
Lynda Thomson, Senior Health Improvement Specialist (Item 7)
Nathan Ware, Governance & Corporate Records Manager
Evelyn McPhail, NHS Healthcare Improvement Scotland (Aspiring Chair observer)

1.1 Welcome and Apologies for absence

The Chair welcomed attendees to the meeting, especially members of the public and press.

The Chair paid tribute to Susan Ringwood, whose term ends on 31 December 2024, highlighting her significant contribution to the Board since January 2021 including Chair of NHS Highland Audit Committee and Vice Chair of the Audit Committee in the Argyll and Bute Integrated Joint Board. She also extended congratulations to Kristin Gillies on her appointment as interim Head of Strategy and Transformation.

The Chair noted that interviews had taken place for upcoming Non-Executive Director vacancies and highlighted the quality of each applicant, she confirmed further updates would be provided in due course.

Apologies for absence were received from Philip MacRae.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as a Highland Council Councillor, but felt this were not necessary after completing the Objective Test.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this were not necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 24 September 2024 and **approved** the updates to the Action Plan noting the due date for Action 26 – Consideration on how best to gain assurance from the Integrated Performance and Quality Report would be updated to an appropriate alternative.

1.4 Matters Arising

1.4.1 Board and Committee meetings timetable 2025-26 and 2026-27

The Board Secretary confirmed that there were no foreseeable issues with the proposed Board and Committee meeting dates for 2025-2027.

The Board **noted** the position.

2 Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on the following topics:

- NHS Highland Annual Review
- Social Care
- Sustainable Services
- Congratulations to Endoscopy Team on their Joint Advisory Group (JAG) accreditation.

The Chief Executive took the opportunity to pay tribute to the contribution Betty Roddick and Ross Cowie had made to NHS Highland and their local communities who sadly passed away recently.

During discussion the following points were raised:

- The Chair highlighted her recent visit to the Endoscopy unit and acknowledged the accreditation was testament to their hard work.
- Board Members echoed the positive sentiments around the Annual Review taking place in Argyll & Bute and highlighted the value of being able to attend a number of visits in the local area.
- Board Members sought clarity on the progress being made around the vaccination challenges and whether utilising GP Surgeries was an option. The Chief Executive confirmed she was working with GPs through a short-term working group to draft a proposal for Scottish Government. She noted broad support from partner organisations and staff had been received to identify the biggest practical challenges.

The Board **noted** the update.

3 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance Committee (FRP) of 11 October 2024 and of 1 November 2024

The Chair of FRP committee confirmed in the October meeting they discussed the financial position at month five, forecasting a £50 million overspend by March 2025. They also reviewed planned care trajectories, noting an increase in referrals with the activity plan having been agreed with Scottish Government.

He added that in the November meeting, the financial position at month six indicated an increased overspend to around £52 million, mainly due to reduced allocation from Scottish Government. He added that Committee received a presentation on the progress of Meridian support, with further updates to be provided at future meetings. The Integrated Performance and Quality Report (IPQR) was discussed and highlighted performance

against the Annual Delivery Plan deliverables. He also noted the annual procurement report gave substantial assurance of compliance with legislation, policy, and board objectives.

The Director of Estates presented the National Treatment Centre post-occupancy evaluation report although committee acknowledged they needed more time to study the report and confirmed it was submitted to the Scottish Government without approval, with this noted in the submission. He confirmed that the report would come back to FRP in December for further scrutiny.

b) Staff Governance Committee of 5 November 2024

The Chair of Staff Governance committee celebrated the team's success in improving the time-to-fill vacancy metric noting these were helped by focusing on the challenges experienced to identify specific improvement areas which has enabled improvements in this metric. She noted that the key point was to ensure the improvements were sustained alongside addressing a few outlier vacancies.

She confirmed that committee approved the final version of the Health and Well-being Strategy and covered the Quarter two Whistleblowing report where committee discussed enhancing these reports to ensure effective sharing of key learning points to ensure the right people were informed. It was noted that the report now included a wider breadth of whistleblowing assessment measures which would be monitored to appropriately assess their effectiveness.

c) Highland Health & Social Care Committee of 6 November 2024

There were no additional comments.

d) Clinical Governance Committee of 7 November 2024

The Chair of Clinical Governance Committee confirmed the Committee had considered the integrated performance and quality report alongside assurance reports from the Highland Health and Social Care Partnership and Acute Services. Committee also received moderate assurance on health and safety actions being taken as part of the Health and Safety Committees six monthly update.

He added that other key items included discussions around two new risk register items that related to access to services and recruitment challenges. He confirmed that committee reviewed progress on their blueprint for good governance self-assessment.

e) Area Clinical Forum of 31 October 2024

The Chair of Area Clinical Forum confirmed the meeting wasn't quorate but continued as planned. She highlighted the Forum received an update on the Wait-Time Dashboard which generated significant discussion and highlighted technical challenges due to varied systems.

The Forum also received updates on the multidisciplinary COVID study and noted there was a desire to integrate this into existing specialities to ensure its continuity with evidence indicating that vaccination offers protection against long COVID. She added that an update on the quality framework, discussed in a joint event earlier this year, was well-received which prompted questions on managing it effectively for staff and making it standard practice.

f) Argyll and Bute Integration Joint Board 25 September 2024

The Vice Chair of the Argyll and Bute Integration Joint Board advised they conducted an in-depth review of the annual performance report which was well-received as it highlighted the extensive range of services delivered and the significant effort implemented to maintain them. He acknowledged the new format of the report was helpful in allowing them to explore all the board's activities comprehensively.

He added that the ongoing financial and staffing challenges were discussed which were significantly impacting on the ability to deliver services and they were planning to address those in more depth at the next meeting.

The Board **confirmed** adequate assurance had been provided from Board governance committees and **noted** the Minutes of the Area Clinical Forum and Argyll and Bute Integration Joint Board.

4 Integrated Performance and Quality Report (IPQR)

The Board had received a report by the Deputy Chief Executive which detailed current Board performance and quality on the latest information available across the health and social care system.

The Board was asked to take limited assurance due to the pressures faced by the Highland Health and Social Care Partnership (HHSCP) in Acute and Community care delivery. The system required redesign to maximise efficiency opportunities and to enable service changes that would bolster resilience and utilise resources that were cost-effective for the Board and would maximise value for our population

The Deputy Chief Executive spoke to the circulated report and highlighted:

- Child and Adolescent Mental Health Services (CAMHS) remained a focus, with some improvement in waiting times.
- Challenges persisted in screening and vaccination uptake, however there was focus on analysing causes for inequalities in delivery. He added that vaccination rates remained slightly below the national average, in part due to the delivery model.
- Delayed discharges remained a significant challenge, the key cause continued to be care home capacity.
- The improvements made against Scheduled Care for outpatients and Treatment Time Guarantee (TTG) performance had been maintained and met ADP targets.
- Cancer performance remained a key area of continued focus and review, with some improvements made.
- Psychological Therapies continued to show sustained improvement in waiting times.
- He added that Patient feedback this month focused on maternity, midwifery, and neonatal services.

During discussion the following points were raised:

- Board Members highlighted concerns that there was no national target for childhood vaccinations and performance had been measured in terms of the national average yet the international target set by the World Health Organisation (WHO) was 95%. The Director of Public Health confirmed that some areas of the Board met the WHO target but overall performance had been lower due to the rural nature of NHS Highland.
- Board Members sought clarity on whether Argyll and Bute IJB information was included in all metrics. The Deputy Chief Executive confirmed that future iterations of the IPQR would be clearer where information was incorporated for Argyll and Bute IJB.
- Board Members raised concern at the appraisal completion rates. The Director of People and Culture noted that an improvement plan was in place for completion by the end of December and discussion would take place among the Executive team to provide additional focus to this area. He added that an audit had been carried out which found some appraisals had not been properly signed off on TURAS resulting in a lower completion rate.
- Board Members noted the progress made in achieving carbon net zero in some locations and asked what work had been completed to achieve this. The Director of Estates, Facilities and Capital Planning confirmed the Isla and Dunbar hospitals were small but used oil and he was confident at least one can be moved over to a renewable solution in the coming months once funding is approved.
- Board Members sought clarity around staff turnover rates and asked if NHS Highland had met the 10% target. The Director of People and Culture confirmed turnover sat at 8.66% in the current month and noted a recent Staff Governance Committee development session had discussed the appropriate target level. He added that consideration had been given to carrying out an audit to gain a better understanding with a view to finding solutions however exit interviews were difficult to carry meaning direct feedback from staff leaving was lacking in depth.

The Board took **limited assurance** from the report and **noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.

5 Finance Assurance Report – Month 6 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 6. It was confirmed that the Board's original plan presented a budget gap of £112.491m which resulted in reductions / improvements of £84.091m based on a brokerage cap of £28.400m. NHS Highland's financial position as at end Month 6, Year-to-Date (YTD) Revenue over spend amounted to £42.418m, with the forecast overspend set to increase to £51.98m as at 31 March 2025 assuming those cost reductions/improvements identified through

value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care. This forecast was £23.580m worse than the brokerage limit set by Scottish Government.

The Board were invited to take limited assurance due to the gap from Scottish Government expectations.

The Director of Finance spoke to the circulated report and highlighted a deterioration in month 6 noting the forecast deficit increased to £51.98m due to changes in Multi-Disciplinary Team funding allocation.

She added that operational spend continued as expected, with a year-to-date position of £42.4m and a recovery plan was in place. The Argyll and Bute Adult Social Care forecast was £16.1m and was expected to balance by year-end. The Director of Finance noted that efforts focused on a sustainable plan with Highland Council and optimal use of the £20m transformation fund.

Key risks remained increased supplementary staffing, high prescribing costs, and independent sector fragility in Adult Social Care although she highlighted reductions in supplementary staffing expenditure and committed capital spend were improving.

The financial planning timetable was discussed, with more information expected after the Scottish budget announcement on December 4th. Monthly catch-up meetings and a formal quarterly review with the Scottish Government finance team were ongoing with a key focus on improving Adult Social Care and Delayed Discharge pressures.

During discussion the following points were raised:

- Board Members sought clarity around the anticipated risk around the Adult Social Care break-even position and asked what actions were being taken to mitigate this. The Director of Finance advised she was in regular contact with the Head of Finance at Highland Council and she was exploring all opportunities to balance the budget. She added that work was underway to establish trajectories but a formalised commitment was yet to be agreed.
- The Director of Finance noted Scottish Government were also keen to work on a more detailed approach to resolving the Adult Social Care challenges.
- Board Members felt the risk level should be given further consideration by the Board and suggested the Finance, Resources and Performance Committee considered the transformation work on behalf of the Board.
- Board Members requested an investigation into necessary transformation work to address challenges and resource gaps. The Chief Executive confirm she'd discuss with the Executive team how to update the Board, focusing on additional project management support and skill requirements for redesign, while avoiding worsening existing inequalities.

Having **examined** the draft Month 6 financial position for 2024/2025 and **considered** the implications, the Board **agreed** to take **limited assurance** from the report.

The Board took a break at 11.02am and the meeting resumed at 11.17am

6 Annual Delivery Plan (ADP) Six Monthly Progress Update

The Board received a report on behalf of the Deputy Chief Executive that provided assurance on the progress of the Quarter One and Quarter Two 2024/25 ADP deliverables to 30 September 2024. The report captured high-level deliverables in each "Well" theme of the Together We Care strategy. The Argyll & Bute Joint Strategic Plan was incorporated into the NHS Highland ADP 2024-25 tracker. The Board were invited to take moderate assurance due to mitigations and actions being in place for deliverables not currently achieved.

The Deputy Chief Executive spoke to the circulated report and highlighted many commitments had remained ongoing and were being monitored by various executive groups within Scottish Government. It was noted that the update had been reviewed recently at the Finance, Resource, and Performance Committee. The report emphasised 75 percent of the tasks were on track, complete, or in progress. However, he added that some items were delayed but they were still expected to be delivered noting that certain tasks were dependant on guidance from Scottish Government.

The Deputy Chief Executive confirmed a further review would take place to ensure the data presented would provide sufficient assurance and help distinguish between minor and major tasks.

During discussion the following points were raised:

- Board Members noted future updates on progress against the ADP would address prioritisation of tasks and their interconnections and sought clarity around the impact of those at-risk or delayed would have. The Deputy Chief Executive confirmed tasks would be graded to identify the impact their delay may have overall.
- Board Members suggested it would be beneficial to capture and review any shifts in focus prompted by Scottish Government when reporting to the Board on the year's ADP delivery to provide further context.
- The Whole System Transformation manager confirmed that when developing programmes, measures of success were included in the IPQR. He added that they aimed to capture additional performance measures linked to programme deliverables as soon as possible.
- Board Members highlighted the abundance of indicators could be overwhelming and emphasised proactive indicators should be the key focus to achieve better outcomes. The Director of Public Health felt having numerous indicators proved challenging and explained the importance of selecting the right indicator, acknowledging that while not everything can be covered, focusing on inequalities is crucial.
- Board Members recognised the challenge of linking individual elements to see the bigger picture and emphasised the need for a clear annual plan. They suggested that focus areas should reflect service users' experiences, using user forums for feedback. The Deputy Chief Executive highlighted the "Together with Care" strategy, which was developed through extensive engagement with patients and local groups.
- The Board Chair highlighted the need to focus efforts effectively, considering system-wide impacts and patient/community priorities. They suggested considering equality impact assessments and risk management frameworks in future discussions.
- The Whole System Transformation Manager advised Scottish Government had provided general feedback on the format of returns to all boards and he expected further communication from them following the six-monthly update.

The Board **noted** the content of the report and took **moderate assurance**.

7 Highland Child Poverty Action Plan 2023 - 2024

The Board received a report from the Director of Public Health which would be required to be submitted to the Scottish Government annually. The report provided an update to Board members on, data gathered from the Health Intelligence Team in Public Health to support development of the report and priorities for action; progress made, and outcomes achieved in tackling child poverty in 2023/24; and agreed actions to be taken in 2024/25 in line with the key themes identified within the Highland's Integrated Children's Service Plan. The report covered the Highland area only.

The Board were invited to approve the Highland Poverty Action Plan 2023-24 ahead of the submission to Scottish Government.

The Director of Public Health spoke to the circulated report and highlighted:

- The 2017 Child Poverty Scotland Act mandated Scottish Government, local authorities, and health boards to address and report on child poverty with the Argyll and Bute report for 2023-24 being reviewed by the Integration Joint Board but the Highland report faced delays due to COVID-19, efforts were underway to report on 2023-24 activities and future plans.
- He added that the report included epidemiological data comparing local child poverty levels with the rest of Scotland but despite some improvements during COVID-19 due to additional funding, child poverty levels had increased.
- Within Highland, many child health services were provided by Highland Council, but NHS Highland retained accountability for areas such as paediatrics, CAMHS, and primary care.
- The Director of Public Health noted that actions in 2023-24 focused on specific supports like welfare benefits but moving forward it would move to more general support to tackle child, family, and community poverty highlighting the need for special attention to children in isolated rural and island areas.

During discussion the following points were raised:

- Board Members sought clarity around how they could get an overview of the whole community poverty action and receive assurance the efforts are coordinated and addressing the issues. The Director of Public Health confirmed that it was important to focus on the Board's work as an anchor institution, considering what could be done in terms of employment and support for isolated communities alongside impact assessments to evaluate the effects of actions on poorer people.
- The Senior Health Improvement Specialist added that work was underway with the People and Culture directorate to develop an employment strategy which would include vulnerable groups alongside running initiatives such as 'Money Counts' to benefit families and the wider population.
- Board Members emphasised that addressing child poverty required tackling family and community poverty and its underlying causes. Poverty persisted due to insufficient collaboration between anchor institutions, the third sector, and the voluntary sector. Effective poverty reduction needed more grassroots engagement and coordinated efforts from all relevant organisations, and they suggested a radical review and summit with major players could help break the cycle and bring meaningful change.

The Board **approved** the Highland Child Poverty Action Plan 2023-24 for submission to Scottish Government and took **moderate assurance**.

8 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports

8(a) Highland Health and Social Care Partnership

The Board received the Annual Performance report for the Highland Health and Social Care Partnership (HSCP) from the Chief Officer of the Highland HSCP detailing the progress in meeting priorities and actions as required, which is submitted annually to Scottish Government.

The Board were invited to take substantial assurance and note the content of the HSCP Annual Performance Report 2023-24.

The Chief Officer for Highland HSCP highlighted the report, approved by the Health and Social Care Committee and the Joint Monitoring Committee, indicated strong performance; notably 84.8% of the partnerships care services were rated as good or better by the Care Inspectorate.

She noted that despite challenges such as increasing costs and demand, the report provided a balanced view of achievements against national health and well-being targets and covered progress in integrated children's services, adult social care, care homes, primary care, mental health, and community services.

The Chief Officer confirmed that the Integrated Children's Services Plan was launched in August 2023, and the joint strategic plan published at the end of 2024 outlined the partnerships goals for the next three years.

Board Members sought clarity on the level of assurance being provided. The Chief Officer for Highland HSCP confirmed that substantial assurance was proposed as the report indicated the partnership had met the requirements set out in integration legislation. She added that the assurance covered both the structure of the report and the information it provided to the Health and Social Care Committee and the Joint Monitoring Committee regarding integration arrangements.

The Board took **substantial** assurance and **noted** the HSCP Annual Performance Report 2023-24 agreed by the Highland Health and Social Care Committee and the Joint Monitoring Committee in September 2024.

8(b) Argyll & Bute Health & Social Care Partnership

The Chief Officer of the Argyll and Bute HSCP spoke to the publicised report and highlighted the partnership was required report annually on their performance and the report goes to the Integrated Joint Board alongside other partner organisations to ensure proper communication with the communities served.

He noted that it covered key performance indicators, financial performance, and engagement approach alongside updates on the joint strategic plan progress. He added that whilst the report reflected data from 2023-2024 it nonetheless provided valuable insights for future focus. Key successes included increasing the number of children placed near their homes, more Telecare users with digital devices, and a slight increase in Near Me consultations. A&E attendances were just below the 95% national target.

The Chief Officer referenced the ongoing challenges of staff recruitment and retention, delayed discharges and bed days, which were areas of ongoing focus. He confirmed that the partnership ended 2023-2024 with a financial surplus due to vacancies, use of reserves, and an 83% delivery on their savings target. He added that the report also provided a year two update on the joint strategic plan and noted the current iteration was due to end in March 2025, with preparations underway for the next phase.

The Board **took assurance** and **noted** the Argyll & Bute Health and Social Care Partnership Annual Performance Report 2023-24 was agreed by the Integrated Joint Board in September 2024.

9 Corporate Risk Register

The Board received a report by the Medical Director which provided an overview of the NHS Highland corporate risk register, which provided awareness of risks that would be considered for closure and additional risks to be added. The Board were invited to examine and consider the evidence provided and make final decisions on those risks and take substantial assurance on compliance with legislation, policy and Board objectives.

The Medical Director spoke to the circulated report and highlighted the following:

- Risk 715 would be moved from the Board Risk Register to the Public Health Directorate Risk Register (impact of COVID on health outcomes).
- Risk 712 Fire Compartmentation was pending approval from the Health and Safety Committee to be removed from the Board Risk Register but was included to comply with risk de-escalation governance processes.
- Risk 1279 which covered the financial risk for adult social care has had executive leadership amended from the Director of Finance to the Chief Officer of Highland HSCP.

During discussion the following points were raised:

- Board Members suggested risk 1279 required additional review considering the current financial challenges being faced and indicated the risk level may need to be adjusted based upon the scoring of other risks held on the register.
- The Director of People and Culture clarified that the fire compartmentation risk was a Board Risk, so the Board were required to approve its de-escalation rather than the Health and Safety Committee.
- Board Members highlighted the narrative of risk 712 should be updated to acknowledge the Board was willing to de-escalate it provided the Chief Fire Officer had approved.

The Board **noted** the content of the report and took **substantial assurance** on compliance with legislation, policy and Board objectives.

10 Q2 Whistleblowing Report

The Board received a report from the Director of People and Culture on the Whistleblowing Standards Quarter one activity covering the period 1st July – 30th September 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021.

The Board were invited to take moderate assurance based on commitment to the principles of the standards and completing robust investigations while acknowledging the challenge to achieving this within the stipulated 20 working days due to the complexity of cases. The Director of People and Culture spoke to the circulated report and highlighted:

- There were no new whistleblowing cases raised during this period and one previously open case where there were concerns around its duration had now been closed.
- There was one ongoing case that involved complex circumstances, but active support and communication were being maintained.
- He added that an anonymised table had been added which included actions and recommendations provided by investigations with particular focus on quality and patient safety.

During discussion the following points were raised:

- Board Members asked why no concerns had been raised and whether this could be due to a lack of knowledge on the process. The Director of People and Culture highlighted that any concerns raised via the

Guardian Service were not currently reflected in the Whistleblowing report which may have impacted the data alongside the confidential nature of that service where it may not be appropriate to report.

- The Board Whistleblowing Champion added that any concern suitable for inclusion in the report would have needed to meet the whistleblowing standards however there may have been concerns raised through other channels such as line managers where the concern was not identified as a whistleblowing issue and is dealt with through normal procedures.

The Board took **moderate assurance** from the report and **took confidence** of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

11 Appointment of Board Vice Chair

The Board received a report from the Board Chair detailing the rationale for appointing a new Vice Chair to the Board from 1 April 2025 and outlined the process undertaken to recruit to the position. The Board were invited to take substantial assurance from the report content and agree to the appointment of Gerry O'Brien to the position of Board Vice Chair, with effect from 1 April 2025 until 31 December 2028.

The Board took **substantial** assurance and **agreed** the appointment of Gerry O'Brien to the position of Board Vice Chair, with effect from 1 April 2025 until 31 December 2028.

12 Changes to Committee Chair Positions

The Board received a report from the Board Chair noting planned changes to the Board's non-executive membership and changes to Governance Committee chair positions. At the Board meeting in July 2024, agreement was given to a series of revised Committee memberships. The Board was invited to agree to appoint Emily Austin as Audit Committee Chair and Counter Fraud Champion with effect from 1 January 2025 and Karen Leach as Clinical Governance Chair with effect from 10 January 2025. The Board were also asked to take substantial assurance from the reports content.

The Board took **substantial** assurance and **agreed** to appoint:

- Emily Austin as Audit Committee Chair and Counter Fraud Champion with effect from 1 January 2025.
- Karen Leach as Clinical Governance Chair with effect from 10 January 2025.

13 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 28 January 2025

The meeting closed at 12.53pm

NHS Chief Executive's Update

January 2025



Fiona Davies,
Chief Executive NHS Highland

Right place, right time

Last Board meeting I was able to update you about plans for the Highland Council to buy Moss Park Care Home in Lochaber, and for NHS Highland to take over running of the home. We have now applied for funding from the Council to increase the number of beds at Invernevis Care Home, also in Lochaber. Together, these homes will form part of our medium-term plan to maximise care capacity, while we work towards a new model where more people are able to access the care they need in their own homes.

Changing the way in which social care is delivered is key to meeting one of our most significant challenges: that of ensuring people are cared for in the right place at the right time; including discharging people from hospital once they are well enough. We are making some progress in this area as we have improved reporting and communication across the whole system. However, early January did see periods of high pressure and I want to recognise the dedication of colleagues who always do their best for patients, even in difficult circumstances, such as when we need to open extra hospital beds.

National reform

The risks caused by extending hospital capacity are among issues which have been raised nationally, as we work to reduce delayed discharge. Reducing waiting lists is another area of national focus and I'm pleased to say that initiatives such as waiting list verification, where patients are contacted to check they still need an appointment, have shown great success in reducing unnecessary appointments and allowing people in need to be seen more quickly.

Boards are also working together across Scotland to support fragile services. I have previously shared how our vascular and some cancer services are vulnerable due to the need to recruit specialist colleagues and to serve a larger population to reach a sustainable patient threshold. Support for our colorectal oncology patients is now being provided by specialists from four centres across Scotland, in a model that is being regularly reviewed by the National Oncology Co-ordinating Group.

Since my last update, we have been offered temporary support from other Boards for specialist vascular services, for which I am grateful. The intention is to operate in the medium term as a 'hub and spoke' model, in line with recommendations of the Vascular Society of Great Britain and Ireland. Under this model, outpatient clinics, inpatient reviews and low-risk procedures would remain in

Inverness, which arterial surgery would be carried out at arterial hubs in other boards. This would be a temporary arrangement, while we contribute to the longer-term national work to reform this service.

Finance

The Scottish Government's draft budget was announced in December. This includes funding for:

- NHS pay awards
- Reducing waiting lists and delayed discharge
- Enhanced frailty, cardiovascular disease and other essential services in General Practice
- A dental workforce and training package
- A community eye care programme

Further details of the allocation of funding will follow and will be linked to key outcomes.

Capital funding will increase by 5%. I very much welcome the commitment for funding to support the further development of the business cases for the replacement Belford Hospital, which will allow us to progress to the next design phase. We are stepping up the programme team to recommence this work.

However, it comes as no surprise that public sector budgets are under pressure. Moving into 2025-26, brokerage will no longer be available, and all NHS boards must work towards break-even, showing improvement over the next three years. Boards are required to develop detailed financial plans presenting a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three year period, and plans to move to a balanced budget.

This is work we have already begun, through our Value and Efficiencies programme and the Strategic Transformation Action Group, and it will require an ongoing concerted effort. To make sure we deliver our financial position for this year end, we have reintroduced our non-pay spending controls to ensure appropriate spending at the end of the year.

Vaccination

On 21 January we heard from Scottish Government that we could progress with the recommendations in the vaccination improvement Options Appraisal submitted by Highland HSCP. This means we can use local flexibility to deliver vaccinations in the Highland Council area, including commissioning GP practices where agreed and appropriate. The proposal is to return childhood (pre-school) vaccinations to a GP delivery model, retain maternal and school-age vaccinations as board-delivered, and develop a hybrid model for adult vaccinations.

The exact models are yet to be developed and agreed. This will require a robust implementation plan, agreed with input from stakeholders, including GPs, Public Health Scotland, our own teams and, of course, those people eligible to be vaccinated. We expect this plan to be developed in the next two months.

Meanwhile, we are now in the later stages of the 2024-25 winter vaccination programme, with a number of clinics moving to drop-in status. Shingles and pneumococcal vaccinations are starting this month.

Congratulations



Our teams continue to excel, and I am delighted to be able to mention Senior Charge Nurse Paul Rusk, who was recently awarded the title of Queen's Nurse for his innovative work on health care for people in custody.

Liam Allan is another outstanding colleague, having been honoured by the Faculty of Physicians Associates by winning the prestigious 'Physician Associate of the Year' award. And congratulations to Cathie King, Colorectal / Stoma Clinical Nurse Specialist who has won the Philip

Salt Award – Association of Stoma Care Nurses (ASCN) UK Stoma Care Nurse of the Year.



Fiona Davies, Chief Executive NHS Highland

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MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMS	16 December 2024 at 10.00 am	

Present

Graham Bell, Non-Executive Director (Vice Chair)
 Tim Allison, Director of Public Health (from 10.15am)
 Louise Bussell, Nurse Director
 Elspeth Caithness, Non-Executive Director
 Ann Clark, Non-Executive Director
 Heledd Cooper, Director of Finance
 Garret Corner, Non-Executive Director
 Fiona Davies, Chief Executive
 Richard MacDonald, Director of Estates, Facilities and Capital Planning
 David Park, Deputy Chief Executive
 Steve Walsh, Non-Executive Director

In Attendance

Susan Clifton, Accountant (from 10.25am)
 Ruth Daly, Board Secretary
 Ruth Fry, Head of Communications and Engagement
 Kristin Gillies, Interim Head of Strategy and Transformation
 Derick MacRae, Cancer Service Manager (from 11.00am)
 Gordon MacLeay, Clinical Advisor (Estates) (from 11.00am)
 Brian Mitchell, Committee Administrator
 Tina Monaghan, Service Manager (Acute) (from 11.00am)
 Becky Myles, Head of Procurement
 Iain Ross, Head of eHealth (from 11.15am)
 Pamela Stott, Chief Officer Community (Highland HSCP)(from 10.05am)
 Katherine Sutton, Chief Officer Acute
 Elaine Ward, Deputy Director of Finance

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from Committee members Alex Anderson and Gerry O'Brien.

Apologies were also received from non-Committee members Evan Beswick and Sarah Compton-Bishop.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous meeting held on Friday, 01 November 2024, Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 1 November 2024 was **Approved**. The Committee further **Noted** the Committee Work Plan 2024/25 and revisions required to the Rolling Action Plan.

2 NHS Highland Financial Position 2024/25 Report (Month 7) and Value and Efficiency Assurance Update

The Deputy Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 7, advising the Year-to-Date (YTD) Revenue over spend amounted to £39.1m, with the forecast overspend set to increase to £49.697m as at 31 March 2025 assuming additional action would be taken to deliver a break even position for Adult Social Care. The forecast position had improved from the previous month due to a reinstated funding allocation for MDT funding. The brokerage limit set by Scottish Government was £28.4m. The circulated report further outlined planned versus actual financial performance to date as well as the underlying data relating to Summary Funding and Expenditure, noting relevant Key Risks and Mitigations. It was noted overall funding had increased by £31.003m in Month 7, with funding received in relation to the 2024/2025 pay award and new medicines. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the position relating to Value and Efficiency activity, including the associated Dashboard position as of October 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The Deputy Director of Finance presented a number of additional slides detailing expenditure patterns across a spread of specific subjective spend areas in 2024/25, showing trends and mean spend analysis. The circulated report proposed the Committee take **Limited** Assurance.

There was discussion of the following:

- Supplementary Staffing. Agreed additional information relating to Bank and Agency elements would be included in future reporting detail. Advised current budget position had not included assumptions relating to winter pressures.
- Adult Social Care. Noted the positive outcome from the recent JMC meeting relating to investment. The position relating to the exiting funding gap, and potentially using the relevant Transformation Fund framework and associated test of change process were discussed. Advised break even position was a continued expectation, with regular meetings being held with Highland Council. Stated that value and efficiency elements were NHS Highland responsibility to identify opportunities. Longer term plan for financial balance being progressed and any use of Transformation Plan required to be in that context, noting a number of associated staffing and capacity aspects required further early consideration. Emphasised both organisations needed to move at a similar rate towards a coordinated and improved position. Noted integrated services implementation plan in development.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** detailed information on Bank and Agency spend be provided in future reporting.
- **Agreed** to take **Limited** assurance.

3 Draft Budget Setting Process 2025/26

The Director of Finance provided an update in relation to relevant planning guidance and spoke to the circulated Scottish Government letter advising as to the indicative funding settlement for

NHS Boards in Scotland for 2025/2026. In summary, she advised NHS Highland had received a 3% overall uplift; notification of NRAC parity funding, non-pay reform allocation, national insurance consideration, capital aspect, future brokerage arrangements and other elements. Future reporting requirements were also outlined.

The following was raised in discussion:

- Future Brokerage Arrangements. Advised as to national position, noting financial planning requirements remained consistent.
- National Insurance. Advised wider impact, such on the Independent and Third Sectors providers was unknown.

After discussion, the Committee Noted the position.

4 15 Box Grid Submission Update

The Director of Finance spoke to the circulated report providing an assessment of the progress to date against the 15-box grid as at Quarter 2 as submitted and advised as to guidance received. It was noted that the 15-box grid would continue with some review of future content to be considered with NHS Boards.

After discussion, the Committee:

- **Noted** the content of the report
- **Agreed** to take **moderate** assurance

5 Capital Asset Management Updates

The Director of Estates, Facilities and Capital Planning spoke to the circulated report providing the position as at Month 7 and provided a brief presentation, advising as to spend against capital formula allocation; funding allocations and potential additional spend possibilities; and total expenditure to date. Progress against spend was being monitored through Capital Asset Management Group. The circulated report proposed the Committee take **Moderate** Assurance.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to receive a report on possible additional expenditure at the next meeting.
- **Noted** an update in relation to the Lochaber project would be brought to a future meeting.
- **Agreed** to take **Moderate** assurance.

6 Environment and Sustainability Update

The Director of Estates, Facilities and Capital Planning advised the Environmental and Sustainability Committee met this week. They discussed reporting and suggested moving to quarterly reporting instead of bi-monthly, as they are now using the Scottish Government database for energy usage and carbon production data. The committee believed quarterly reports would show more significant trends and provide better value.

The Committee noted the update.

7 Planned Care Submission – Cancer Services Update

The Service Manager highlighted that in November, the NHS performance against 62-day standard had improved to 74.2 percent, which is above the Scottish average. Over 100 patients were seen per month for the last four months, which was noted as a significant increase. Performance in prostate and breast cancer areas improved, with fewer prostate patients leading to better performance. However, in October, we had 11 breast patients breaching the standard due to a lack of imaging capacity, particularly among radiologists and radiographers.

There had been the introduction of a new staffing model which involved partnering with colleagues from a different health board to provide a "see and treat" service. The model will be rolled out in Raigmore from January 2025. There was an aim to replicate this model in the summer to reduce reliance on our medical workforce. In urology, good performance was maintained in prostate and aimed to improve services in renal and bladder areas. The 31-day performance dipped recently due to breast capacity problems and surgeon shortages.

The Service Manager advised of the aim to achieve an 80 percent performance level by February, despite expected dips in December and January due to winter pressures. Actions, both immediate and long-term, aimed to reach this goal and eventually achieve 95 percent in the coming months.

In discussion,

- Members noted system efficiencies as performance improved whilst treating more patients. They suggested the data presentation be reviewed to highlight the improvements.
- The Service Manager noted referrals had increased compared to pre-pandemic levels and a high level of patients were told they did not have cancer and performance varied by tumour type.
- The Director of Public Health and Policy highlighted that referrals were treated for suspected cancer, not necessarily confirmed cancer. However, more work was needed early in the referral pathway. He noted that the public health report focused on health inequalities, highlighting that breast and prostate cancers were more common in wealthier populations.
- Members noted information provided gave a good understanding of challenges and focus areas. They recognised the significant person dependency in Highland pathways and the need to target efforts better, as increased GP referrals used resources that could be deployed elsewhere.
- Members queried if single-person services were also difficult to recruit for, making short-term staffing cover harder. They also inquired about tracking treatments by postcode and the impact of high-profile cases on referrals. The Service Manager highlighted opportunities existed to look at new staffing models. In oncology, they used technology to manage patients from other areas while treating them locally and noted the high referral rate for prostate cancer.
- The Director of Public Health and Policy highlighted that the annual report that he compiles would have recommendations on inequalities. For prostate cancer, they needed to look at conversion rates and other factors. More actions were needed to get appropriate referrals at the right stage.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **moderate** assurance.

8 Digital Health and Care Strategy Update

The Deputy Chief Executive mentioned that the strategy had been approved by the committee, and this was an update on progress. The Head of E-health noted the limited time and the extensive content in the report, especially in the appendices. He focused on the delivery plan rather than the strategy itself. Appendix one showed the priority areas and resource allocation, with the top priority being system support and resilience.

Priority two involved the electronic patient record (EPR) programme, covering hospitals, community, primary care, and social care records. Major programmes included giving clinicians access to digital records, moving 91 practices to a new system, and replacing the social care system in North Highland and Argyll and Bute. There was also significant background work, such as implementing a new PACS system for X-rays and a new national network (SWAN). Major network upgrades in hospitals were also underway.

The Head of E-health highlighted there was 170 staff covering various functions. He explained the 70/30 resource allocation model between system support and development, noting that other boards might allocate more to system support. The approach allowed flexibility and aimed to catch up with other boards in electronic patient records (EPR). He discussed the need for changes due to technology shifts and national plans, and the importance of a skilled workforce for network provision. He also mentioned the early stages of discussions about the integration agenda and the need to avoid redundant investments.

The Deputy Chief Executive highlighted the importance of having strong digital ambitions despite capital limitations, particularly for network and Wi-Fi capabilities. He noted the need for more capital to fill gaps and enhance their EPR programme.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **substantial** assurance.

9 NTC Post Occupancy Evaluation Report

The Director of Estates, Facilities and Capital Planning advised the report was initially presented at the previous meeting because the Scottish Government requested an early submission for the National Treatment Centre reviews. The Scottish Government and draft forum accepted the report, and it will go through their governance route. The Committee Chair requested the paper to be brought to the committee to allow members to review it.

In discussion,

- Members noted the national treatment centre (NTC) model was on the right track and could make a big difference if rolled out as planned. It was noted the NTC had helped reduce waiting lists and meet targets set by the Scottish Government. The need for national engagement was highlighted.
- Members noted the importance of early engagement and funding and highlighted the need to evaluate the impact of the NTC on other areas in future reviews.
- The Director of Estates, Facilities and Capital Planning noted the project was successful and well-managed. He noted good feedback from the Scottish Government and highlighted lessons learned, such as the need for better staff training and recruitment.
- Members praised the project for being completed on time and within budget despite inflationary pressures, seeing it as a reputational success for NHS Highland. They advised the patient numbers were heartening and suggested considering lessons for the senior team.

- The Chief Executive reflected on the model's success, noting the impact on reducing waiting times. She mentioned the need to consider inequalities in access to services and the positive feedback from patients and politicians.

After discussion, the Committee:

- **Noted** the content of the report provides confidence of compliance with legislation, policy and Board Objectives.
- **Agreed** to take **substantial** assurance.

10 Strategy and Transformation Assurance Group Approach and Programmes

The Interim Head of Strategy and Transformation provided an overview of the ongoing work within the strategy and transformation team and the EDG. The STAG group revised the reporting framework for change and transformation programmes, dividing them into A, B, and C categories. Seven programmes were in the A category, which had been defined over the past six weeks.

The governance for these programmes were being aligned, and they would be linked to the annual delivery plan, with the first submission due on 27th January. The A programmes covered the whole organisation, B programmes were sector-specific, and C programmes were service-specific. The main organisational programmes were overseen by STAG and linked to the "Together We Care" strategy. The A programmes included Highland HSCP transformation, primary care strategic plan, mental health and learning disabilities transformation, frailty, person-centred care models, urgent care service, and prevention and reducing inequalities. The strategic objectives for each programme were being developed.

The Annual Delivery Plan guidance was received last week, with the first submission due on 27th January and the final draft on 17th March. The plan needed to align with workforce and finance considerations. The STAG transformation projects would provide much of the detail for the plan.

In discussion,

- The Deputy Chief Executive highlighted the work plan would be revisited in February to provide more details and programme outlines.
- Members queried whether the Population Health Programme Board is where inequalities and prevention will mainly be discussed and how do the work streams link together. They also queried how align them into the governance structure.
- The Chief Executive clarified that the A and B categories were differentiated by complexity, not importance.
- The Director of Public Health and Policy advised that inequalities and prevention were part of all pieces of work and was not confined to one programme board. The Population Health Programme Board would oversee the areas to ensure they encompassed the wider work of the board.
- The Deputy Chief Executive noted that the re-profiling of programmes was iterative, and that further work was needed to fine-tune the connections between programmes.

The Committee Noted the remaining meeting schedule for 2024.


11 2025/26 and 2026/27 Meeting Schedules

10 January 2025	10 April 2026
7 February 2025	8 May 2026
14 March 2025	5 June 2026
4 April 2025	10 July 2026
9 May 2025	7 August 2026
6 June 2025	11 September 2026
11 July 2025	2 October 2026
1 August 2025	13 November 2026
12 September 2025	4 December 2026
3 October 2025	8 January 2027
14 November 2025	5 February 2027
5 December 2025	12 March 2027
9 January 2026	
6 February 2026	
13 March 2026	

14 DATE OF NEXT MEETING

Friday 10 January 2025 at 9.30 am

The meeting closed at 12.05pm.

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	 NHS Highland na Gàidhealtachd
DRAFT MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMS	10 January 2025 at 9.30 am	

Present

Alexander Anderson, Chair
Graham Bell, Vice Chair
Karen Leach, Non-Executive Director
Louise Bussell, Nurse Director
Heledd Cooper, Director of Finance
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Garret Corner, Non-Executive Director
Gerard O'Brien, Non-Executive Director
David Park, Deputy Chief Executive
Tim Allison, Director of Public Health
Sarah Compton-Bishop, Board Chair
Steve Walsh, Non-Executive Director

In Attendance

Arlene Johnstone, Head of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services
Brian Mitchell, Committee Administrator
Katherine Sutton, Chief Officer Acute
Kristin Gillies, Interim Head of Strategy and Transformation
Janice Preston, Non-Executive Director
Ruth Daly, Board Secretary

1 STANDING ITEMS

1.1 Welcome and Apologies

Apology was received from Committee member Fiona Davies. Further apologies were received from Evan Beswick and Elaine Ward, who are routinely invited to Committee meetings.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous meeting held on Monday, 16 December 2024 Rolling Action Plan and Committee Work Plan 2024/2025

The Minute of the Meeting held on 16 December 2024 was **Approved**. The Committee further **Noted** the Committee Work Plan 2024/25 and **approved** the 'proposed to close' items on the Rolling Action Plan.

2 NHS Highland Financial Position 2024/25 Report (Month 8) and Value and Efficiency Assurance Update

The Deputy Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 8, advising the Year-to-Date (YTD) Revenue over spend amounted to £49.889m, with the overspend forecasted to be £49.697m as of 31 March 2025. The forecast assumed further action would be taken to deliver a breakeven Adult Social Care (ASC) position. This forecast is £21.297m worse than the brokerage limit set by Scottish Government and £0.900m better than the target agreed. The brokerage limit set by Scottish Government was £28.4m. The circulated report further outlined planned versus actual financial performance to date as well as the underlying data relating to Summary Funding and Expenditure, noting the relevant Key Risks and Mitigations. It was noted £11.105m of funding had been received in Month 8 and the MDT funding had been received and further pay award funding confirmed. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the position relating to Value and Efficiency activity, including mitigating slippage and associated Dashboard position as of November 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The circulated report proposed the Committee take **Limited** Assurance due to the gap from Scottish Government expectations.

There was discussion of the following:

- Supplementary staffing. Recruitment efforts in social care had shifted from general vacancy advertisements to more community-focused and targeted approaches, aiming to attract people through different models and address high vacancy rates in specific areas.
- Adult Social Care Costs. Members highlighted the increase in adult social care costs and noted discussions were ongoing with the council to agree on a final figure. The Director of Finance acknowledged the need for more collaborative budget setting, incorporating social care pressures into the planning process.
- Delayed Discharge. The request for additional funding to the Scottish Government was pending. However, members noted recruitment efforts were ongoing to reduce supplementary staffing costs, and the reopening of Inverness beds had been funded by the Highland Council.
- Process of setting a deficit budget. In response to members querying the process, the Director of Finance highlighted the draft budget must be submitted to the government by the end of January, with the final version by the end of March, fitting within the Council's timeline for their budget process.

The Director of Finance spoke to the circulated 'NHS Highland – 2024-25 Financial Position and Brokerage Cap Response' letter and advised all boards in financial deficit were required to respond with their financial positions and pressures. The Chief Executive had provided the required response to the Chief Executive of NHS Scotland and Director General for Health & Social Care. It was noted that in response, NHS Highland has received confirmation of increased brokerage. The Scottish Government Also confirmed that there would be no brokerage available in 2025/26.

There was discussion of the following:

- Brokerage limit. Members noted the potential impact adult social care could have on meeting the brokerage cap and discussions continued with the Council to balance risks and avoid reporting a deficit.
- Long-term implications of accumulating brokerage. Members emphasised the need for clear, stable financial plans that consider the broader impact on future budgets and the political landscape. The Director of Finance highlighted the importance of strategic planning while acknowledging the difficulty of repaying brokerage.

- Achieving break-even position. Members stated that achieving a break-even position solely through efficiency improvements seemed unrealistic and required national-level intervention. The Director of Finance explained the need to discuss with the Scottish Government what boards can realistically deliver without NHS reform, as current system pressures require a broader approach.
- National Groups. Members expressed concerns about the lack of clear connections between national groups and boards, both from governance and operational perspectives, and seemed committed to address the issue. Members also highlighted the challenges of participating in certain groups.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to take **Limited** assurance.

3 New Craigs PFI Progress Update

The Director of Finance advised due to the level of risk surrounding the transfer, the programme board meetings initially held bimonthly have now been moved to monthly meetings. External support has been enlisted to help manage the process, focusing on ensuring the building is fit for purpose before handover, addressing TUPE issues and managing advanced payments and deductions related to Reinforced autoclaved aerated concrete (RAAC) identified buildings.

The main areas of focus include ensuring the deliverability of the Renewal Programme,, managing the transfer of staff under TUPE legislation, and addressing financial issues such as advanced payments and deductions for non-utilised buildings. The team is working through a proposal from the project company regarding RAAC liabilities, with a risk of a potential legal dispute if an agreement is not reached.

The Director of Estates, Facilities and Capital Planning noted previous communication challenges and noted the renewal programme was agreed upon, allowing financial sums to be offset against work to be done. There had been a proposal made regarding the RAAC buildings which will be responded to. He noted despite challenges, the overall outlook was positive, with ongoing work required until July 2025.

Members expressed concerns about the private sector's role in carrying risk for Public Finance Initiative (PFI) projects and questioned the lifespan and viability of assets being handed back. The Director of Estates, Facilities and Capital Planning responded that the asset being returned is in good condition, with identified issues being rectified, and explained that future maintenance will be integrated into the asset management programme. He also noted that while similar issues exist on a national scale this contract had unique complications.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

4 Draft Budget Setting for 2025/26 Update

The Director of Finance advised that the board's Executive Directors had attended finance clinics led by the Director of Finance and the Chief Executive to explore opportunities and efficiency improvements. The focus was on shaping a cost reduction and future sustainable plan, avoiding the term "savings." High-level information would be presented at the board development session towards the end of the month before submitting the first plan.

After discussion, the Committee Noted the verbal update.

5 Capital Asset Management Month 8 Update (Incl. Additional Capital Sum Allocations and Associated Projects)

The Director of Estates, Facilities and Capital Planning spoke to the circulated report and highlighted the capital position previously discussed included a former allocation of £6.9m and several directly funded projects. An additional £2.37m in capital funding was received last month, with updates to be provided at the February committee meeting. Spending on e-health projects was slightly behind due to issues with fibre replacements, but the team was confident of project completion by the end of the financial year.

Inflation affected several projects, including the fibre project, but a contingency fund was released to support these costs. The Raigmore fire compartmentalisation project was nearly complete, with most work finished by the end of month 8. The Equipment Purchasing Accountability Group (EPAG) equipment replacement project was ongoing and on profile, with back-loaded orders to reallocate funding if necessary.

Standalone projects included ongoing EV charger installations, with Grantown-on-Spey completed. The ACT accommodation funding reached the design stage, and the team was exploring further funding options. By the end of month 8, expenditure was £2.97 million, or 37.3% of the budget, with spending expected to increase over the next two months. A plan for the additional capital received would be presented at the next FRP meeting.

Members noted when capital projects were frozen, there were concerns about costs impacting revenue budgets and accounting issues. The Director of Estates, Facilities and Capital Planning advised additional funding from the Scottish Government had been obtained, which covered costs associated with capital projects before the freeze. He noted that the Lochaber and Caithness project was closed at the Royal Institute of British Architects (RIBA) stage and the Cowal project would form part of the BCIP submission to Scottish Government. An update on both would be provided at the next committee meeting. It was noted that the Belford project was at a remobilisation stage with a 12-week period planned to restart the project, aiming for a formal start around 1st April 2025.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **moderate** assurance.

6 Integrated Performance Report and Deep Dive

The Interim Head of Strategy and Transformation advised data provided in the report covered to the end of quarter two (30th September 2024). Efforts to mitigate these pressures included ongoing transformation and improvement work, along with various redesigns. The report highlighted key focus areas such as delayed discharges, cancer services, and vaccinations, all of which had improvement plans in place. Additionally, areas of successes in TTG and

outpatient services were acknowledged, with plans to continue these improvements in collaboration with the government as part of annual delivery planning.

The report also addressed the need for improvement in CAMHS to reduce waiting times, noting that extensive work on data quality and long waits had led to improvements in October. Although not fully resolved, the progress was encouraging, and further improvements were anticipated in future IPQR reports. The NDAS work was another area of focus, with a transformation plan in place to address it. Screening processes were reported to be going well, and the emergency department's performance was highlighted as green within agreed trajectories, despite ongoing challenges.

Finally, the report praised the Treatment Time Guarantee (TTG) performance, noting that while it ranked sixth out of 15 boards for consultant-led activity, it would rank higher if nurse-led activity was included. This achievement was recognised nationally, and the overall diagnostic work was reported to be progressing well. The report concluded with plans to integrate these efforts into the annual delivery plans, which would be presented to the government at the end of January. The presenter invited questions and offered support from colleagues for any specific queries.

In discussion,

- Child and Adolescent Mental Health Services (CAMHS). Members questioned whether improvements in CAMHS were due to better counting or actual progress. The Chief Officer of Acute explained improvements were partly due to waiting list and data cleansing, and mechanisms to reduce demand on waiting lists. The Nurse Director noted the CAMHS team had strengthened, introduced two-week appointments to assess immediate needs, and broadened services, which helped reduce long waits.
- Neurodevelopmental Assessment Service (NDAS). Members suggested it would be useful to get a timeline for improvements in NDAS and delayed discharges, acknowledging the planned 30% reduction was less than the initial 65% target.
- Outpatient services and TTG. Members noted both had positive news stories and suggested a focus on underperforming areas and noted some specialties were causing problems despite overall positive performance.
- Cancer services. Members expressed difficulty reconciling cancer performance with positive diagnostic news, indicating an overall positive underlying position despite issues. The Chief Officer of Acute explained there were improvement plans for cancer, particularly breast cancer, and effort were being made to increase capacity using advanced nurses and consultant radiographers, noting challenges in recruiting consultant radiologists.
- Flu Vaccination. The Director of Public Health and Policy noted the staff flu vaccine uptake was estimated to be between 30% and 40%, higher than the Scottish average but still lower than desired. Despite significant efforts, including open access and drop-in clinics, the uptake required improvements, albeit better than national average.

After discussion, the Committee:

- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care.
- **Considered** the level of performance across the system.
- **Agreed** to take **Limited** assurance.

7 Risk Register – Level 1 Risks

The report provided committee members with an overview extract from the NHS Highland Board risk register that were relevant to the FRP Committee. The paper was provided to give

an awareness of risks that are being considered for closure and/or additional risks that needed to be added.

The Chair asked if the committee was satisfied for the Fire Protection risk to be removed and New Craigs PFI risk to be downgraded on the register as proposed in the report. Regarding the Fire Protection risk item, the Director of Estates confirmed that mitigation was in place from ring-fenced capital allocation, and that Scottish Fire and Rescue service was happy with the mitigation proposal. It had been recommended that the risk be moved off the risk register and positioned as a level 4 risk to be managed by Fire Officers, and reduced as each phase is carried out in Raigmore.

The Director of Finance noted that the downgrading of the New Craigs risk item was due to having received assurances that a safe building would be returned to the organisation from the contractors to satisfy clinical risk requirements. Amendments and additions to some of the Finance risk items were also noted.

The Committee agreed that the New Craigs PFI risk item should remain as it stood on the register until the point of transfer between the contractors and the Board had concluded.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **substantial** assurance
- **Agreed** to remove the Fire Protection item from the risk register.

8 Annual Review of Committee Terms of Reference

The Board Secretary noted that all of the Board’s governance committees were reviewing their Terms of Reference as part of the governance cycle. The Committee were reminded that they had made some changes to the Terms of Reference in September 2024 and that no further changes had been proposed.

After discussion, the Committee:

- **Noted** the content of the report.
- **Agreed** to take **substantial** assurance from the report.
- **Agreed** to make no further changes to the current Terms of Reference, and
- **Noted** that the ToR would be submitted to the Audit Committee and the Board for approval in March 2025 and included in the updated Code of Corporate Governance thereafter.

9 2025/26 and 2026/27 Meeting Schedules

The committee **Noted** the dates provided as follows:

7 February 2025	8 May 2026
14 March 2025	5 June 2026
4 April 2025	10 July 2026
9 May 2025	7 August 2026
6 June 2025	11 September 2026
11 July 2025	2 October 2026
1 August 2025	13 November 2026
12 September 2025	4 December 2026
3 October 2025	8 January 2027

14 November 2025
5 December 2025
9 January 2026
6 February 2026
13 March 2026
10 April 2026

5 February 2027
12 March 2027

The Committee Noted the meeting schedules for 2025/26 and 2026/27.

10 ANY OTHER COMPETENT BUSINESS

The Chair noted that the Board Secretary would shortly circulate the link to the committee self-assessment and that the committee would review the results at a future meeting.

11 DATE OF NEXT MEETING

The next meeting of this committee on Friday 7th February from 9.30 am.

The meeting closed at 11.20 am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	 NHS Highland na Gàidhealtachd
Draft MINUTE of MEETING of the NHS Board Audit Committee Microsoft Teams	10 December 2024 9.00 am	

Present: Susan Ringwood, NHSH Non-Executive (Chair)
 Emily Austin, Non-Executive (Vice Chair)
 Alexander Anderson, NHSH Board Non-Executive
 Alastair Christie, NHSH Non-Executive
 Garret Corner, NHSH Non-Executive
 Albert Donald, NHSH Non-Executive

In Attendance: Gareth Adkins, Director of People and Culture
 Louise Bussell, Nurse Director
 Charlotte Craig, Business Improvement Manager, Argyll & Bute IJB
 Ruth Daly, Board Secretary
 Fiona Davies, Chief Executive
 David Eardley, Azets, Internal Audit
 Claire Gardiner, Audit Scotland, External Auditors
 Stephanie Hume, Azets, Internal Auditors
 Paul Kelly, Azets, Internal Auditors
 Gerry O'Brien, Non-Executive
 David Park, Deputy Chief Executive
 Boyd Peters (items 2.6 and 4)
 Liz Porter, Assistant Director Financial Services
 Iain Ross, Head of eHealth (items 2.5 and 4)
 Pamela Stott, Chief Officer, North Highland
 Stephen Chase, Committee Administrator

The Chair requested that item 4 be taken after item 2.6

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Heledd Cooper.

1.2 DECLARATION OF INTERESTS

There were none.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 10 SEPTEMBER 2024

The minute of the meeting held on 10 September 2024 was approved as an accurate record.

The Committee

- The minute of the meeting held on 10 September 2024 was approved as an accurate record.
- **Noted** the rolling actions and workplan.

1.4. MATTERS ARISING

There were no matters arising.

1.5. MEMBERSHIP

The committee endorsed and acknowledged that the Board at its last meeting had approved the appointment of a new Chair, S Ringwood, and Vice Chair, E Austin, to the committee and that E Austin would assume the role of Chair from 2025 onwards.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Internal Audit Progress Report

S Hume spoke to the report and noted that three reviews had been completed since the last meeting, all of which were on the agenda for the present meeting. Work was on track to deliver the audit opinion for June 2025 but two delays had been identified to the plan.

- The Default Procurement Processes audit had been due to be presented at the September meeting however, there had been delays in receiving evidence and arranging interview times. The work on the audit was now complete and the final quality review process was underway with the expectation that it would be issued to management in the next week. The report will be presented to the March 2025 meeting.
- The audit of Children Services had been due to start field work at the start of October, however, further discussion had been deemed necessary with key contacts to establish the focus of the work and agree timings for the work with management and with Highland Council. It was hoped that the audit findings could be presented to the June 2025 meeting.
- The plan for the next quarter was set out, which in addition to that noted above, included awareness of fraud risks, supplementary staffing and the final internal audit plan. No delays to this work were currently expected and these items were to be presented to the March meeting. Key themes had been identified from the audits completed to date and compared with themes from previous years which included aligning financial performance data and ensuring compliance and understanding among staff of policies and procedures and roles and responsibilities.
- It was noted for the committee that the number of grade three reports may lead to the Internal Auditors having to consider revising the most recent Audit opinion from full/reasonable assurance. Any changes to the likely audit opinion would be reported to the committee.

In discussion, the delay to the audit of Children's Services was considered, with a number of members expressing concern about the extended period of time over taken by the scoping and rescoping process, and the potential impact on resourcing and efficiency regarding the most recent delay to fieldwork. It was noted that conversations with the Highland Council had indicated a feeling that there would not be much value added to the overall service in an audit of this area. The Chief Executive noted that she had joined discussions with the Highland Council's Deputy Chief Executive, from which it had been agreed that a focused piece of work about the transition of young people from Children's Services to Adult Services would give a more suitable and targeted focus than the previous broader scope and provide a clearer demarcation of roles and responsibilities for any recommendations that may arise

from the audit for NHSH and a strengthening of integration work between the partner organisations.

- There was some challenge voiced by members regarding whether or not the outcome of the most recent discussion between NHSH and the Highland Council provided a satisfactory level of assurance regarding progress with the audit. In response it was explained that the targeting of process around the transition for service users from Children's Services to Adult Services was recognised as a challenging area of work for all health boards and would be a productive area of investigation for governance oversight.
- A suggestion was raised that the auditors speak to Third Sector and Carer groups to gain a more triangulated understanding of the challenges.
- Support was offered to the Internal Auditors from the Chief Executive to progress the work if any further delays were indicated. It was confirmed that there was support from the Highland Council at the highest level for the audit to progress, however implementing the audit work had faced challenges in terms of staff availability at the Council.
- The Chair recommended that the matter be escalated for awareness by the Board that the Committee had found the three-year delay unacceptable and that Children's Services therefore lacked assurance, however there had been more positive recent movement noted.
- Regarding the indication that the number of amber gradings had been mounting up, the Assistant Director Financial Services noted that she would discuss the issue and potential mitigating actions at the next meeting between the Director of Finance and Internal Audit.

The Committee

- **Noted** the report, and
- **Recommended** that the issue of delays to the audit of Children's Services be escalated to the Board for awareness.

2.2 Complaints Feedback Process

D Eardley spoke to the report and noted the importance of the subject of the audit in terms of ensuring legislation was met relating to the Patient's Rights (Scotland) Act 2011, and for reflecting on good practice and learning for staff. It was noted that NHS Highland had established processes in place in relation to complaints handling, however there was a lack of a structured process observed relating to action management following conclusion of a complaints investigation. A number of the areas were identified which required attention which included roles and responsibility articulation, clearer documented procedures, oversight of action management and completion, appropriate scrutiny and challenge by members of committees, and methods of shared learning across the health board. The review indicated a root cause of the findings relating to an unclear division and understanding of responsibilities between the Feedback Team, action owners and investigators.

During discussion, the end dates for actions were discussed. The Medical Director rejoined the meeting and noted that he would report back to the committee to confirm the end dates as there was a suspicion that there was an error in version control regarding the stated dates.

- Sharing and embedding learning and improvement actions was a topic of discussion and it was agreed that finding a consistent management view would be essential to enable this and avoid common themes repeating.
- It was noted that the report had highlighted inconsistencies of process with regard to the allocation of complaints and that there was no streamlined process to establish the most appropriate member of staff to allocate an item at a clinical level and an appropriate back up of support in terms of training to resolve issues such as complaints and

The Committee

- **Noted** the report and that the Medical Director would confirm the end dates for management actions.

4. RISK MANAGEMENT 6-MONTH UPDATE

The Chair requested that item 4 be taken at this juncture before the Medical Director had to leave for another meeting.

The Medical Director drew the committee's attention to the SBAR circulated ahead of the meeting and noted the work ongoing which had been shared previously with the Executive team. It was commented that work at an operational level was moving to ahead with a view to implement training and embed risk awareness among staff groups, starting with the Acute setting. The Medical Director reported that he had recently attended some national training about how to incorporate risk appetite at board level and embed risk frameworks further down into the different levels of an organisation.

The Committee

- **Noted** the update.

2.3 Attendance Management

D Eardley introduced the paper and noted that the report confirmed NHS Highland utilised the Once for Scotland (OFS) Attendance Policy in line with national guidance, with the policy outlining the expectations of managers in dealing with staff absences (including how these should be recorded). It also confirmed that management were utilising the reporting produced on absences, with an aim to identifying initiatives to encourage attendance as outlined in the draft Health and Wellbeing Strategy 2024-27. However, only 55% of staff across NHS Highland had completed the Once For Scotland Attendance Training, and from a review of a sample of absences issues were identified with retention of absence documentation and supportive contact throughout absences. It was also identified that there were a high level of absences recorded as 'unknown causes/not specified.' This impacted the quality of absence management and reporting in addition to being a notably high proportion of total absences. The situation received further impact from only some departments using SSTS for absence recording.

In discussion, the impact of staff absence at the operational level upon strategy was commented on and that the Staff Governance Committee had regularly raised aspects of the issues outlined in the audit report, in particular, the recording of absences where causes were not specified. Confidence was expressed by the Director of People that with more

guidance for staff and reassurance in terms of a process for confidentiality that the practical aspects raised by the audit could be addressed. It was also noted that the capability policy would need to be addressed alongside the attendance policy to address matters of occupational health and longer-term issues.

- It was commented that there was no formal timeline in place for the SSTS (Scottish Standard Time System) staff absence record. It was noted that there had been challenges rolling out SSTS at the same time as the new eHealth Roster, and that the latter now had a new timeline for completion of March 2025. As a result of this, additional work was required to address SSTS.

The Committee

- **Noted** the report.

2.4 Cyber Security

P Kelly introduced the report and noted that the scoping process had settled on aspects of the recent NIS (Network and Information Systems) report and network security to improve performance in these areas, and thereby better compliance and work towards an improved future NIS score. All but one of the control objectives were Amber rated with a total of eight improvement actions.

The Head of eHealth noted that management had found the report to be very helpful especially in terms of emphasising the need to evidence and document good practice. Policies would now be Standard Operating Procedures with checklists. It was felt that the stated dates for completion of actions were achievable and the technical teams were currently putting a plan together to work towards the completion dates to be monitored on a monthly basis by the senior leadership team.

Regarding the Celera software that had been bought for NHS Scotland to manage the Internet of Things, the National Cyber Centre of Excellence had been asked if the process of implementation could be accelerated and there was confidence that implementation dates would be met. It was commented that the Medical Physics department had been involved in discussions around the implementation of Celera in order to understand any potential vulnerabilities in support and to consider how these might be managed.

During discussion, it was noted that the report had highlighted issues at multiple levels in terms of a lack of evidencing of compliance and that the committee would need to be kept abreast of the work to address the audit actions.

- It was noted that the formal report from the recent cyber incident experienced by the Dumfries and Galloway would not be seen until March 2025 and that any learning arising from the incident could only be addressed then. Confidence was expressed that a similar situation was unlikely to arise for NHS Highland due to having multi factor authentication in place.
- In summarising, the Chair welcomed the improved position from the NIS report and the work still to be done to improve evidencing of practice.

The Committee

- **Noted** the report.

2.5 Audit Planning

S Hume provided assurance to the committee that work was on track to deliver the Internal Audit opinion and that a meeting had been had with the EDG to consider areas of focus for 2025/26. Potential areas were set out for 2025/26 in the report based on an audit needs assessment of areas that had not been considered for some time and those areas identified as having a higher risk on the Board's strategic risk register.

The Director of People sounded a note of caution regarding the plan presented and that the recent meeting between Internal Audit and EDG had discussed some other areas that would need further discussion before a clearer picture of plans would be ready and which potential audits would add the most value to the work of the Board.

The Committee

- **Noted** the updates.

2.6 Management Actions

S Hume noted the high number of actions on the tracker, and noted that while there had been discussions outside the committee with management evidencing progress the number of actions at grade 3 was of concern.

The Head of eHealth provided an update to management actions arising from the Shadow IT audit and that there was one remaining item, to complete the migration of Medical Physics to a new ambulatory blood pressure monitoring system. It was noted that the system had gone live the previous day and that all technical work was complete, however the Medical Physics team would now need some time to complete training on the new system to complete the migration from systems and meet formal compliance. Therefore, this action would be formally closed once this latter point had been addressed.

The Assistant Director Financial Services provided updates on the audits of Patient Services and Patient Property and Funds. It was noted that all work was on track for completion at the end of December. A piece of work that had been due to close in October had been delayed by some maternity leave but this work was now working towards completion. An update would be brought to the EDG for review before a full implementation of changes and an update would be provided to the next meeting of the committee.

In discussion, caution was expressed about the rising number of outstanding management actions and the need to avoid the Board becoming the subject of a Select Committee as it had been in the past. The committee requested that revised completion dates ought to show a history if there was more than one revised date for an action which would indicate whether or not the work of the committee had been respected or not by management.

The Committee

- **Noted** the updates, and

- **Requested** that revised completion dates for management actions ought to show a history.

2.7 Care Home and Ward Audits

The Assistant Director Financial Services provided a brief verbal update and noted that a fuller report would be brought the committee on a more regular basis and a plan would be presented for 2025-26. It was commented that there had been five in person visits in the past year by the Finance team to care home managers to address training needs and expectations around dealing with resident's property and possessions and the recording of information.

The Committee **noted** the update.

3. EXTERNAL AUDIT PLANS

C Gardiner provided a verbal update to give assurance to the committee that the External Audit planning process had commenced but noted that it was currently running slightly behind schedule due to the impact of COVID, and the recent sign off of Council audits. A meeting would be held with the Assistant Director Financial Services and the Technical Accountant after the present meeting to work through a risk assessment procedure. It was confirmed that the External Audit plan would be presented to the March meeting of the committee, with a planned sign off by the end of June in line with national time scales.

An offer to have a member of the performance audit team from Audit Scotland present the latest iteration of the NHS in Scotland overview was made. It was agreed that E Austin as incoming Chair would contact C Gardiner to confirm a suitable time for the presentation to be given.

The Committee

- **Noted** the update,
- **Agreed** that a presentation of the NHS in Scotland report come to a future meeting of the committee.

4. RISK MANAGEMENT 6-MONTH UPDATE

The item was considered above.

5. ARGYLL & BUTE IJB AUDIT & RISK COMMITTEE 6-MONTH UPDATE

The Business Improvement Manager for Argyll & Bute IJB provided a brief overview of the paper and noted that the IJB's Audit & Risk Committee had received audit reports on Adult Support Protection Client Funds, that its standard business timetable had been through NHSH's annual governance statement, and that the committee had continued to give focus to risk management.

The Committee

- **Noted** the report, and
- **Accepted substantial assurance.**

6. COUNTER FRAUD

The Assistant Director Financial Services introduced the paper and noted that International Fraud Awareness Week had taken place between 17 and 23 November. The Technical Accountancy team had visited Raigmore dining room on the Wednesday to raise awareness among staff. Information and posters from Counter Fraud Services had been received which would be circulated to wards, hospitals and other centres.

A new section had been added to the report for current case updates and recent events.

There were currently eight open cases with Counter Fraud. Four cases had progressed to full investigations which were in progress, and two of the cases could be in excess of £5,000. It was commented that further detail would come to the committee in due course.

In discussion, the Chair commented on the connection between counter fraud and the discussion above around sickness absence and potential fraud, and the importance of noting the impact on the organisation as well as the need to show concern for staff welfare.

- It was noted that an update on progress to ensure adherence to the 12 components of Counter Fraud Standards had been provided to the committee at the September meeting, and that NHSH was on track to achieve the standards and further ahead than other health boards. It was commented that some of the standards are a matter of ongoing progress and that some of the partially completed standards were reliant on further information from CFS (Counter Fraud Standards). New training tools were in the process of being embedded and communication plans for staff were under consideration.
- The Director of People and Culture noted that there was a priority delivery group looking at sickness absence within the Counter Fraud report. He noted that the report had referred to Once for Scotland policies and that it was difficult to detect if someone had chosen to fraudulently engage with these policies. The first 7 days of absence were self-declared after which a GP or fitness to work note was required.

6.1 Operation Dunnet Update

The Chief Executive supplied an update from the Director of Finance concerning the latest information, with regard to Operation Dunnet. There was an ongoing criminal investigation in which CFS were involved that was pursuing three potential charges:

- The first charge concerned a fraudulent scheme with reference to obtaining employment by fraud. CFS were satisfied that this had been proved to a criminal standard and this part of the investigation was now complete. Contact had also been made with CLO to consider reclaiming spend or civil action with the recruitment agency.
- The second charge related to theft or embezzlement with reference to one invoice to the amount of £88,201.80. The invoice was cancelled and the funds (instead of being sent back to the Board), were retained by Switch Shop and used against a further 8 invoices outwith the Board's PCOS system.

CFS were unable to provide the Board with sufficient assurance that any of the goods were received. The final delivery of goods for the final invoice, amounting to just under £16,000, was sent directly to the home address of the suspect. It had been difficult to ascertain whether any of the goods within the invoice or the other seven invoices were retained by the suspect.

- The third charge also related to a fraudulent scheme, with reference to making false statements in respect of bracket switch devices, which could only be obtained from G

Watson Limited. These items were never provided. This related to switches provided by the suspects company at a much faster timescale than could be provided by any other company. A tender waiver process was followed and signed and it had been difficult currently to ascertain where the goods were received and utilised. This part of the investigation remained ongoing.

- In reviewing the above, the Director of Finance noted the following areas of process to be addressed:
- Firstly, that internal processes showed weakness around purchase orders, invoices and credit notes,
- Secondly, internal processes showed weaknesses around goods being receipted without being seen and that senior staff had asked store staff to mark as items as GRN on the PCOS system, and
- Thirdly, that, a total of four single tender waivers were signed off to the value of over £90,000 to the same company.
- Once all of the information is received from CFS, these areas will be reviewed internally and processes strengthened. Work had already commenced in these areas.
- It was noted that CFS did not believe that any NHS Highland employees had been in collaboration with the suspect to defraud NHSH and that all staff had been completely open and helpful during the investigation.

It was also noted that there were three outstanding actions for CFS through December and January, to complete the criminal investigation and interview the suspect, to report the findings to the Crown Office, and liaise with the CLO in respect of potential civil action against the agency.

During discussion it was commented that it was not known if the prima facie evidence to enable a prosecution had been submitted to the Crown Office, but that further updates would be provided as the information became available.

The committee

- **Noted** the report,
- **Noted** the update 6.1 regarding ongoing investigations, and
- **Accepted** substantial assurance on the ongoing Counter Fraud activities undertaken across NHS Highland, and that NHS Highlands complied with the majority of the standards.

7. BLUEPRINT FOR GOOD GOVERNANCE IMPROVEMENT PLAN UPDATE

The Board Secretary provided an update to the improvement plan and noted that the plan had been presented to the most recent meeting of the Board in July 2024. It was commented that there were only a few items remaining on the plan to be fully attended to, and those items that were still outstanding were ones that had have a longer time scale beyond 2024.

It was commented that the Audit Committee was to provide informal oversight to a couple of the outstanding actions, relating to risk appetite and translating risk appetite into a workable process for the organisation. There would need to be further discussion at Executive Director level in terms of the risk appetite situation and how the Board translates that into a process for the organisation. The Board Chair had noted at the most recent meeting of the Board a

keenness to hold some time in a development session in the coming months to address this topic.

The Committee

- **Noted** the update.

8. COMMITTEE TERMS OF REFERENCE

The Board Secretary noted that the committee had updated its Terms of Reference at the last meeting and that the copy circulated had been provided for information.

Some minor changes in terms of the governance route for some of the sub committees had been made. The Terms of Reference for other governance committees would be considered at the next cycle of meetings with a view to bringing revisions as part of a reviewed Code of Corporate Governance to the committee in March.

The Committee

- **noted** the update.

9. AUDIT SCOTLAND REPORTS

The Chair drew the committee's attention to the link for papers at the Audit Scotland website that had been selected by the Vice Chair for the committee member's interest.

The Committee

- **Noted** the update.

10. ITEMS ESCALATED FROM OTHER COMMITTEES

The committee noted that it wished to escalate the issue of delays around the Internal Audit of Children's Services to the Board as discussed in item 2.1 above.

No further items were reported.

The Committee

- **Agreed** that the item should be escalated to the Board.

11. ANY OTHER COMPETENT BUSINESS

The Chair thanked those present for their support during her time on the committee as she was soon to step down from the Board. The Chief Executive thanked S Ringwood for her contribution to the committee, to the work of the Board, and for her chairing of the present meeting on behalf of the committee. The Vice Chair echoed the thanks to the Chair and benefit of her knowledge before she assumes the Chair role in the new year.

12. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 11 March 2025** at **9.00 am** on a virtual basis.

The meeting closed at **10.56 am**.

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 15 January 2025 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Gerry O'Brien, Committee Chair, Non-Executive
Philip Macrae, Vice Chair and Non-Executive
Tim Allison, Director of Public Health (until 3.30pm)
Ann Clark, Non-Executive Director and NHS Board Vice Chair (until 3.30pm)
Cllr Muriel Cockburn, Non-Executive
Cllr David Fraser, Highland Council
Julie Gilmore, Nurse Lead and Assistant Nurse Director
Cllr Ron Gunn, Highland Council
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Pamela Stott, Chief Officer
Neil Wright, Lead Doctor (GP)

In Attendance:

Gareth Adkins, Director of People and Culture (item 3.1)
Louise Bussell, Nurse Director
Ruth Daly, Board Secretary (item 4.2)
Ruth Fry, Head of Communications (item 3.1)
Kristin Gillies, Head of Strategic Planning, Performance (item 3.5)
Frances Gordon (for Elaine Ward), Head of Finance for HHSCP (item 2.1)
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS (until 2.50pm)
Ian Kyle, Head of Integrated Children's Services (item 3.2)
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care (until 2.30pm)
Marie McIlwraith, Community Engagement Manager (item 3.1)
Janice Preston, incoming Non-Executive, observing
Stephen Chase, Committee Administrator

Apologies:

Cllr Christopher Birt, Fiona Duncan, Elaine Ward (F Gordon deputising), Diane van Ruitenbeek.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees. He advised the committee that the meeting was being recorded and would be publicly available to view for 12 months on the NHS website.

The meeting was quorate and no declarations of interest were made.

1.2 Assurance Report from Meeting held on 6 November 2024 and Work Plan

The draft minute from the meeting of the Committee held on 6 November 2024 was approved by the Committee as an accurate record.

The Committee

- **APPROVED** the Assurance Report, and
- **NOTED** the Rolling Actions and the Work Plan.

1.3 Matters Arising From Last Meeting

It was noted that item 4.1 would be deferred to the meeting on 5 March 2025.

The Chief Officer provided assurance that in Dr Copeland's absence, that QPS meetings were continuing to be held on a monthly basis and that professional leads had been instrumental in providing robust oversight.

2 FINANCE

2.1 Financial Position at Month 6 and the Financial Year Ahead

F Gordon presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 8 with further detail presented on the HHSCP position. The forecast year end deficit £49.7m with the assumption that additional action was taken to deliver breakeven ASC position, leaving NHS Highland £21.3m adrift from brokerage limit, although £0.9m better than the target agreed with the Board in May 2024. £11.105m of funding had been confirmed during Month 8 with Multi-Disciplinary Team funding received and further pay award funding confirmed. Key risks were presented which included, ongoing to deliver a breakeven position for ASC, the potential that spend on supplementary staffing could increase over the winter period, that prescribing and drugs costs could see increases in volume and cost, that ASC suppliers could continue to face sustainability challenges, alongside other ongoing issues such as recruitment and retention. Corresponding mitigations were outlined which included, that Adult Social Care had received a higher than anticipated allocation from SG, that robust governance structures around agency nursing utilisation continued to progress, that additional New Medicines funding had been received, and that MDT funding had been reinstated by SG following productive discussions.

A year to date overspend of £17.771m reported within the HHSCP, and it had been forecast that this would decrease to £5.060m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £2.819m overspend had been built into the forecast to acknowledge the continuing pressures around prescribing and drugs. A high risk was noted around the assumed delivery of £2.319m of ASC value and efficiency cost reductions and improvements in the forecast. A continued overspend position was noted around supplementary staffing costs. Further detail was provided in a slide presentation circulated to the members.

The Chief Officer noted that a lot of work had been carried out around value and efficiency to reduce agency and supplementary staffing. Much of this work had been carried out in the Mental Health service, by stabilising the workforce at New Craigs and recruitment to substantive posts. The Senior Leadership Team held a workshop in December to explore remedies for the remainder of the financial year, to examine value and efficiency work streams in community services, and to look begin to articulate financial and cost reduction plans for 2025/26. On the latter point, the Chief Executive and the Director of Finance had set in place a series of finance clinics to assist executive directors. The Chief Officer also noted that in terms of implementing the Joint Strategic Plan there was a need to examine the redesign our services in order to align budgets with cost improvement work and the delivery of transformation plans.

In discussion, it was agreed future iterations of the Finance report could include a breakdown of agency and bank staffing usage.

- Regarding the Home Farm care home, It was noted that agency staffing had reduced over the past few months as recruitment to more substantive positions progressed. It

was commented that there was a level of consistency among agency staff which provided some stability of care for patients, however there were challenges around this regarding encouraging agency staff to move into more permanent roles and that this was a slow process.

- It was noted that there was a paper in development by the Senior Leadership Team for the Executive Directors Group that would eventually be seen by the committee regarding transformation work and the market in which the services operate.
- It was noted that the uplift from Scottish Government for Adult Social Care was ringfenced and it formed part of the Board's overall budget setting for Adult Social Care in terms of inflationary pressures against.
- In response to the potential impact on the care sector of incoming increases to National Insurance, work was underway to assess the feedback and consider the numbers from providers regarding the specific pressures in relation to both NHS Highland and Highland Council's budget setting processes. This formed part of ongoing work to address sustainability among providers and rising costs in areas such as Learning Disability packages.

The Committee:

- **NOTED** from the report the financial position at month 8 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

3.1 ENGAGEMENT FRAMEWORK ASSURANCE REPORT

The Director of People and Culture introduced the report as its sponsor and the Head of Communications provided a brief overview of the report, which noted that, it was NHS Highland's statutory duty to involve and engage people in decisions and outcomes that affect them and that the report set out a three-year plan for NHS Highland. Progress towards embedding the Engagement Framework and Highland 100 panel was noted, as was progress with the development of the Customer Management System.

The Community Engagement Manager added that it was important to acknowledge that the local teams tasked with delivering care ought to be the first point of call for in leading the engagement work, and that they would lead the response to patient feedback and Care Opinion in order to demonstrate the organisation's responsiveness to patient needs and to ensure that patients were kept informed of decision making.

In discussion, the importance of District Planning Groups was noted and that there was a keenness to align their work with hubs for engagement. The Engagement team had been working with the Strategy and Transformation team to approach embedding engagement work with staff to assist its progress and reach across the organisation.

- It was noted that responses to the Highland 100 survey were purposely low as part of a 'soft rollout' of the survey to ensure the questions were appropriately targeted for the full rollout of the survey.
- It was noted that Engagement HQ was widely used by other public sector bodies including Highland Council. The tool had been chosen after due consideration of the needs of NHS Highland as a suitable way of managing the network of contacts and organise programmes by themes and topics.

- Regarding Care Opinion, it was commented that this was well used by clients in response to their care experiences with the Mental Health Service. However, other feedback was generally received via the NHS Highland feedback process. It was noted that Care Opinion had moved under the remit of the Feedback team and that the Medical Director and Nurse Director were working with the team to develop Care Opinion further to make it easier for patients to access on the ward (for example, with QR codes).
- The importance of embedding this work within senior leadership teams and training and development programmes was emphasised in order to build staff confidence in the use of the systems and carrying out engagement work with patients more broadly.

The Committee:

- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance from the report.

3.2 CHILDREN AND YOUNG PEOPLE SERVICES MID-YEAR REPORT

The Head of Integrated Children's Services introduced the report which provided an update on the work undertaken by the children's services planning partnership over the last few months and its statutory requirement in delivering the Highland Integrated Children's Services Plan 2023-26. It was noted that although the report had been mooted as a mid-year report it had additional commentary which accounted for the work in progress towards the full year. It was commented that significant headway had been made to progress priorities and ideas for change detailed in the plan. The report highlighted the continued progress made with particular attention to the completion of the children and young people's participation strategy. The final participation strategy had been approved by the Community Planning Partnership Board in December, and strategy development was led by the Third Sector organisation Inspiring Voices and had been designed to ensure the meaningful and equitable participation of children and young people. Input had been gathered from almost 800 children and young people across Highland. An implementation plan was in development and would be brought to a future meeting. The report also detailed work undertaken by the board on the delivery of the 'Getting It Right for Every Child' (GIRFEC) project. The newly formed multi-agency GIRFEC Group had met for the first time the preceding day.

It was also reported that Scottish Government had approached the partnership to provide input at a national strategic level in response to the work of the Planet Youth programme. The invitation was predicated on recognition that the Highland Joint Strategic Needs assessment developed to identify priorities within the integrated plan and performance management was considered to be sector leading. The support of Carolyn Hunter-Rowe of Public Health Scotland was acknowledged in developing the joint strategic needs assessment.

During discussion, clarity was provided regarding the data for MMR vaccinations where there appeared to be a discrepancy with reporting elsewhere in areas such as the IPQR. The Director of Public Health noted that the MMR vaccine was given twice and had two outcome measures, MMR1 and MMR2. The IPQR (item 3.5) showed MMR1 measured at 24 months and MMR2 at 5 years, however the children's report used MMR1 at 5 years. It was added that MMR1 would always be higher than MMR2 since the second vaccination could only be taken after having had MMR1.

- It was noted that an important part of the Highland Council's delivery plan was to maximise opportunities within different geographic areas in terms of childcare and staffing and that this was a live issue for the Joint Officers Group.
- Congratulations were expressed by the Committee to I Kyle and his team for achieving GOLD accreditation from the UNICEF BFI multi-disciplinary designation committee.
- Discussion was had about the best indicators to measure childhood obesity rates and alternatives to BMI, however it was noted that currently BMI was the most effective measure in spite of its shortcomings. It was commented that the performance management framework made reference to the annual Lifestyle Survey undertaken with children in P7S2 and S4 and that this may be an area worth reporting on further to give a fuller picture. It was also noted that Highland Council had a well-established schools and nutrition group with a focus on the quality of food provided to children, and that there was also a small Council committee exploring ultra-processed foods care which included contributors from the HHSCC membership.

The Committee:

- **NOTED** the work under undertaken by the Children's Services Planning Partnership towards delivering the 2023-26 plan, and the Integrated Children's Services Board's performance Management Framework.

3.3 JOINT STRATEGY IMPLEMENTATION UPDATE

The Chief Officer provided an overview of the paper which was written by R Boydell with in response to the strategy work carried between the Chief Officer and Highland Council Executive Chief Officer for Health & Social Care.

The report was presented for Assurance that the implementation of the Joint Strategic Plan was being progressed, and for discussion regarding further detail required for future meetings prompted by the is high level overview provided in the report of the implementation of the Joint Strategic Plan. F Malcolm invited members to contact her if they had any questions regarding the report and the implementation plan as she had to leave the meeting early.

During discussion, it was commented regarding Day Services, that the strategic intent around different client groups was being developed in response to specific needs with the example given of some adults with learning disabilities offered increased daytime opportunities other than those limited to building-based daycare and to move away from a statutory approach toward design, delivery and commissioning of services towards design shaped by engagement with clients.

- Regarding District Planning Groups, it was noted that the key contact would be district managers who would engage with stakeholder groups within communities, and that each district would have its own particular emphasis due to the differing geographical and population demands.

The Committee:

- **NOTED** the report.
- **ACCEPTED** moderate assurance from the report.

3.4 COMMUNITY SERVICES RISK REGISTER

The Chief Officer provided an overview of the paper and noted that it was brought annually to the committee, and gave information about level 2 risk registers within the partnership. The two highest risks pertained to staffing challenges and the potential interruption to commissioned services in salaried general practice services, and also staffing challenges in NHS dental care which had seen an impact on access to services.

Eight further high risks related to workforce, Information Technology, compliance, equipment, service delivery, and to reputational risk. Two Medium Risks related to engagement concerning service redesign and a lack of standardised community engagement, and reputational risk of vulnerability to staff, services and public due to a lack of clear governance arrangements in Social Work. One low risk related to medical clinical leadership associated with long absences and delays.

In discussion, the Chair commented that with each iteration of the report a consistent risk picture was beginning to be seen. It was commented that the offer of moderate assurance was due to risks which were held outwith NHS Highland with the partnership which was overseen by the Joint Monitoring Committee, but that there was confidence that the most important areas of risk were recorded and cited in the report.

The Committee:

- **NOTED** the report.
- **ACCEPTED** moderate assurance from the report.

The Committee took a Break between 2.50-3pm

3.5 IPQR for HHSCP

The Interim Head of Strategy and Transformation introduced herself and presented the IPQR report. A review of the performance framework and transformation was planned during the Interim Head's secondment. Not all areas had allocated performance ratings and it was acknowledged that further work was required to ensure the ratings were established. Specific updates were also provided for Vaccinations, Drug & Alcohol Waiting Times, Adult Social Care, Adult Protection, Care at Home, Delayed Discharges, Community Hospital Length of Stay, Psychological Therapy Waiting Times; Community Mental Health Teams, and Chronic Pain.

The need for agreed performance targets was highlighted and the status of vaccinations; alcohol waiting times and adult social care indicators was noted. Self-Directed Support and care at home were noted as requiring improvements and emphasised the importance of performance ratings to support measurement and reporting. The ongoing efforts to improve delayed discharge were highlighted and the impact they had on hospital flow. There had been improvements in psychological therapies and ongoing work in community mental health and chronic pain management was noted.

In discussion,

- Members emphasised the need for further discussion on measuring changes, particularly in home care, and sought updates on delayed discharges. The Chief Officer for Highland HSCP highlighted efforts across various systems to reduce delayed discharges, she mentioned a 90-day improvement programme, and discussed care home capacity and end-of-life care improvements.

- Members inquired about waiting lists and the timeline for moving from Track Care to Morse, with the Interim Head of Strategy and Transformation advised she would speak with e-health to determine timeframes.
- Members stressed the importance of monitoring status and setting clear targets, noting longer hospital stays post-COVID and the need for stretch targets. The Interim Head of Strategy and Transformation discussed meeting national targets and emphasised the need for specific KPIs and a performance management culture within the board.
- Members requested care at home and SDS data to be broken down by hours as well as clients, noted the importance of manageable data.

The Committee:

- **NOTED** the report.
- **ACCEPTED** limited assurance from the report.

3.6 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted that,

- The Scottish Government's outcome and decision on vaccine options appraisal would be received imminently. Once received the process
- Negotiations were ongoing for enhanced primary care services for diabetes and care homes.
- The Meridian organisation provided support to measure staff productivity, focusing on time and tasks. The project was nearing completion, and an update had been provided to the HHSCP Senior Leadership Team. A further meeting is scheduled with Deputy Chief Executive to review the outputs and plan the next steps. The Meridian report will be presented to the committee once the work is clear, with the project transitioning to a "Time to Care" workstream to fully realise its benefits and opportunities.
- The North Coast redesign project has completed Stage 3 with the design team, and the next step is to present the paper to the executive director's group for approval to move to Stage 4 on 27th January. Further updates would be provided in due course.
- The need to develop the workforce plan and predict future residential care needs was highlighted, considering the implementation of our joint strategic plan and potential changes in care models. This work involved many variables and uncertainties, causing some anxiety about the future.
- The Macintosh Centre in Lochaber successfully reopened in November following a recruitment process, with significant local engagement. The transition to take over the running of the care home was expected to be completed by the end of the financial year. Despite a pause in capital funding by the Scottish Government, work on the Lochaber care model continued, with renewed funding allowing progress and ongoing community engagement.
- The Dalmore respite centre was temporarily suspended due to recruitment challenges. Although several staff were interviewed and offer letters sent out, a full staffing complement to secure future opening arrangements had not yet been achieved.
- The update on internal audit actions for adult social care highlighted that the audit of nine district decision-making teams was completed to ensure adherence to standard operating procedures, which were improved through quality and improvement work. Challenges remained with planned delayed discharge and the discharge app, which were still being addressed alongside urgent and unscheduled care strategies.

- A trial of care home allocation processing in Inverness had begun, with plans to roll it out Highland-wide. The audit recommendations for primary care and complex care packages were on track, and several staff awards and recognitions were noted.
- The National Care Service discussions led to a proposal for a steering group to be considered by the NHS board, with efforts to ensure clear communication between agencies.

The Committee:

- **NOTED** the report.

4.1 CARE GOVERNANCE FINAL REPORT

Item deferred to March meeting.

4.2 ANNUAL REVIEW OF TERMS OF REFERENCE

The Board Secretary highlighted the Committee last considered its Terms of Reference in January 2024. The last revision included clarification of the role of the Committee. The current version had been in operation since it was agreed at NHS Highland Board in March 2024. There were no further changes proposed to the Committee's Terms of Reference and the Committee confirmed the existing Terms of Reference as shown in Appendix 1 to the report for onward agreement by the Audit Committee and approval at the Board in March 2025.

In discussion, members queried the committee's ability to provide assurance on community planning under the Community Empowerment Act. Members suggested accepting the terms of reference as unchanged for now and addressing any necessary revisions during a comprehensive review later. Concerns were noted about the review of community planning partnerships, suggesting the board should address any deficits. The Chief Officer emphasised the importance of community engagement and planning, suggesting that assurance could be provided through the implementation of the joint strategic plan and raising relevant points to the board.

The Committee:

- **NOTED** the report,
- **ACCEPTED** substantial assurance, and
- **CONFIRMED** the existing Terms of Reference for onward agreement by the Audit Committee and the Board.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 5th March 2024 at 1pm** on a virtual basis.

The Meeting closed at 15.41 pm

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	 NHS Highland na Gàidhealtachd
DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	9 January 2025 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
Alex Javed, Area Healthcare Science Forum
Annette Grier, Area Optometric Committee
Calum Fraser, Area Optometric Committee
Eileen Reed-Richardson, NMAHP Advisory Committee
Kara McNaught, Team Manager, Adult Social Care
Malcolm Mathieson, Area Pharmaceutical Committee
Peter Cook, Area Healthcare Science Forum

In Attendance

Boyd Peters, Medical Director (from 1.45pm)
Fiona Davies, Chief Executive (Item 4.1)
Gareth Adkins, Director of People and Culture (Item 4.2)
Tim Allison, Director of Public Health
Karen Doonan, Committee Administrator (Minutes)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, apologies were received from Paul McMullan, Kitty Millar, Helen Eunson, Linda Currie, Grant Franklyn, Andrew Strain.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 29th August 2024 and 31st October 2024

The minutes were taken as accurate and correct.

The Forum **noted** and **approved** the minutes.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 Fiona Davies – Chief Executive

F Davies introduced herself to the forum and thanked the chair for inviting her to speak to the forum. She went on to explain what she had taken from the recent Annual Review that had taken place which was that the Forum would like to have sight of planned pieces of

work that was ongoing within the organisation and how the work would feed into the wider workplan.

There were various pressures within the system caused by patients who were not being cared for in the most appropriate places e.g. patients who remained in a hospital setting where a community setting would be more appropriate. This had resulted in many services under intense pressure and becoming more fragile as a result. Many of the specialist services were having challenges recruiting to posts and this was adding to the system pressures. Focus had been placed on these areas to address the pressures being experienced.

There had been challenges to the vaccination delivery model and there had been a lot of work done over the course of 2024 to ensure that the service was able to deliver where it was most needed by the public.

F Davies went on to explain how the Together We Care Strategy was being utilised to help by focusing in on areas to address the pressures without adding to them. Lots of discussion had taken place regarding the seven areas that were being focused upon. Work was also ongoing regarding the process required to develop the next strategy to tackle health inequalities and the health outcomes of the population.

Focus had also been put on the Integrated Health and Social Care services in North Highland with a paper having gone to the Highland Council and also the Joint Monitoring Committee in December which would be discussed in the Board Meeting later in January as there would be a change to the governance model used in NHS Highland, a move away from the Lead Agency model

The Chair highlighted the challenges to the Forum in what to look at and advise upon due to the changes that were occurring within the organisation. Some changes were happening very fast whilst others were happening at a very slow pace. She queried how the flow of information going through the Forum could be managed more effectively.

F Davies agreed that one of the ongoing challenges was communication however, work was underway to address this, she cited the work that the Director of People and Culture had undertaken around Corporate Governance.

K McNaught queried the work that had been done by Meridian and stated that whilst not all work being done could go through the Forum awareness of the work would be beneficial. F Davies stated that the organisation itself was complicated but co-ordination across the organisation was vital.

G Adkins explained that Meridian sat within the value efficiency workstreams and there were conversations regarding productivity and efficiency taking place. He went on to explain Engagement HQ, a platform that the organisation had recently invested in to assist in improving communication across the organisation and suggested the Head of Communications and Engagement could attend a future meeting to provide and update.

Action: Ruth Fry and the Chair to discuss the Engagement HQ platform offline.

The Forum **noted** the update.

4.2 Confidential Contacts – Gareth Adkins, Director of People and Culture

G Adkins outlined the discussions that had taken place over the last year in relation to the Confidential Contacts and the Guardian Service which provides an independent and neutral service for staff who wish to raise concerns. Discussions had taken place around moving to a different model, moving the service inhouse or a blend of both.

A short life working group (SLWG) which included staffside representatives looked at the options with moving the service inhouse being the preferred option. This paper was brought to the Forum for awareness. As the Area Partnership Forum formally represented all staff the decision would be signed off at that Forum.

K McNaught queried the end date of the Guardian Contract (25th July) and whether there would be any gaps whether there would be no service available to staff. G Adkins agreed that the timescales were short and explained that whilst there was a potential risk work was being done to mitigate this, there was potential to negotiate with the Guardian Service to extend the service.

The Forum **noted** the update.

4.3 Integrated Patient Record Systems – Iain Ross, Head of e-Health

I Ross spoke to a short presentation wherein it was highlighted:

There was concern around a lack of single clear access to patient records across many contracted groups with variations appearing between North Highland and Argyll and Bute. There are various timescales involved when addressing the access required by the different contracted groups and a need to be aware of the risks involved in the sharing.

There had been various work done over the past two years including:

- Workshops led by different groups within clinical and non clinical staff in order to identify and understand the concerns
- There had been a Visioning event held last May
- A visit to Dr Grays Hospital to understand the approach that NHS Grampian had taken
- Discussions had taken place with many different groups and individuals across the organisation.

It was noted that there was no proposal to replace what already exists with one digital system that covered all care settings. What was proposed was to improve on the existing single digital record systems within a care setting which would all be linked by a patient centric information repository which would be Care Portal. It was noted that Care Portal may be replaced by the National Unified Record solution once this was available.

The focus of work being done at present was in Acute Care with it being noted:

- NHS Highland would adopt TrakCare Electronic Patient Records (EPR) across all hospitals over the next 18 – 24 months across all clinical staff
- Patient contexts links would be added for HEPMA and Care Portal
- NHS Highland would establish a digital skills programme across all staff groups
- NHS Highland would adopt a TrakCare first policy to avoid non integrated being procured.
- Morse Acute would be removed at the correct time.

Regarding Dentistry and Optometry access to Care Portal could be provided under the right controls which would be:

- Caldicott – what clinical information should be accessed
- Senior Information Risk Owner (SIRO) – what safeguards were in place to protect the information

It was noted that work was ongoing with Pharmacy with the correct access controls to be put in place, this model would now be used for both Dentistry and Optometry. C Fraser queried how this would be progressed for Optometry and I Ross explained that a named person from the management team was required in order that the processes could be mapped out to obtain permission from SIRO.

The Chair highlighted that frustration may have grown due to the lack of communication to those who would be using the systems and I Ross explained that once Pharmacy access had been trialled across a couple of sites more communication would be sent out

however it was challenging to put timescales within said communication. C Fraser queried whether I Ross would be available to come to the next Area Optometric Committee to discuss further and this was agreed.

Action: C Fraser to invite I Ross to the next Area Optometric Committee meeting.

M Mathieson queried the connectivity and the amount of digital transformation and whether the network was strong enough to cope with the delivery of the digital platforms. I Ross stated there was work going on in the background to upgrade the network within the budget provided. It was noted that having the staff updated in digital skills prior to the roll out of the digital solutions across the network.

Action: any advisory committee wishing more information to contact I Ross directly.

The Forum **noted** the update.

4.4 Wheelchair Service Continuity – Peter Cook, Head of Medical Physics and Bio Engineering

P Cook spoke to the circulated update and explained issues were being experienced as the wheelchair and specialist seating service, part of assistive technology services was based at the Longman Industrial Estate. They had received a notice to quit by the end of May 2025, necessitating action as detailed in the circulated paper which was first reviewed by the senior leadership team.

He highlighted that the wheelchair service faced significant challenges and a paper is planned for the executive director's group for assistance whilst seeking input from professional advisory groups including the Area Clinical Forum. He emphasised the service's continuity was crucial, given its impact on around 4,000 patients in Highland, including those with complex conditions like multiple sclerosis and cerebral palsy.

He noted the service faced workflow issues due to the separation of wheelchair clinics and the storage area and a recent service evaluation recommended co-locating services for better accessibility. However, lease negotiation led to the current landlord issuing a notice to quit. Options for continuity included another commercial site or storage at the back of Raigmore.

He also indicated that a service interruption or suspension was likely, as early as the end of February, lasting around two months which would affect the supply and assessment of wheelchairs.

Forum members shared the concerns highlighted and sought clarity on whether any work had been undertaken to identify whether the alternate sites would be suitable, P Cook confirmed nothing had been scoped out and formalised at this stage.

The Forum **noted** the Update

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 24 September 2024 and 27 November 2024

There were no additional comments.

5.2 Adult Social Work and Social Care Advisory Committee meeting - 5 September 2024

The Chair noted that the last meeting had been cancelled due to quoracy issues and the next meeting is planned for February 2025 where a review around the agenda content

and membership would be discussed.

5.3 Area Pharmaceutical Committee meeting –7 October 2024 and 9 December 2024

There were no additional comments.

5.4 Area Medical Committee meeting – 15 October 2024 and 17 December 2024

There were no additional comments.

5.5 Area Optometric Committee meeting – 28 October 2024

The Chair highlighted that committee had spent some time discussing the Care Portal and its implications alongside any concerns which the Head of eHealth alleviated earlier in the meeting.

5.6 Area Nursing, Midwifery and AHP (NMAHP) Advisory Committee meeting – 26 September 2024 and 21 November 2024

The representative for NMAHP highlighted that committee had continued to discuss the Health and Social Care Staffing act and its wider implications on the sector alongside the ongoing challenges in recruitment and retention of staff.

5.7 Psychological Services Meeting – no meeting held.

5.8 Area Health Care Sciences meeting

The representative highlighted there were positive scoping discussions around the governance framework for life sciences where recruitment and retention noted as a continued challenge in biomedical science. He noted that a job description was being reviewed for the post of training manager and the role would cover all laboratories across NHS Highland which aimed to improve training structure and staff development.

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs.

6 ASSET MANAGEMENT GROUP

There were no additional comments

**7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of meeting held on 26 September 2024 and 6 November 2024
Kara McNaught, Team Manager, Adult Social Care**

There were no additional comments

The Forum **noted** the circulated minutes.

8 Argyll and Bute IJB minutes

There were no additional comments.

9 Dates of Future Meetings 2025

13 March

1 May

3 July

4 September

9 November

10 FUTURE AGENDA ITEMS

Leadership and Culture Framework update
Update on the Meridian Improvement/Efficiency Work

11. ANY OTHER COMPETENT BUSINESS

None

12 DATE OF NEXT MEETING

The next meeting will be held on 13 March January 2025 at **1.30pm on Teams.**

The meeting closed at 4.10pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)
held BY MICROSOFT TEAMS
on WEDNESDAY, 27 NOVEMBER 2024

Present: Councillor Dougie McFadzean, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Ross Moreland, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Karen Leach, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member
Emily Austin, NHS Highland Non-Executive Board Member

Evan Beswick, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Associate Director AHP, NHS Highland
James Gow, Head of Finance, Argyll and Bute HSCP
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Associate Nurse Director, NHS Highland
Julie Hodges, Independent Sector Representative
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Tracey White, Carers Representative, NHS Highland

Attending: Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Kristin Gillies, Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
Nicola Gillespie, Acting Head of Adult Care, Argyll and Bute HSCP
Hazel MacInnes, Senior Committee Officer, Argyll and Bute Council
Karl McLeish, Unscheduled Care Programme Lead, Argyll and Bute HSCP
Pippa Milne, Chief Executive, Argyll and Bute Council
Angela Tillery, Principal Accountant, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from David Gibson, Kenny Mathieson and Duncan Scott.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute HSCP Integration Joint Board held on 25 September 2024 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) Argyll and Bute HSCP Finance and Policy Committee held on 27 September 2024

The Minutes of the Argyll and Bute HSCP Finance and Policy Committee held on 27 September 2024 were noted.

(b) Argyll and Bute HSCP Finance and Policy Committee held on 22 November 2024

The Minutes of the Argyll and Bute HSCP Finance and Policy Committee held on 22 November 2024 were noted.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report from the Chief Officer providing an update on activity across the Health and Social Care Partnership since the last report to the Board in September 2024.

Decision

The Integration Joint Board noted the report from the Chief Officer.

(Reference: Report by Chief Officer dated 27 November 2024, submitted)

The Chair advised of his intention to reorder the Business and to take item 10 of the agenda (Integrated Community Services Improvement Plan) at this point in proceedings to allow the Head of Adult Services – Health and Community Care to attend another important meeting at 2.00pm.

6. INTEGRATED COMMUNITY SERVICES IMPROVEMENT PLAN

The Board gave consideration to a report providing an overview of the system wide health and community care improvement plan.

Decision

The Integration Joint Board noted –

1. the strategic national context around unscheduled care; and
2. developments around sustainable integrated community services.

(Reference: Report by Head of Adults – Health and Community Care dated 27 November 2024, submitted)

7. INTEGRATION JOINT BOARD MEMBERSHIP AND ADVISORY

The Board gave consideration to a report in respect of continued membership and advisory to the Integration Joint Board.

Decision

The Integration Joint Board –

1. noted the death of Elizabeth Rhodick and thanked her for her service to the board;
2. noted the term end for Ms Susan Ringwood and thanked her for her service to the board;
3. noted NHS Highlands' arrangements for a replacement non-executive member;
4. agreed the nomination of Kirstie Reid and Kenny Matheson for a further term of 3 years in line with the Standing Orders; and
5. appointed Kirstie Reid to the Strategic Planning Group and Kenny Mathieson to the Finance and Policy Committee.

(Reference: Report by Business Improvement Manager dated 27 November 2024, submitted)

In respect of the foregoing item, the Chair, on behalf of the Board, offered condolences to Betty Rhodick's family and expressed his thanks for her contribution to the Board. He invited other members of the Board to pay tribute to Betty if they so wished.

Councillor Green advised that since he joined the Board in 2016, taking on the role of Chair, Betty had been a valuable contributor to the Board, who drew on her personal experience and that of others. He advised that having a service user perspective was important and that she had carried out that role very well. He advised that she would be sorely missed.

The Business Improvement Manager echoed Councillor Green's words adding that Betty had been a robust community voice who had presented challenge to the Board, always striving for improvement. She advised that she would be sorely missed.

The Chair, on behalf of the Board, noted that this was Susan Ringwood's last meeting of the Board. He thanked her for her contribution to Board and its Committees.

The Chair invited Kirstie Reid to say a few words on her re-appointment to the Board for a further three years.

The Chair then invited Susan Ringwood to say a few words about her time on the Board.

8. FINANCE

(a) Budget Monitoring - 7 months to 31 October 2024

The Board gave consideration to a report providing a summary of the financial position as at the end of month 7 and a forecast for the year.

Decision

The Integration Joint Board noted that –

1. the HSCP had overspent its budget by £1.6m;
2. an overspend of £2.9m was forecast;

3. actions were required to reduce spend and additional funding was required from Argyll & Bute Council who hold pension saving resource on behalf of the IJB; and
4. savings of £4.7m had been delivered, 72% of target.

(Reference: Report by Head of Finance dated 27 November 2024, submitted)

(b) Budget Update 2025/26

The Board gave consideration to a report providing an estimate of the budget gap for 2025/26 and a summary of progress made in developing savings plans.

Decision

The Integration Joint Board noted –

1. that budget planning for 2025/26 was on-going and national budgeting intentions were not yet published;
2. the HSCP was not currently operating on a financially sustainable basis;
3. the potential budget gap of £15.0m for 2025/26;
4. the on-going work and next steps in the budget preparation process; and
5. that the HSCP did not expect to be able to propose a balanced budget for NHS services based on current planning assumptions.

(Reference: Report by Head of Finance dated 27 November 2024, submitted)

(c) Climate Change Reporting 2023/24

The Board gave consideration to a report providing an opportunity to review the climate change report for 2023/24 in advance of its submission to the Sustainable Scotland Network.

Decision

The Integration Joint Board –

1. noted that the IJB was required to submit a Climate Change Duties Report by 30 November 2024;
2. approved the proposed submission attached as Appendix 1 to the submitted report; and
3. endorsed the partnership approach taken by the HSCP in respect of its Climate Change Duties.

(Reference: Report by Head of Finance dated 27 November 2024, submitted)

9. Q2 WORKFORCE REPORT 2024/25

The Board gave consideration to a report detailing workforce data of the HSCP as at 30 September 2024.

Decision

The Integration Joint Board noted the content of the submitted report.

(Reference: Report by Deputy Director of People dated 27 November 2024, submitted)

10. ARGYLL AND BUTE HSCP PERFORMANCE REPORT FQ1 2024/25

The Board gave consideration to a report detailing performance for financial quarter 1 2024/25.

Decision

The Integration Joint Board –

1. acknowledged performance for FQ1 2024/25 (April - June);
2. acknowledged performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (Appendix 1); and
3. noted Delayed Discharge Sitrep as of 01 July 2024 (Appendix 2).

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 27 November 2024, submitted)

11. PUBLIC HEALTH ANNUAL REPORT 2023 TO 2024

The Board gave consideration to a report outlining public health activity in Argyll and Bute to prevent ill-health and improve health and wellbeing outcomes for the population.

Decision

The Integration Joint Board –

1. noted the report, “Health and Wellbeing in Argyll and Bute” covering Public Health activity for the year 2023 to 2024;
2. noted the strategic approach to prevention in Argyll and Bute;
3. endorsed the role of the IJB in providing leadership to prevent health and social care problems from arising; and
4. noted the forthcoming Population Health Framework for Scotland expected in early 2025.

(Reference: Report by Associate Director of Public Health dated 27 November 2024, submitted)

12. UPDATE - RENEWAL OF JOINT STRATEGIC PLAN

The Board gave consideration to a report providing the draft Strategic Priorities for the Joint Strategic Plan to cover the period 1 April 2025 to 31 March 2030.

Decision

The Integration Joint Board noted –

1. the draft Strategic Priorities for the Joint Strategic Plan; and
2. timelines.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 27 November 2024, submitted)

13. DRAFT PROGRAMME OF MEETINGS 2025/26

The Board gave consideration to a draft Programme of Meetings for the year 2025/26.

Decision

The Integration Joint Board approved the draft Programme of Meetings for 2025/26.

(Reference: Draft Programme of Meetings 2025/26 by Business Improvement Manager, submitted)

14. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 29 January 2025.

NHS Highland



Meeting: NHS Highland Board Meeting

Meeting date: 28 January 2025

Title: Finance Report – Month 8 2024/2025

Responsible Executive/Non-Executive: Heledd Cooper, Director of Finance

Report Author: Elaine Ward, Deputy Director of Finance

1 Purpose

This is presented to the NHS Highland Board Meeting for:

- Discussion

This report relates to a:

- Annual Operation Plan

This report will align to the following NHSScotland quality ambition(s):

Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 8 (November) 2024/2025.

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2024/2025 financial year in March 2023. This plan presented an initial budget gap of £112.491m. With a brokerage cap of £28.400m this meant cost reductions/ improvements of

£84.091m were required. The Board received feedback on the draft Financial Plan 2024-27 on the 4 April 2024 which recognised that “the development of the implementation plans to support the above savings options is still ongoing” and therefore the plan was still considered to be draft at this point. The feedback also acknowledged “the significant progress that has been made in identifying savings options and establishing the appropriate oversight and governance arrangements”.

Since the submission and feedback from the draft Financial Plan confirmation has been received that the cost of CAR-T, included within the pressures, will be funded nationally.

There has also been a notification of an additional allocation of £50m nationally on a recurring basis, specifically to protect planned care performance. The NHS Highland share on an NRAC basis is £3.3 million. This funding will enable NHS Highland to maintain the current planned care performance whilst reducing the distance from the brokerage limit in 2024/25.

Additionally, Argyll & Bute IJB has confirmed its ability to deliver financial balance through the use of reserves.

A paper was taken to the NHS Highland Board on 28 February recommending that the Board agree a proposed budget with a £22.204m gap from the brokerage limit of £28.400m – this was agreed and will be reflected in monitoring reports presented to the Finance, Resources & Performance Committee and the NHS Highland Board.

2.3 Assessment

Financial position 2024-25

For the period to end November 2024 (Month 8) an overspend of £49.889m is reported with an overspend of £49.697m for the full financial year. The current forecast assumes that further action will be taken to deliver a breakeven ASC position. This forecast is £21.297m worse than the initial brokerage limit set by Scottish Government.

Brokerage 2024-25

Following the Board’s quarter 2 review with Scottish Government a letter has recently been received setting out a revised brokerage position (Appendix 1). For the 2024/2025 financial year £49.7m of brokerage will now be made available. Based on current forecasts this will enable delivery of a breakeven position at financial year end subject to the delivery of a break-even position for Adult Social Care.

This update will be reflected in month 9 reporting.

Budget Setting 2025-28

The initial draft of the Financial plan for 2025-28 is due to be submitted on the 27th January. There is a clear expectation within the Scottish Government that NHS Boards financial plans for 2025-26 will present:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three year period,
- an improved forecast outturn position in 2025-26 compared to the forecast outturn position reported at the start of 2024-25, with improvements in the financial position being achieved in each of the years to 2027-28 for those Boards not in financial balance, and
- trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved and the arrangements that will be implemented by the Board to oversee delivery.

No brokerage will be made available in 2025-26.

The focus of the draft plan is to establish the opening financial position of the Board and to set an initial recurrent savings target. Work will then continue through to mid-March for the final submission deadline with focus on aligning the finance plan with the ADP; refining the Value & Efficiency programmes, and including any new schemes being identified through the finance clinics being held between the Chief Executive, Director of Finance and each Executive Director; STAG programmes; and any non-recurrent benefits that can be realised in the year.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

It is only possible to give limited assurance at this time due to the gap from Scottish Government expectations.

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2024/2025 and beyond and are continuing to provide additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland continues to be escalated at level 3 in respect of finance.

3.4 Risk Assessment/Management

There is a risk associated with the delivery of the Value & Efficiency programme. The Board are developing further plans to generate cost reductions/ improvements. There is an emerging risk associated with allocations – this has been reflected in the forecast year end position.

3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Efficiency Transformation Group
- Monthly financial reporting to Scottish Government

3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG
- FRPC

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – 2024-25 Financial Position and Brokerage Cap Response

E: DGHSC@gov.scot

Fiona Davies
Chief Executive
NHS Highland

Cc:
Sarah Compton-Bishop, Chair NHS Highland
Heledd Cooper, Director of Finance

Dear Fiona,

NHS Highland – 2024-25 Financial Position and Brokerage Cap Response

Thank you for your letter of 19 December setting out NHS Highland's financial position in 2024-25 and improvement work which is taking place. I understand NHS Highland will be unable to meet its brokerage cap of £28.4 million and will require financial support in excess of this amount to meet the statutory responsibility to break even.

The Month 8 position shows a full year deficit of £49.7 million, therefore currently requiring brokerage of c. £21.3 million in excess of your cap. While this is at an unsustainable level going forward, I do note the improvement work which has been ongoing during 2024-25 and the increased confidence reported by my finance teams, particularly with regards to the focus on value and efficiency workstreams and medium-term planning and sustainability work. I note there have been a number of unavoidable service pressures facing NHS Highland during this financial year particularly in regards to social care provision.

For 2024-25, I can therefore confirm a maximum amount of repayable brokerage will be available up to £49.7 million, inclusive of the brokerage cap. This will add to prior years' cumulative brokerage of £56.8 million, repayable when the Board returns to financial balance.

For 2025-26 onwards, a clear message was given in the budget letter on 4 December that brokerage will no longer be available, and all Boards must work towards a trajectory of break even over their three-year plans. My team will review your draft submission once received on the 27 January and provide feedback prior to submission of your final plan.

Please continue to liaise with your Board Support Lead, Iona Mayhew, and my team shall be happy to respond to any queries you may have in respect of this letter.

Yours sincerely

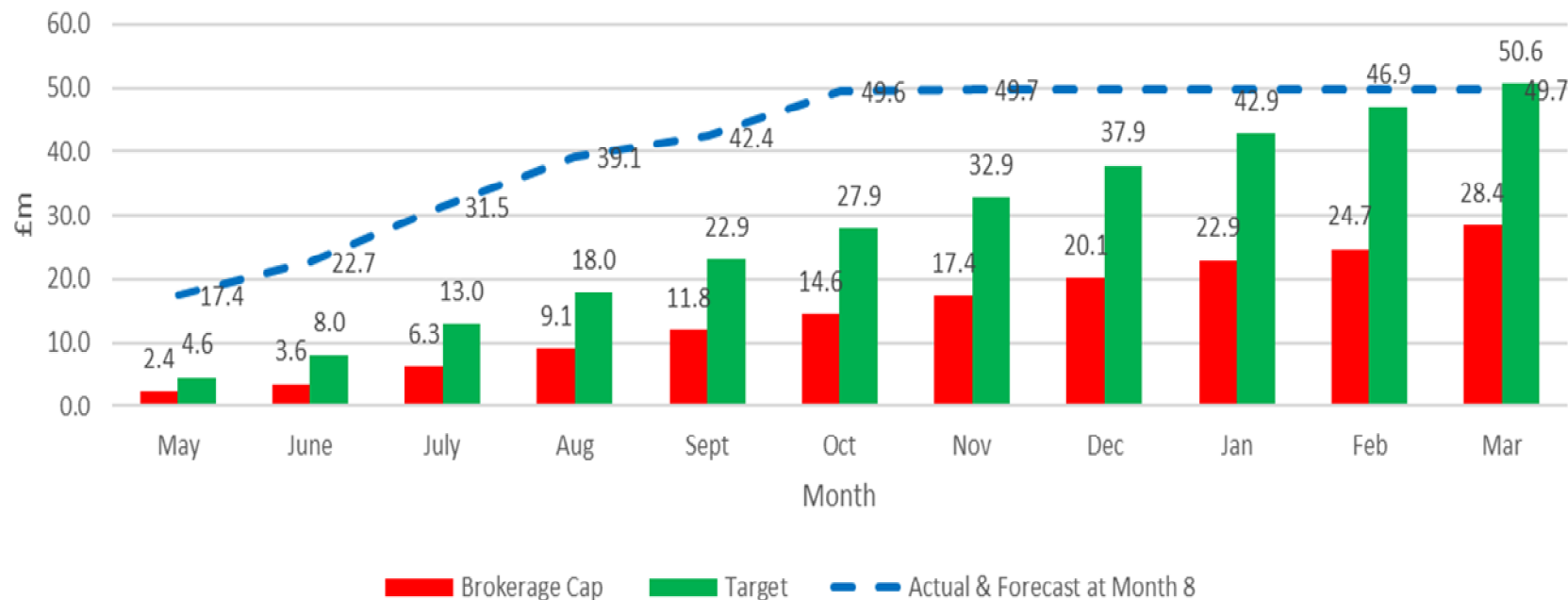


Caroline Lamb
Chief Executive of NHS Scotland and Director General for Health & Social Care.

Finance Report –Month 8 (November) 2024/2025

MONTH 8 2024/2025 – NOVEMBER 2024

Actual v Planned Financial Performance

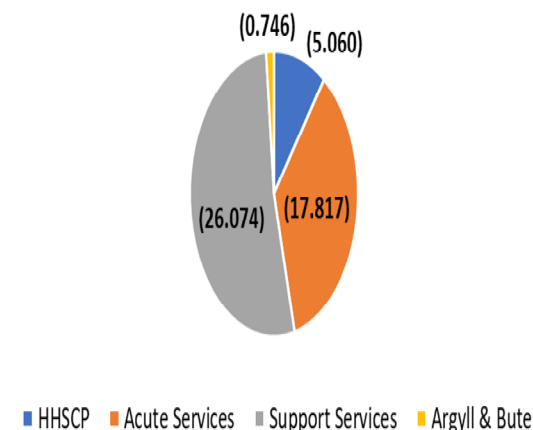


Target	YTD £m	YE Position £m	
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	49.7	49.7	<ul style="list-style-type: none"> Forecast year end deficit £49.7m – assuming additional action is taken to deliver breakeven ASC position £21.3m adrift from brokerage limit £0.9m better than target agreed with Board May 2024
Delivery against Brokerage Cap DEFICIT/ SURPLUS	32.3	21.3	
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	16.8	0.9	

MONTH 8 2024/2025 –NOVEMBER 2024

Current Plan £m	Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m	Forecast Outturn £m	Forecast Variance £m
1,236.221	Total Funding	777.045	777.045	-	1,236.221	-
	Expenditure					
471.937	HHSCP	311.911	329.682	(17.771)	494.634	(22.697)
	ASC Position to breakeven				(17.637)	17.637
	Revised HHSCP				476.996	(5.060)
317.121	Acute Services	209.648	221.945	(12.296)	334.938	(17.817)
169.509	Support Services	78.582	97.965	(19.383)	195.583	(26.074)
958.567	Sub Total	600.141	649.592	(49.450)	1,007.518	(48.951)
277.654	Argyll & Bute	176.904	177.343	(0.439)	278.400	(0.746)
1,236.221	Total Expenditure	777.045	826.934	(49.889)	1,285.917	(49.697)

Forecast Deficit by Operational Area



MONTH 8 2024/2025 SUMMARY

- Overspend of £49.889m reported at end of Month 8
- Overspend forecast at £49.697m by the end of the financial year – assuming further action will deliver a breakeven ASC position
- Forecast is £21.297m worse than the brokerage limit set by Scottish Government and £0.900m better than the target agreed with the Board in May 2024

KEY RISKS



- ASC– work ongoing to deliver a breakeven position but not yet confirmed
- Supplementary staffing – potential that spend could increase over winter period
- Prescribing & drugs costs – increases in both volume and cost
- Increasing ASC pressures – suppliers continuing to face sustainability challenges
- Health & Care staffing
- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets
- AfC non pay impact – uncertainty around costs in 2024/2025 and ongoing funding position
- SLA Uplift
- Allocations less than anticipated

MITIGATIONS



- Adult Social Care funding from SG confirmed as higher than anticipated
- Development of robust governance structures around agency nursing utilisation
- Additional New Medicines funding
- Financial flexibility / balance sheet adjustments
- MDT funding reinstated following positive discussion with SG

MONTH 8 2024/2025 – NOVEMBER 2024

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	901.859
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	43.763
Non Core Funding	-
Total Confirmed SGHSCD Funding	1,024.863
Anticipated funding	
Non Core allocations	78.902
Core allocations	5.737
Total Anticipated Allocations	84.640
Total SGHSCD RRL Funding	1,109.502
Integrated Care Funding	
Adult Services Quantum from THC	137.701
Childrens Services Quantum to THC	(10.983)
Total Integrated care	126.718
Total NHS Highland Funding	1,236.221

FUNDING

- £11.105m of funding confirmed in Month 8 – MDT funding now received and further pay award funding confirmed

MONTH 8 2024/2025 – NOVEMBER 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
273.846	NH Communities	181.303	185.361	(4.058)	282.317	(8.471)
56.944	Mental Health Services	37.879	39.200	(1.321)	58.686	(1.741)
159.823	Primary Care	106.969	108.873	(1.904)	163.238	(3.414)
(18.677)	ASC Other includes ASC Income	(14.240)	(3.753)	(10.488)	(9.606)	(9.071)
471.937	Total HHSCP	311.911	329.682	(17.771)	494.634	(22.697)
	HHSCP					
296.182	Health	197.447	200.841	(3.394)	301.388	(5.207)
175.755	Social Care	114.464	128.841	(14.377)	193.245	(17.490)
471.937	Total HHSCP	311.911	329.682	(17.771)	494.634	(22.697)
	Delivering ASC to Breakeven				(17.637)	17.637
471.937	Revised Total HHSCP	311.911	329.682	(17.771)	476.996	(5.060)

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	478	4,198
Agency (Nursing)	292	2,130
Bank	743	6,446
Agency (exclu Med & Nurs)	192	1,267
Total	1,704	14,042

HHSCP

- Year to date overspend of £17.771m reported
- Forecast that this will decrease to £5.060m by FYE based on the assumption that further action will enable delivery of a breakeven ASC position
- Prescribing & Drugs continuing to be a pressure with £2.819m overspend built into forecast.
- Assuming delivery of £2.319m of ASC V&E cost reductions/ improvements in forecast – high risk
- Supplementary staffing costs continue to drive an overspend position – £2.237m pressure within the forecast
- £1.500m has been built into the forecast in respect of out of area placements

MONTH 8 2024/2025 – ADULT SOCIAL CARE



Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's	Forecast YE Variance £000's
Total Older People - Residential/Non Residential Care	59.641	40.238	38.097	2.141	57.289	2.352
Total Older People - Care at Home	38.088	25.401	27.556	(2.155)	41.217	(3.129)
Total People with a Learning Disability	49.935	33.365	36.207	(2.843)	55.892	(5.957)
Total People with a Mental Illness	10.370	6.920	6.277	0.643	9.609	0.760
Total People with a Physical Disability	9.352	6.255	6.689	(0.433)	10.372	(1.020)
Total Other Community Care	13.225	8.820	8.974	(0.153)	13.546	(0.321)
Total Support Services	(4.856)	(6.535)	4.060	(10.596)	4.212	(9.069)
Care Home Support/Sustainability Payments	-	-	0.981	(0.981)	1.108	(1.108)
Total Adult Social Care Services	175.755	114.464	128.841	(14.377)	193.245	(17.490)
Estates	0.530	0.353	0.408	(0.054)	0.677	(0.147)
Delivering ASC to Breakeven					(17.637)	17.637

ADULT SOCIAL CARE

- A forecast overspend of £17.490m is reported. At this stage it is assumed that a position will be reached which will enable delivery of a breakeven position at FYE.
- Further action is required to close the ASC gap of £17.637m (when ASC related property costs are included) and deliver a breakeven position with ASC at financial year end
- The position has deteriorated due to an adjustment to reflect potential non-recovery of debt – previously this was all held centrally but has been split out to the areas where recovery is a risk
- Assuming delivery £2.319m of cost reductions/ improvements against the target of £5.710m
- £2.666m of supplementary staffing costs within in-house care homes are included within the year to date position

MONTH 8 2024/2025 – ADULT SOCIAL CARE



NHSH Care Homes Supplementary Staffing

Care Home	Month 8		Total YTD £000's
	Agency £000's	Bank £000's	
Ach an Eas	1	15	143
An Acarsaid	-	11	75
Bayview House	-	20	141
Caladh Sona	-	-	8
Dail Mhor House	-	-	1
Grant House	5	21	153
Home Farm	117	15	880
Invernevis	6	10	91
Lochbroom	-	27	143
Mackintosh Centre	-	-	2
Mains House	49	6	434
Melvich	-	8	47
Pulteney	-	18	192
Seaforth	-	29	192
Strathburn	-	1	71
Telford	5	1	27
Wade Centre	-	11	65
Total	183	193	2,666

- Ongoing reliance on agency/ bank staffing within Home Farm and Mains House
- Extensive recruitment underway in most areas

MONTH 8 2024/2025 – NOVEMBER 2024



Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
85.657	Medical Division	57.076	64.895	(7.819)	96.829	(11.172)
22.672	Cancer Services	15.122	16.058	(0.936)	24.174	(1.502)
71.220	Surgical Specialties	47.422	50.436	(3.014)	75.404	(4.184)
39.807	Woman and Child	26.730	26.141	0.589	39.448	0.359
46.481	Clinical Support Division	30.765	30.919	(0.153)	46.274	0.206
(6.413)	Raigmore Senior Mgt & Central Cost	(5.599)	(5.182)	(0.417)	(5.743)	(0.670)
26.099	NTC Highland	17.049	16.390	0.659	25.258	0.841
285.521	Sub Total - Raigmore	188.564	199.657	(11.092)	301.644	(16.122)
15.198	Belford	10.145	10.607	(0.462)	15.844	(0.646)
16.402	CGH	10.939	11.681	(0.742)	17.450	(1.049)
317.121	Total for Acute	209.648	221.945	(12.296)	334.938	(17.817)

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	1,017	7,572
Agency (Nursing)	261	2,431
Bank	750	5,425
Agency (exclu Med & Nurs)	100	936
Total	2,128	16,365

ACUTE

- £12.296m ytd overspend reported with this forecast to increase to £17.817m by the end of the financial year
- Main drivers for overspend continue to be supplementary staffing and drug costs
- Non compliant junior doctor rotas estimated to costs £1.075m through to year end – this is a significant increase from month 7 reflecting recent monitoring
- £3.287m of pressure within the forecast in respect of unfunded services.

MONTH 8 2024/2025 – NOVEMBER 2024



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m	Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
(24.673)	Support Services	(17.976)	2.074	(20.049)	0.478	(25.151)	Locum	17	47
44.478	Central Services	-	-	-	46.560	(2.082)	Agency (Nursing)	-	4
49.562	Central Reserves	32.593	30.557	2.035	47.011	2.551	Bank	718	2,385
56.109	Corporate Services	35.056	34.946	0.110	55.565	0.544	Agency (exclu Med & Nurs)	46	275
16.363	Estates Facilities & Capital Planning	10.462	10.630	(0.167)	16.637	(0.274)			
27.670	eHealth	18.447	19.759	(1.312)	29.333	(1.662)			
	Tertiary								
169.509	Total	78.582	97.965	(19.383)	195.583	(26.074)	Total	781	2,711

SUPPORT SERVICES

- YTD overspend of £19.383m reported and this is forecast to increase to £26.074m by fye – risk of non achievement of cost reduction/ improvement target continues to sit within this area
- Vacancies within the Estates and Facilities teams and income / rebates in respect of the New Craigs PFI are mitigating pressures in provisions, leases, postage and additional cleaning costs.
- Within eHealth significant increases in the costs of service contracts and IT contractor usage are driving the overspend
- Out of Area Forensic Psychiatry costs, TAVI procedures, rheumatology drugs continue to contribute towards the overspend within Tertiary. Increased SLA costs brought forward from previous years is also impacting. The 2024/2025 uplift for SLAs has yet to be agreed and represents a risk to the organisation

MONTH 8 2024/2025 – NOVEMBER 2024



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
128.601	Hospital & Community Services	85.874	86.183	(0.309)	128.975	(0.374)
40.925	Acute & Complex Care	27.448	28.885	(1.437)	43.025	(2.100)
10.781	Children & Families	7.198	7.245	(0.047)	10.781	-
40.671	Primary Care inc NCL	27.531	27.611	(0.080)	41.320	(0.649)
24.792	Prescribing	16.373	16.506	(0.133)	24.956	(0.164)
11.227	Estates	7.352	7.476	(0.123)	11.271	(0.044)
6.065	Management Services	3.692	3.430	0.262	5.807	0.258
14.593	Central/Public health	1.436	0.007	1.429	12.266	2.327
277.654	Total Argyll & Bute	176.904	177.343	(0.439)	278.400	(0.746)

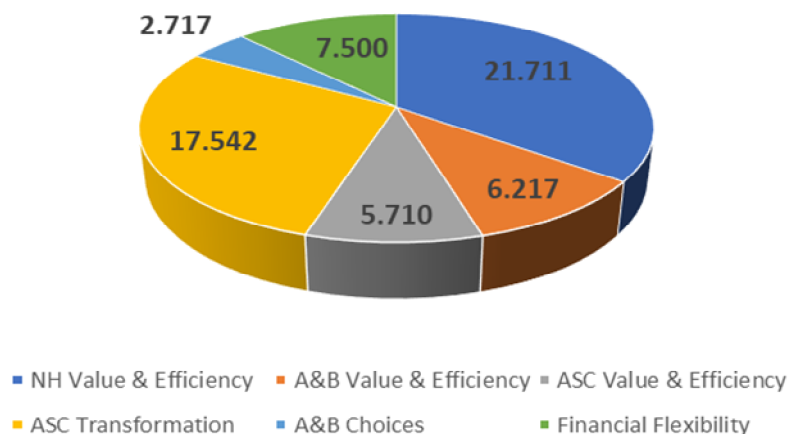
Locum/ Agency &	In Month	YTD
Bank Spend	£'000	£'000
Locum	575	4,395
Agency (Nursing)	206	1,646
Bank	335	2,094
Agency (exclu Med & Nu	27	464
Total	1,143	8,600

ARGYLL & BUTE

- YTD overspend of £0.439m reported with this forecast to increase to £0.746m by fye
- The use of supplementary staffing continues to adversely impact on the financial position
- Significant vacancies and slippage within reserves are mitigating existing cost pressures
- The YTD position is masking slippage on cost reductions/improvements of £0.587m

MONTH 8 2024/2025 – NOVEMBER 2024

Cost Reduction/ Improvement Target (£m)



COST REDUCTON/ IMPROVEMENT

- At the NHS Highland Board Meeting on 28 May the Board agreed to a proposed budget with a £22.204m gap from the brokerage cap
- Current forecasts suggest that year end out-turn will be £0.907m better than previously presented
- It should be noted that there is a risk around delivery of this position and recovery plan actions previously presented to FRPC will mitigate this position
- In addition there is an assumption that further activity will enable delivery of a breakeven position within ASC – this is a high risk assumption and we are working with Highland Council to progress.

Board agreed plan	
	Target £000s
Opening Gap	112.001
Closing the Gap	
NH Value & Efficiency	21.711
A&B Value & Efficiency	6.217
ASC Value & Efficiency	5.710
ASC Transformation	17.542
A&B Choices	2.717
Financial Flexibility	7.500
GAP after improvement activity	50.604
GAP from Brokerage limit	22.204

MONTH 8 2024/2025 – NOVEMBER 2024

Value & Efficiency Planned Savings as at 12/12/2024

Planned Value of 24-25 Efficiency of **£22.846** (14/11/2024 £22.477m), is the value of the schemes currently listed on the Savings Tracker and is part of the total savings goal for the NH and A&B of **£51.180m**

	12/12/2024	28/11/2024
Target:	£51.180m	£51.180m
Currently achieved:	£18.523m	(£18.128m)
Forecast still to be delivered:	£2.962m	(£2.987m)
Total achieved & forecasted :	£21.484m	£21.116m
GAP:	£29.696m	(£30.064m)
Change in GAP:	£368k	

46% of efficiencies are currently forecasted to be delivered via Value & Efficiency Programme.
This excludes ASC.

42% of efficiencies are currently forecasted to be delivered inclusive of ASC Target and savings plan.

Reduction Programmes	V&E Plan				V&E Current Plan Fy 2024-25				Next Year
	2024-25 Original Target (£'000)	Total Achieved & Forecasted	GAP	% of In Delivery vs Target	2024-25 Current Target/Plan (£'000)	2024-25 Plan Achieved (£'000)	2024-25 Plan Forecasted (£'000)	GAP	2025-26 Plan Achieved (£'000)
Value & Efficiency - North Highland	21,711	7,318	-14,393	34%	8,545	6,565	754	-1,227	2,005
Value & Efficiency - Argyll & Bute	6,217	5,535	-682	89%	5,670	5,336	199	-135	0
Total Value & Efficiency	27,928	12,853	-15,075	46%	14,215	11,901	953	-1,362	2,005
Value & Efficiency - ASC	23,252	8,631	-14,621	37%	8,631	6,622	2,009	0	6,622
Total Value & Efficiency incl ASC	51,180	21,484	-29,696	42%	22,846	18,523	2,962	-1,362	8,627

MONTH 8 2024/2025 – NOVEMBER 2024



2024-25 Efficiency Plan vs In Delivery & Forecast

Cost Improvement Programme	Original Financial Plan 2024-25	Value of Efficiency in Delivery	Forecasted Value Still to be Delivered	In Delivery + Forecast	GAP
Accommodation staff/Agency	300	0	0	0	-300
Bed Capacity Planning	0	0	0	0	0
Corporate Teams Consolidation	100	357	49	406	306
Delayed Discharge and Length of Stay	0	0	0	0	0
Diagnostics	0	0	0	0	0
District Redesign	100	0	0	0	-100
External Room Hire	300	0	0	0	-300
Income Generation	1,500	67	0	67	-1,433
Integrated Service Planning	0	0	0	0	0
Leases & Agile Working	200	55	0	55	-145
Morse & TEC	0	0	0	0	0
On Call Rotas and Jnr Dr Compliance	600	0	0	0	-600
OOH	1,000	0	0	0	-1,000
Operational Digitisation Project	0	0	0	0	0
Oxygen Service	0	0	0	0	0
Patient Hub	0	0	0	0	0
Pelvic Health Pathway	0	0	0	0	0
People Review	0	0	0	0	0
Police Custody and SARC	200	0	0	0	-200
Prescribing	6,500	1,904	314	2,218	-4,282
Printing Devices	0	0	0	0	0
Procurement Consolidation and Efficiency	100	632	0	632	532
Rates Review Rebates (Historic)	0	695	0	695	695
Remote Outpatients & Virtual Capacity	0	25	0	25	25
Service Level Agreements	310	283	0	283	-27
Shared Services	0	0	0	0	0
Stock Management Review	0	0	0	0	0
Stores, Logistics and Fleet	0	0	0	0	0
Supplementary Staffing	8,500	2,547	391	2,938	-5,562
Telephony	0	0	0	0	0
Theatre Optimisation & PLCV	0	0	0	0	0
Transformation and Resilience of Admin	1,000	0	0	0	-1,000
Travel	1,000	0	0	0	-1,000
Vacancy Panel	0	0	0	0	0
Vaccination Service	0	0	0	0	0
Waste Management / Infection Prevention & Control	0	0	0	0	0
Total North Highland	21,710	6,565	754	7,318	-14,392
Argyll & Bute Schemes	6,218	5,336	199	5,535	-683
Total North Highland & Argyll & Bute	27,928	11,901	953	12,853	-15,075
Adult Social Care Schemes	23,252	6,622	2,009	8,631	-14,621
Total North Highland, Argyll & Bute & ASC	51,180	18,523	2,962	21,484	-29,696

MONTH 8 2024/2025 – NOVEMBER 2024



	PLAN		POSITION AT M6	
	£m	£m	£m	£m
Financial Gap		112.000		112.000
Maximum Brokerage		28.400		28.400
COST REDUCTIONS/ IMPROVEMENTS TO BE IDENTIFIED		83.600		83.600
Delivered through:				
Value & Efficiency 3%	21.711		6.416	
A&B Savings - identified	8.934		5.535	
ASC	23.252		23.252	
Financial Flexibility	7.500		7.500	
Gap from brokerage cap agreed with NHS Highland Board (May 2024)	22.204		22.204	
		83.600		64.907
Slippage		-		18.693
Actions to mitigate slippage				
Balance Sheet Actions				7.261
Allocation Slippage				5.800
Argyll & Bute actions to deliver breakeven				3.399
Improvement in operational forecasts/ additional delivery against V&E target				2.233
				18.693

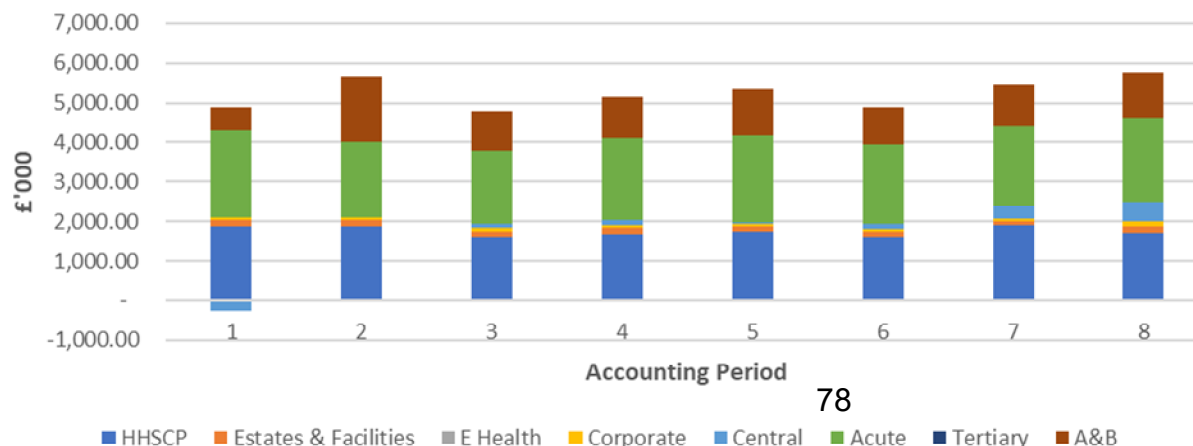
MITIGATING SLIPPAGE ON V&E TARGET

- These mitigating actions were presented to FRPC in the month 6 report
- At this stage a number of balance sheet actions and anticipated slippage on allocations have been reflected in the year to date & forecast position
- All actions are reviewed monthly and reflected where and when appropriate

MONTH 8 2024/2025 – NOVEMBER 2024

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000	Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
HHSCP	14,042	16,572	(2,530)	120.082	Pay	79.142	85.647	(6.505)
Estates & Facilities	1,127	1,091	36	7.017	Medical & Dental	4.684	5.914	(1.230)
E Health	7	7.74	(0)	219.015	Medical & Dental Support	143.050	144.357	(1.307)
Corporate	606	821	(215)	42.756	Nursing & Midwifery	28.312	26.555	1.758
Central	970	93	877	17.412	Allied Health Professionals	11.310	11.486	(0.175)
Acute	16,364	19,676	(3,312)	23.542	Healthcare Sciences	15.628	15.371	0.257
Tertiary	0	1	-	47.728	Other Therapeutic	31.650	30.784	0.866
Argyll & Bute	8,600	8,510	90	87.172	Support Services	57.540	56.042	1.499
				3.270	Admin & Clerical	2.187	1.914	0.273
				60.955	Senior Managers	40.384	37.982	2.402
				22.129	Social Care	(0.502)	(0.745)	0.242
					Vacancy factor/pay savings			
TOTAL	41,716	46,771	(5,054)	651.079	Total Pay	413.386	415.306	(1.921)

Supplementary Staffing Apr 24 - Mar 25

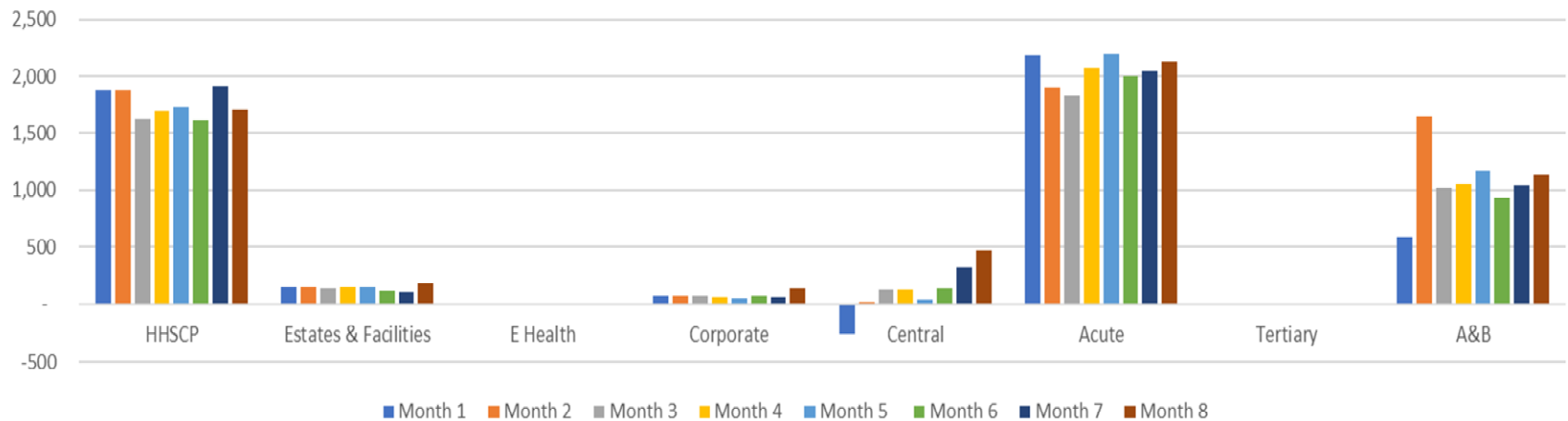


SUPPLEMENTARY STAFFING

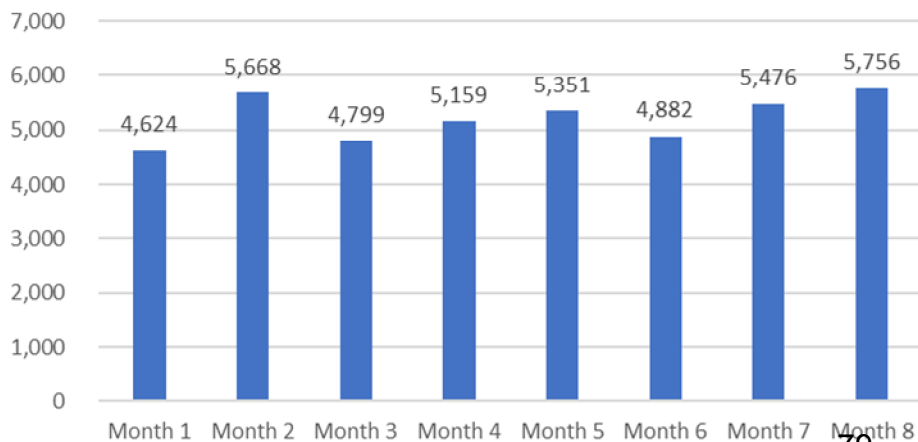
- Total spend at end of Month 8 is £5.054m lower than at the same point in 2023/2024.
- There is an overspend of £1.921m on pay related costs at the end of Month 8

MONTH 8 2024/2025 – NOVEMBER 2024

Supplementary Staffing - Monthly Run Rate



Supplementary Staffing Total Spend 2024/2025



- Month 8 spend is £0.280m higher than Month 7

MONTH 8 2024/2025 – NOVEMBER 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
651.079	Pay	413.386	415.306	(1.921)
130.489	Drugs and prescribing	87.022	89.460	(2.438)
62.233	Property Costs	39.292	40.074	(0.782)
44.014	General Non Pay	27.502	30.289	(2.788)
53.769	Clinical Non pay	35.264	41.133	(5.870)
141.740	Health care - SLA and out of area	95.936	99.837	(3.901)
134.007	Social Care ISC	89.670	96.339	(6.669)
115.803	FHS	79.528	77.455	2.073

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
51.800	Hospital drugs	34.808	35.115	(0.307)
78.689	Prescribing	52.214	54.345	(2.131)
130.489	Total	87.022	89.460	(2.438)

SUBJECTIVE ANALYSIS

- Pressures continued within all expenditure categories
- Supplementary staffing costs are driving the overspend within Pay but overall this is being mitigated by vacancies
- Drugs and prescribing expenditure is currently overspent by £2.438m

MONTH 8 2024/2025 – NOVEMBER 2024

BUDGET (£000)	SCHEME	ACTUALS (£000)	BALANCE TO SPEND (£000)
	FORMULARY ALLOCATION		
-	HISTORIC COSTS	638	-
1,819	EPAG	523	1,296
1,207	eHEALTH	134	1,073
2,504	ESTATES	579	1,925
417	CONTINGENCY	61	356
500	ERPCC LIFE CYCLE ADDITIONS	217	283
500	MID ARGYLL PFI	270	230
-	OTHER	3	-
6,947	FORMULA TOTAL	2,424	5,164
	PROJECT SPECIFIC FUNDING		
450	ACT ACCOMMODATION PROJECT	9	441
500	GRANTOWN HEALTH CENTRE REFURB	323	177
777	EV CHARGERS	210	567
80	BELFORD DISTRIBUTION BOARDS REPLACEMENT	-	80
100	SSD STERILISER REPLACEMENT	-	100
1,907	PROJECT TOTAL	542	1,365
8,854	TOTAL	2,967	6,528

CAPITAL

- Funding of £7.126m confirmed for this financial year – formula + distribution board + SSD steriliser
- Allocations anticipated in respect of ongoing PFI costs and project specific funding – expected to be confirmed in month 12
- Spend continues to remain low and is being monitored via Capital Asset Management Group
- Confirmation being sought from SG on other allocations

NHS Highland



Meeting: NHS Highland Board

Meeting date: 28 January 2025

Title: Director of Public Health Annual Report: Health Inequalities

Responsible Executive/Non-Executive: Tim Allison, Director of Public Health & Policy

Report Author: Tim Allison, Director of Public Health & Policy

1 Purpose

This is presented to the Board for:

- Awareness and Discussion

This report relates to a:

- Legal requirement

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	X		

2 Report summary

2.1 Situation

The Annual Report of the Director of Public Health for 2024 is presented.

2.2 Background

Directors of Public Health are required to produce an annual report concerning the state of health of their local population. There is no set format for the report

and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence.

2.3 Assessment

The report for 2024 is brought to the Board of NHS Highland along with a presentation. A link is provided for the full report.

The report sets out information about the health and wellbeing of people in Highland and Argyll and Bute and focuses on health inequalities. It starts with information about the overall health of the population including people’s life expectancy and how things have changed over several years. Then there is a chapter about health inequalities, what they are and how they affect local people. This is followed by a section about ways of tackling health inequalities. The remainder of the report consists of chapters looking at different groups of people or different factors that relate to health inequalities including chapters on children, on vaccination, on the effects of alcohol and on under-represented groups. The report is not a comprehensive review of health inequalities but is intended to generate action which will tackle this important priority for NHS Highland and its partners. There are recommendations for action which are designed to help all agencies work to reduce inequality.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

There is substantial assurance that the requirement for the publication of the report is met. Other elements of public health reporting will continue to need further work as will implementation of the recommendations from the report.

3 Impact Analysis

3.1 Quality/ Patient Care

Tackling health inequalities is an important part of both quality improvement and patient care. It is vital that health inequalities remain a major aspect of NHS Highland strategy and service delivery.

3.2 Workforce

It is important that the board’s staff members are aware of the impact of health inequalities and the need to act to reduce their effects. A focus on employability and inequalities is also important both to support the community and strengthen the workforce.

3.3 Financial

There are no direct financial implications from the paper. Tackling health inequalities will entail costs but there are also possibilities for savings. Addressing health inequalities is a fundamental part of the work of the board and its partners, for example through community planning.

3.4 Risk Assessment/Management

Risks are managed in line with NHS Highland's policy.

3.5 Data Protection

No personally identifiable information is involved.

3.6 Equality and Diversity, including health inequalities

The focus of the report is on health inequalities; these include inequalities relating to protected characteristics.

3.7 Other impacts

No other impacts to note.

3.8 Communication, involvement, engagement and consultation

The principles of public and user involvement and engagement are embedded in public health actions.

This is an independent report from the Director of Public Health.

3.9 Route to the Meeting

This is an independent report from the Director of Public Health. Considerable work has been undertaken within the Public Health Directorate to produce the report.

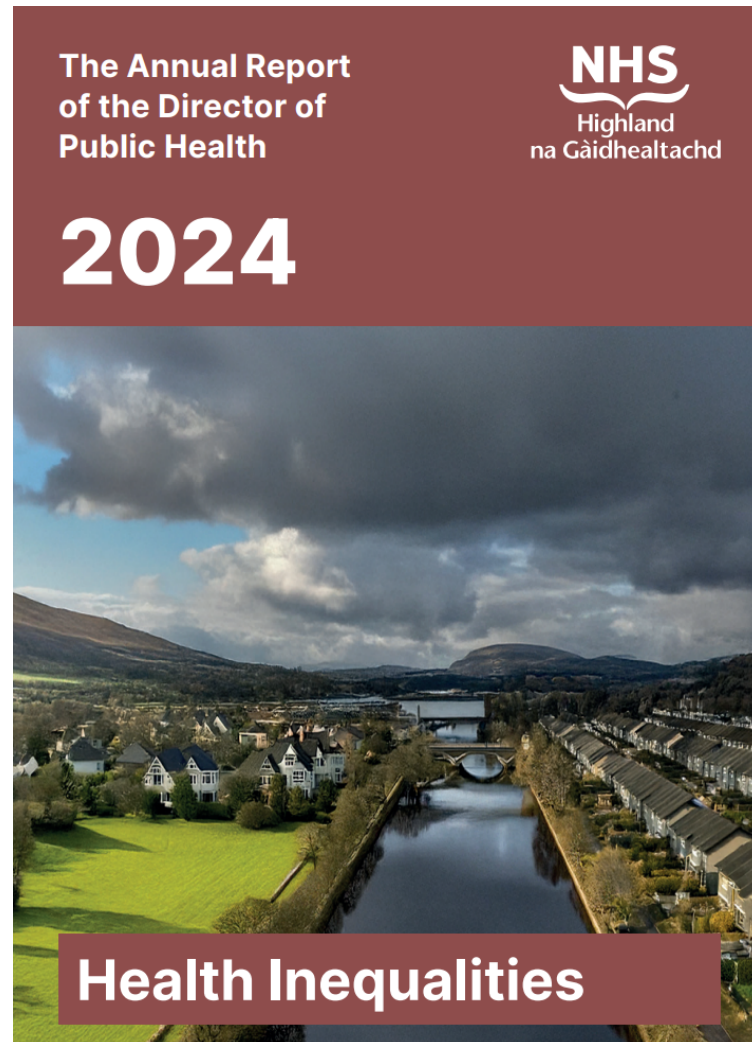
4 Recommendation

The Board is asked to note and discuss the 2024 Director of Public Health Annual Report.

4.1 List of appendices

The full report can be accessed using this link:

<https://indd.adobe.com/view/ff013007-f1c4-414c-84be-d2e99d8d3a29>



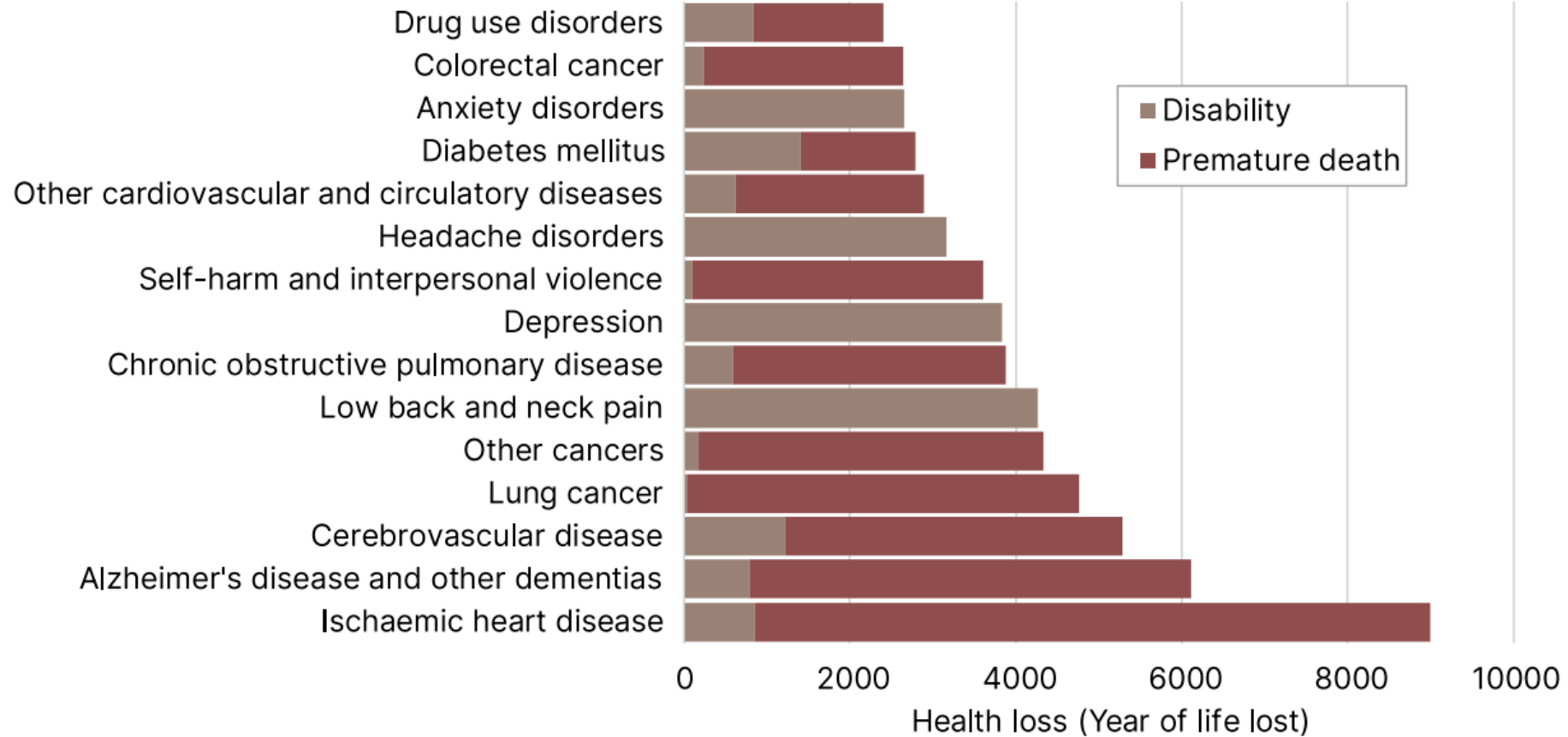
DPH Annual Report 2024

Tim Allison

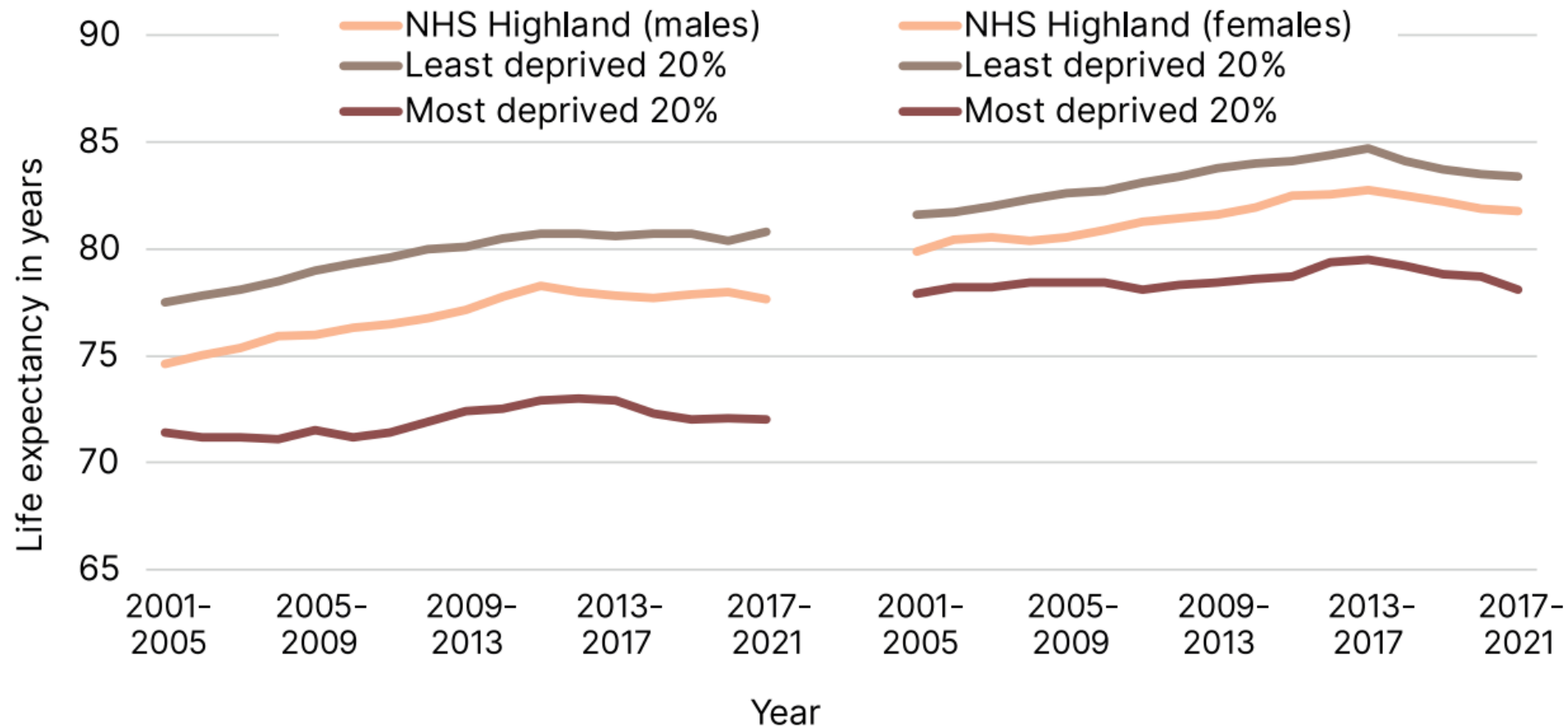
Director of Public Health

- At the heart of the NHS
- Crucial for the work of NHS Highland
- Clear at a population and an individual level
- At the foundation of future work for the Board
- Many causes, including access to care
- Fairness

Leading Causes of Health Loss in NHSH



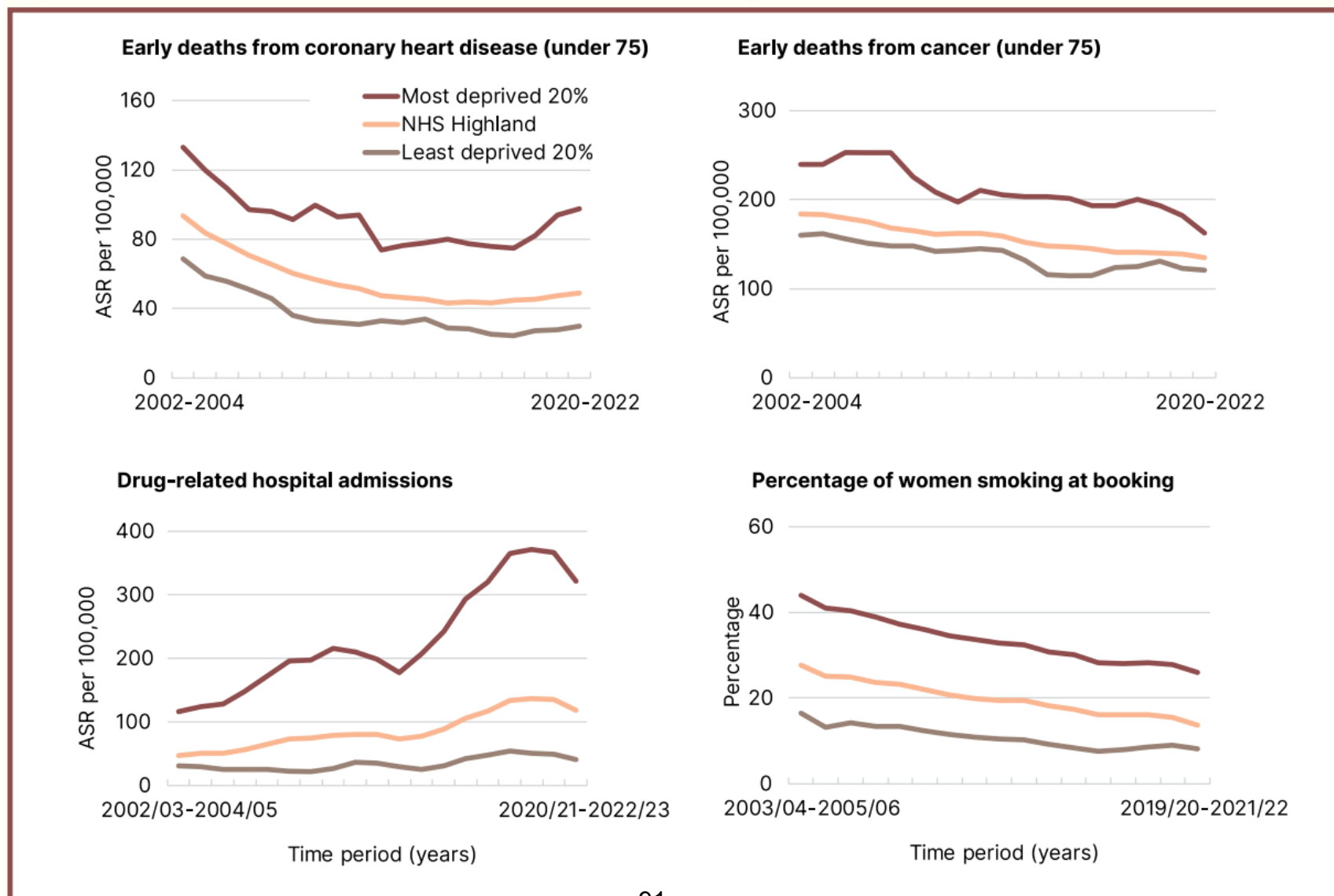
Life Expectancy and Inequalities



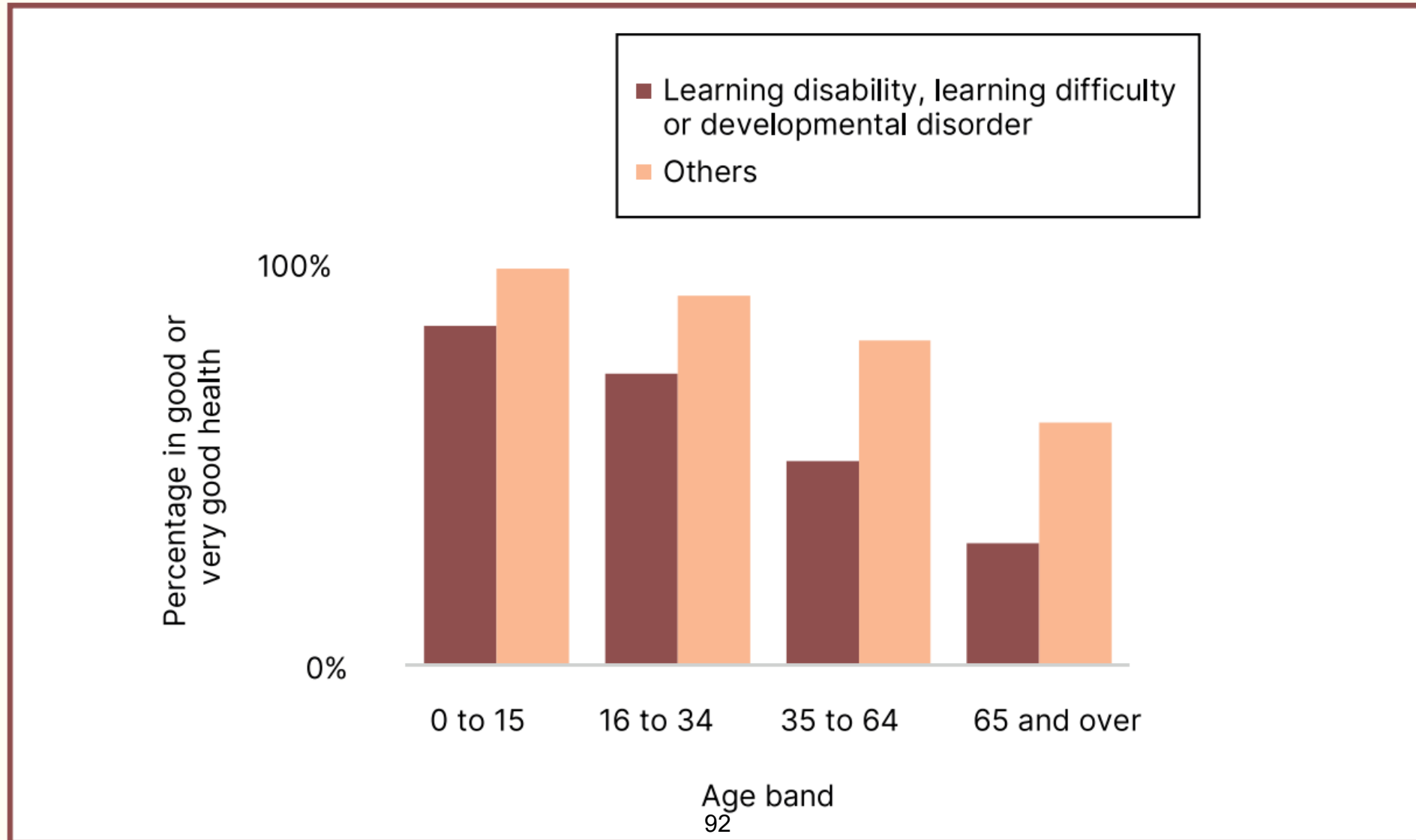
- National or international comparison
 - Population group comparison e.g. by wealth
 - Risk factor comparison e.g. alcohol
 - Comparison of outcomes for a given condition
 - Comparison of ease of access to treatment
 - Consideration of different ways to tackle inequalities
-
- We need to consider all these

- Patient: “Doctor, I have come to see you because I am suffering from a terrible health inequality.”
- Doctor: “Well then, you had better move to somewhere with a higher life expectancy.”

Trends in some Health Inequalities



Health Inequalities: Learning Disability



- NHS Highland and its partners should regularly review and monitor progress in reducing health inequalities
- Highland and Argyll and Bute Community Planning Partners should consider the best ways to tackle local health inequalities and how to learn from models such as Collaboration for Health Equity and place-based approaches
- Public sector organisations in Highland and Argyll and Bute should acknowledge the poor health experienced by underrepresented groups and address the inequalities with help from the skills and resources of the groups. This includes building strong collaborative relationships with those in position of trust within communities.
- NHS Highland should ensure that health inequalities are actively monitored as part of cancer management and across all services
- NHS Highland should address health inequalities across the entire cancer pathway from prevention to rehabilitation.

Questions

NHS Highland



Meeting:

Meeting date:

Title:

Responsible Executive/Non-Executive:

Report Author:

Board Meeting

28 January 2025

Health and Wellbeing Strategy

Gareth Adkins, Director of People and Culture

Gaye Boyd, Deputy Director of People

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board Strategy or Direction

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well	x	Nurture Well	x	Plan Well	x
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

The Health and Wellbeing Strategy is now at a final stage (Appendix 1) following an organisational wide consultation and feedback received and considered from

various meetings and Committees it was presented to. It is presented to the NHS Highland Board for approval prior to launch.

2.2 Background

Over the period 25th April to 11th June 2024 the draft strategy was out for consultation to our wider workforce to obtain feedback on the content and to identify anything critical that may have been omitted.

Prior to this the Strategy document had been considered at the Area Partnership Forum (APF), Staff Governance Committee, Local Partnership Forums, Senior Leadership Teams, NHH Health and Wellbeing group and Argyll & Bute Culture and Wellbeing Group and feedback was gathered to help shape it further. The final version has been presented to APF in October and Staff Governance Committee in November 2024.

2.3 Assessment

In the main, the Strategy was received very positively, acknowledging that this is a much-needed step forward, capturing the good work and resources into a detailed strategy for NHS Highland. The strategy establishes the foundations and builds a framework to develop over the duration of its tenure.

There were 33 anonymous survey responses along with the verbal feedback given at the meetings detailed above. All responses were considered for the final strategy document and the associated action plans.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<div><div>x</div></div>	Moderate	<div><div></div></div>
Limited	<div><div></div></div>	None	<div><div></div></div>

Comment on the level of assurance

The assurance is substantial as full consultation has been completed and feedback considered in final document.

3 Impact Analysis

3.1 Quality/ Patient Care

There is strong evidence linking patient safety, patient experience and the quality of care with the safety, health and wellbeing of the workforce. (NHS employer’s workplace health and safety standards)

3.2 Workforce

In line with the Together we Care Strategy, NHS Highland seeks to be a great place to work, recognising employees as the most valuable asset and supporting their health and wellbeing, both in and outside the workplace.

3.3 Financial

The resource to support the health and wellbeing working group are from existing teams. Any activities that require funding will be sought through the existing processes and there may be support from endowments as appropriate. This will be explored as the activities and priorities are identified.

3.4 Risk Assessment/Management

To nurture the workforce is a priority of the Together we Care Strategy. Failure to support this commitment with appropriate focused action risks a detrimental impact on absence levels, retention, productivity, and employee engagement and overall health and wellbeing of our workforce

3.5 Data Protection

No personally identifiable information was collected.

3.6 Equality and Diversity, including health inequalities

The strategy is currently being impact assessed by the Health and Wellbeing group and this EIA will also include all feedback from the consultation to ensure that potential impacts and mitigations have been considered.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

Hearing from and communicating with the workforce is a crucial aspect for the development of the strategy and the work of the working group and will be fundamental to the success of wellbeing activity.

3.9 Route to the Meeting

The draft strategy was previously considered by the following groups as part of its development and has again been circulated with the consultation update.

- Health and Wellbeing Group, 19th March 2024
- People and Culture Portfolio Board, 25th March 2024
- APF, 19th April 2024
- Staff Governance Committee, 7th May 2024
- Health and Wellbeing Group, 20th June 2024

- Portfolio Board, 1st October 2024
- APF, 11th October 2024
- Staff Governance Committee, 5th November 2024

4 Recommendation

- **Assurance** – assurance is provided that a full consultation has been undertaken and that the gathered feedback has been considered and included where appropriate in the final Strategy. The Board are asked to approve this Strategy prior to it's formal launch

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1, Final Strategy

Staff Health and Wellbeing Strategy

2024-27



Foreword:

The NHS is an amazing institution: one that people who live in the UK are justifiably proud of. And at its heart, the NHS is about people: the people we care for and help to keep well, and the people who deliver our services. Every member of staff across NHS Highland makes a difference every day, whether that's in a kind word as you serve someone in the canteen or compassionate care at the end of someone's life.

Our staff's health and wellbeing is vital to maintaining our services and this strategy sets out how we will care for our staff so they can provide great care, working somewhere that cares for employees and fosters a sense of community contributes to staff satisfaction and team morale, helping us to retain and attract good people. Wellbeing improves performance and allows people to achieve their full potential, benefitting both them and the organisation.

Your work can be demanding and can be extremely rewarding. We care for people 24/7, 365 days a year. We cover a huge area, including remote and rural communities. We deal with physically and emotionally challenging situations and we are there for the people in our communities when they need us. This makes it all the more important that we recognise the demands of working in health and social care as well as the pressures our staff can experience outside of work. We know many of our people carry out caring roles at home, and the current cost of living crisis is being widely felt. This strategy sets out how we will help our staff to manage their health and wellbeing and provide support when they need it. We will develop and promote a range of wellbeing resources for staff to support them to have good mental, physical and financial health. We will also ensure that we have the right support available for staff who need assistance with their health and wellbeing.

A healthy and happy workforce will benefit both our teams and the people who use our services, so we all have a responsibility to do all we can to promote wellbeing. This strategy sets out how we will look after ourselves and each other: we are proud to be part of that commitment.



Elspeth Caithness
Employee Director



Gareth Adkins
Director of People and Culture



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Introductions:

In NHS Highland, people are at the heart of everything we do and this ethos shaped the [Together We Care Strategy](#) developed through engagement with the workforce, communities, partners and wider population. The Together We Care strategy outlines NHS Highland's strategic objectives for our Population, People and Partnerships, appropriately linking to Highland and Argyll and Bute HSCP strategies.

For our People, our aim is simply to be a great place to work. The wellbeing of our workforce is a key priority and is outlined by our 'Nurture well' commitment. Our objective is to support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us and to foster an inclusive and kind culture where difference is valued and respected.

These objectives link with Scottish Government's commitment to Improving Wellbeing and Working Culture and the [associated Action Plans](#).

Both strategies centre around three main strands:

Wellbeing

Leadership

Equality

that support and complement each other, working together to develop a great place to work.



Workplace Wellbeing:

Workplace wellbeing is a complex environment encompassing physical and mental health including aspects such as financial health, relationships, security, purpose and environment. These factors are often interlinked with what is happening in one area of life impacting on other areas both in and out of work. NHS Highland support a balanced approach to work-life integration and for this reason our strategy takes a holistic approach to wellbeing. It recognises employees as complex individuals with a variety of needs that support their wellbeing.

As an employer we are committed to supporting the workforce both in the environment and resources we provide. We are also committed to assisting colleagues to support and better care for themselves.

Environment :

NHS Highland recognise the importance of creating healthy, safe and supportive environments and are always seeking to improve the estate and facilities that shape our everyday working environments. The Estates team have various space utilisation projects to maximise and improve our working environments and the data gathered from staff feeds into these plans. This includes the outdoors and natural/green spaces within our estate. This is also referenced within the vision and values of the Board and wider NHS Scotland.

It is not just the physical environment that requires attention but also the digital one. With more system utilisation and reliance than ever before, it is recognised that this environment should also feel supportive and be continually improving to complement our work. Training and supporting the workforce with digital developments is important to the work they do and their wellbeing at work.

It is acknowledged that all of the factors contained within the People plans contribute to the overall culture of the Board.

Health and Wellbeing :

To support overall wellbeing there is a wealth of guidance in the [NHS wellbeing hub](#), Public Health Scotland's [Mentally Health Workplace](#) and [NHS Highland wellbeing pages](#). These pages direct employees and managers to resources, advice and links on all aspects of health and wellbeing:

healthy mind

body and spirit

occupational health

financial healthy and well being

workplace support and resources

This is a constantly evolving landscape: developing, promoting and communicating available resources and ensuring managers and the workforce know where to obtain information and what local and national supports are available. A summary of our support is available within the Wellbeing pages.

Physical and Mental Health:

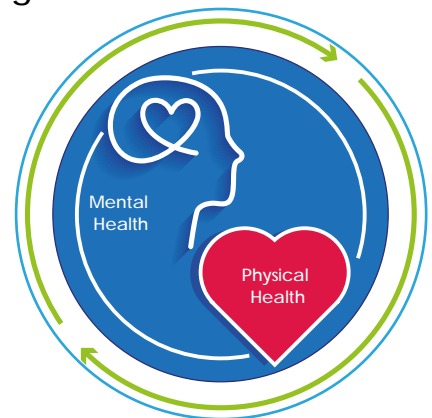
In addition to the various general health and wellbeing resources and supports we must acknowledge that post Covid, the physical working environment which many of us work in has changed significantly. This brings with it different health challenges. With many people working from home, support from leadership and management needs to be channelled in a different way. Agile working



discussions, Beware of the Chair and Display Screen Equipment (DSE) assessments offer support for the physical work environment but there are also the mental and social aspects of this new working environment. Employees must be encouraged to take sufficient breaks, to avoid being 'always available' and addressing the isolation and lack of physical team relationships that many report. This is a challenge for both managers and employees alike and must be supported in the best way possible to ensure colleagues are healthy, engaged and working in a safe way.

[The Scottish Government Mental Health and Wellbeing Strategy](#) sets out a clear vision for future population mental health, wellbeing and care – “a vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible”.

NHS Highland share the same vision, ensuring that Physical and Mental Health are on an equal footing and reduce the stigma by improving access and enabling staff in all services to speak about mental health and wellbeing.



Speaking up about mental health, has been both a national and local objective. NHS Highland is a member of the National Mentally Healthy Workplace group and this informs our wellbeing offerings. We must focus on Prevention and Early Intervention, ensuring the right kind of support and advice is in place for people across a range of settings, to allow people to take control of their own mental health and wellbeing in a way that works for them.

Scottish Government recognise 3 key pillars of wellbeing in their strategy: Promotion, Prevention and Provision of Services. This is also recognised in NHS Highland's support provisions and initiatives and is encapsulated in this Strategy.

In addition to general information sharing:

We provide:

- | | |
|--|--|
| ● Spiritual care service | ● Staff Psychological Wellbeing Network |
| ● Occupational health with additional psychological support | ● Cognitive Behaviour Therapy |
| ● Health and Safety service | ● Employee assistance programme |
| ● Confidential contact-currently provided by the Guardian service | ● Promotion of self-care for physical, mental and social wellbeing |
| ● Mental health first aiders piloted | ● Flexible and supportive policies and practice to assist employees in balancing the responsibilities of home and work, eg caring responsibilities |
| ● Promotion of stress at work and mental health courses and virtual events | ● Physiotherapy |
| ● Promotion of Spaces for Listening | ● Promotion of trauma awareness |

We commit to:

- Review and promote the stress at work process ensuring employees and managers are supported to discuss stress and wider mental health, supporting appropriate actions and adjustments
- Supporting the development of wellbeing champions / advocates and mental health first aiders (as appropriate) across the board area
- Continue to link with national and regional wellbeing networks, linking this back to the NHS Highland strategy and actions
- Developing data sets and monitoring tools within the wellbeing environment to inform the Board and localised activity e.g. a wellbeing dashboard, illustrating performance, progress and targets for improvement
- Join up data sources such as absence, stress risk assessments, occupational health support and exit interviews to inform support of stress and mental health in a more pro-active way
- Input to and promotion of women's health strategy and associated initiatives e.g. menopause awareness
- Input and promotion of the Neurodiversity strategy
- Developing proactive and preventative strategies promoting personal resilience
- Utilise the wellbeing diagnostic tool

Which will result in:

- Improvements in health outcomes for staff, with intended reduction in sickness absence, mental health absence and work-related stress
- Improved communication and a wider wellbeing support network, linking service, Board and national experiences and priorities to inform actions
- Rich data sets to illustrate current performance, inform activities and evidence progress and improvement
- Providing a joined up and targeted approach to initiatives and agreed priorities supporting efficient and collaborative working

Spiritual Care:

The balance of wellbeing across all three aspects of our being;

Our body holds our physical strength and ability, our mind holds our thoughts and emotions, and our spirit is the essence of who we are, our meaning hopes and values. When we balance these three aspects we achieve optimal wellbeing and when we do not, our ability to function can be compromised.

NHS Highland has spiritual care services to support the spirituality with no assumption about personal convictions or religious beliefs but seeks to understand the person as a whole.

The service aims to provide spiritual care to patients, carers, volunteers and staff, ensuring that people remain at the centre of health and wellbeing by supporting:- spiritual care, religious care, cultural care, bereavement care, listening services, staff support service.



Healthy Lifestyle:

Nutrition, hydration, exercise and eating a healthy diet can affect all aspects of physical and mental wellbeing. As a health aware employer NHS Highland promote healthy living and support embedding this into the services we provide

We provide:

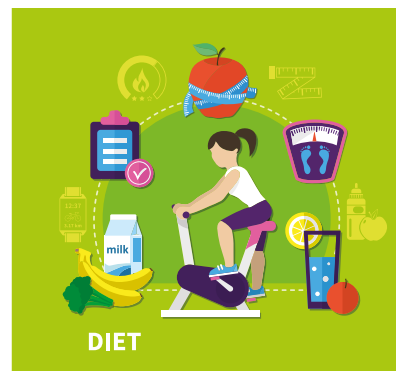
- Healthy options in canteens and eating areas
- Information about healthy choices and positive changes in lifestyle that can make a difference – e.g. alcohol and addiction awareness, smoking cessation, weight management
- Promotion of physical activity and healthy lifestyle events – e.g. step count challenge
- Discounted gym membership, active travel plans and cycle to work scheme

We commit to:

- Adapt and respond to the asks of employees when considering our wellbeing offerings and support
- Respond to the data gathered from the Project Wingman campaign which indicates interest and more focus in the following areas:
 - Mindfulness
 - Physical movement and exercise
 - Fatigue
 - Healthy eating
 - Sleep management
 - Workload and time management

Which will result in:

- A more collaborative approach to health promotion, responding to the asks and needs of the workforce
- Improved employee engagement indicators with clearer alignment of cause and effect – “you said, we did” and where possible evidencing result/impact
- Evidencing what the workforce have fed back and what we are doing about it



Financial Health:



Money and Pensions Service (MaPS) refers to financial wellbeing as feeling secure and in control, alongside being financially resilient, confident and empowered.

The current economic climate has caused numerous risks to the financial wellbeing of the workforce. As the UK enters a recession predicted to be the worst in a generation, the CIPD report that in-work poverty is experienced by 1 in 8 workers and encourages supporting employees to make the most of their money and finances on a day to day basis.

Financial wellbeing is currently the least common area included in wellbeing strategies and needs to be pushed up the social, political and business agendas. (CIPD 2023).

We Provide:


- An Employee Assistance Programme which can support with financial planning along with finding advice to help to support financial health and wellbeing
- Information about benefits and entitlements, childcare costs, energy saving support
- Employer pension scheme with a 93% membership across Highland Board
- Support with gambling or other challenges that can put a strain on finances and relationships
- Links to Highland Council and A&B Council welfare teams, citizens advice, credit unions and financial education
- Promotion of assistance with child-care costs and winter fuel grants and food aid networks
- Promotion of lift share scheme
- Planning for retirement course
- Money Counts course and access to signposting information

We commit to:



- Gather information on employees needs and respond to them
- Continue to support and build on the resources already available
- Continuously improve processes ensuring that pay, grading and expenses are paid as speedily and accurately as possible

Which will result in:



- Improved awareness of the supports and benefits that exist
- Improvement in employee experience of NHS Highland processes
- Responsive provision to employee need, considering how we can best support our workforce to best manage their finances




The [Together We Care strategy](#), 'People' outcomes focus on wellbeing, leadership and equality and this aligns to Scottish Governments, [fair work convention](#) providing the workforce with an effective voice, opportunities, security, fulfilment and respect.



The [Once for Scotland policies](#) promote NHS Scotland as a modern exemplar employer, showcasing the NHS core values and NHS Highland People Function provides advice support and training to embed this practice.



Supporting the Area Partnership Forum, each directorate has local partnership forums to support the employee voice and partnership working at a local and Board-wide level.



Workload is often an area identified as a challenge for employees with reports of high presenteeism and burnout. This is acknowledged in all the people strategies and informs activity in the wellbeing, workforce planning and leadership development space. All employees should be supported with their work load and development being clear on objectives and progress. This is embedded in the Culture and Leadership framework.

It is recognised that the core enablers for health and wellbeing are comprehensive communication structures, embedded leadership development practice, pleasant working environments and sound governance.



Together We Care

Leadership:

Leaders and managers have a central role in supporting their employees and creating the conditions to allow teams and individuals to flourish. They have the responsibility to take charge and take care of their employees both supporting them and empowering them to manage their own wellbeing. Leaders must continually grow and develop to best support their teams in an ever changing environment keeping up to date with the boards leadership development program.

All wellbeing activity links to, and is supported by, the Culture and Leadership framework striving to ensure that leaders are the best that they can be and align with the Board vision and values. Increased knowledge, understanding and skills embed a caring, compassionate and inclusive culture needed to create a positive impact on workforce wellbeing and the overall culture of the Board. The central theme in all leadership activity is compassionate leadership and in recent years much focus has been given to this area Supporting Civility Saves Lives, Caring with Compassion and Compassionate Conversations.

Communication and Engagement:

To create a positive working environment requires input across the workforce. Supporting employee wellbeing is everyone's responsibility, encouraging engagement from the whole workforce. Effective and meaningful communication is key to the delivery of this wellbeing strategy. Wellbeing is intrinsically linked to employee engagement and listening to our employee voice. Our wellbeing offering must respond to the needs of the workforce, both managers and employees, and be multi channelled to increase reach.

Communication with the workforce is essential, developing open honest and engaging provision which is inclusive to all and most importantly, known about and easily accessible. The communication team are key stakeholders on the health and wellbeing working group and all wellbeing requirements are supported by the [Boards Communication and Engagement strategy](#).

Monitoring and Evaluation:

To assess the health of the organisation and the strategies being adopted measurement and evaluation are required. Tools like the iMatter engagement tool, referrals to the various support services, workforce data, staff engagement opportunities, and analytics, monitoring and measuring staff wellbeing and strategy impact / effectiveness and inform future decisions and activity.

The Implementation Plan:

This strategy sets out the plans for the next 3 years (2024-2027), mirroring the Together We Care timeline [basics, build, better, best](#). The wellbeing offerings have been in place for many years and are regularly expanded. The current focus is establishing the foundations and supporting wider communication and promotion. The table below illustrates the implementation plan for the next 3 years and this is supported by a more detailed action plan with short medium and long term priorities.

Year	Theme	Actions
1	Established foundation	Group creation, leadership training, communication hub setup, staff wellbeing forums formed, baseline data gathered
2	Expand initiatives	Implement Highland wellbeing program, regular wellbeing assessments and measurement, enhance support services as required
3	Consolidate and Evaluate	Review strategy effectiveness, make necessary adjustments, and reinforce successful initiatives.

Governance:

To ensure that the necessary people, governance, systems and processes are in place to enable the fulfilment of this strategy the Wellbeing Group reports to the People and Culture Portfolio Board and will provide regular reports to the Area Partnership Forum, Local Partnership Fora, Staff Governance Committee, and other relevant forums.



NHS Highland



Meeting: Board Meeting

Meeting date: 28th January 2025

Title: Health and Care Staffing Act Implementation

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

Report Author: Brydie J Thatcher, Workforce Lead, HCSA Programme Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Operation Plan:

Right Workforce to Deliver Care – Commence implementation of the Health and care (Staffing) (Scotland) Act across relevant areas of the workforce

Government policy/directive:

Health and Care (Staffing) (Scotland) Act 2019

Legal Requirement

Health and Care (Staffing) (Scotland) Act 2019

This report will align to the following NHSScotland quality ambition(s):

Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary
2.1 Situation

This paper provides a moderate level of assurance relating to progress of HCSA Implementation, including key accomplishments achieved during quarter 2 and a summary of upcoming work for quarters three and four.

Extensive detail was provided through our first quarterly report. This second quarter report provides high level overview of progress since the last report.

Due to the statutory annual reporting requirements and our internal governance timetable our quarter three and the annual end of year report will be submitted simultaneously in January 2025.

2.2 Background

The Health & Care (Staffing) (Scotland) Act 2019 was enacted in April 2024. It aims to provide a statutory basis for the provision of appropriate staffing in Health and Social Care services to support the delivery of safe and effective high-quality care. This will be achieved by having the right people with the right skills in the right place at the right time to improve outcomes for people using our services and improve staff wellbeing.

The Act does not prescribe health care staffing levels or planning and instead supports the development of suitable approaches in various health and social care settings.

[Health and Care \(Staffing\) \(Scotland\) Act 2019: overview – gov.scot \(www.gov.scot\)](https://www.gov.scot/health-and-care-staffing-act-2019)

Implementation of the Act is intended to:

- Assure that staffing is sufficient to support the delivery of high-quality care
- Support a culture of honesty and transparency that engages health and social care staff in the relevant process and ensures they are informed regarding healthcare staffing decisions
- Support further improvements to enhance and strengthen current arrangements in healthcare staffing planning and employment practices
- Risk escalation and mitigation processes to enable health and social care staff to be heard at all levels to inform evidence-based healthcare staffing decision-making
- Ensure professional clinical advice is available when healthcare staffing risks are highlighted

Duties of Healthcare Improvement Scotland (HIS)

HIS have several duties within the Act including, and are described fully within the HIS Healthcare Staffing: Operational Framework:

- HIS: monitoring compliance with staffing duties
- HIS: duty of Health Boards to assist staffing functions
- HIS: power to require information

To assist HIS in their functions, NHSH will share this report to inform further quarterly Board engagement calls, once the internal governance process is complete. A formal request has been received for the Board Q2 Internal and high-cost agency report(s) to be submitted to HIS HSP by 14th February 2025.

2.3 Assessment

This report provides an overview of NHSH's progress in meeting the requirements of the Act for the quarter two period and indicates predicted level of assurance for quarter three.

OFFICIAL

The checklist below illustrates an overall moderate level of assurance of our compliance with the Act and progress of HCSA, Programme deliverables across the organisation.

The HCSA annual report RAG status (**Appendix1**) is used below.

	Q1 FY 23/24	Q2 FY 23/24	Q3 FY 23/24	Q4 FY 23/24	Q1 FY 24/25	Q2 FY 24/25
12IA: Duty to ensure appropriate staffing (Ref to 2IC,12IE,121F,12IL,12IJ)						
Section 12IB: Duty to ensure appropriate staffing: agency workers.						
12IC: Duty to have real-time staffing assessment in place						
12ID: Duty to have risk escalation process in place						
12IE: Duty to have arrangements to address severe and recurrent risks.						
12IF: Duty to seek clinical advice on staffing.						
12IH: Duty to ensure adequate time given to leaders						
12II: Duty to ensure appropriate staffing: training of staff.						
12IJ & 12IK relating to the common staffing method						
12IL: Training and Consultation of Staff-Common Staffing Method						
12IM: Reporting on Staffing						
Planning & Securing Services						

High level update / summary on progress over quarter two with key achievements, key risks and key milestones for next quarter.

Key Achievements Q2

Guiding Principles for Health and Care Staffing

- HCSA Programme Board is now well established
- Local HCSA Implementation Groups continue to provide updates on self-assessment, quarterly professional updates and iterative dialogue regarding compliance with the duties.
- Engagement with wider workforce out with Nursing and Midwifery continues to progress with local initiatives supporting improvements around compliance.

12IB: Duty to ensure appropriate staffing: agency worker

- Integrated Staff Bank/users have been highly responsive and adaptive to short notice, changing demands around complex, manual collation and submission of data.

12IC: Duty to have real-time staffing assessment in place

- Continued commitment to use Turas Real Time Staffing tool where available and use of locally developed tools.

12IE: Duty to have arrangements to address severe and recurrent risks

- Review of incident recording system with plans to move to In-Phase in Q3/4
- Review of OPEL framework effectiveness and supporting clinical structures
- Quality & Patient Safety Dashboards development/ improvements

12IL: Training and Consultation of Staff-Common Staffing Method

- A revised approach to training, supportive materials, documents and engagement has been welcomed. Leaders, teams and individuals have engaged well and feedback on further improvements.

12IJ: Duty to follow the Common Staffing Method

- Teams are navigating a range of pressures, with Meridian workstream placing similar data collation burden on teams. Despite this, progress with the 23/24 roll out plan has progressed at pace and is on target for completion by 31 December 24.
- Revised approach adopted, informing baseline planning assumptions for Staffing Level Tool/CSM
- Revised approach adopted by Finance supporting process and development of detailed template

2IA: Duty to ensure appropriate staffing

- Effective health roster rebuilds completed across test site, Mental Health, Learning Difficulties and Succoth. Immediate improvements in roster performance and quality of data output. Completion of this work supports build of milestone plan for 24/25 roll out across remaining 158 rostered areas.

Key Risks/issues

- There is a risk to compliance with the general principles & duties being met due to gaps in systems, structure, availability of tools to support provision of thematic trends and gaps in ability to evidence practices.
- Gaps in formalised SOP.s and Protocols setting out processes and pathways

- Lack of ability to evidence practice and established processes due to incomplete or absent digital solutions
- Capacity for individuals and teams to work on programme initiatives and improvements
- Workforce availability

Key Milestones for Q3/Q4

Guiding Principles for Health and Care Staffing

- Revision of HCSA Programme Board and supporting Implementation Groups as we move into 'business as usual'
- Targeted Medical Staffing Engagement

12IE: Duty to have arrangements to address severe and recurrent risks

- Review of incident recording system with plans to move to In-Phase in Q3/4
- Review of OPEL framework effectiveness and supporting clinical structures

12IF: Duty to seek clinical advice on staffing.

- Supporting guidance and SOP to be developed

12II: Duty to ensure appropriate staffing: training of staff.

- Protected Learning Time directive, pending launch- this will increase assurance levels around this duty in coming updates.

12IL: Training and Consultation of Staff-Common Staffing Method

- Learnings from 24/24 cycle to be collated and used to inform 24/25

12IJ: Duty to follow the Common Staffing Method

- Q4 will see a range of workshops lead by People and Culture, Executive Director, to shape a revised process for 'output' review via a multi-disciplinary approach and linked directly into annual service planning.

12IH: Duty to ensure adequate time given to clinical leaders

- Development of supporting SOP - Protecting and Evidencing Time to Lead -with corresponding engagement sessions around this the duty are being planned for Q4 delivery

2IA: Duty to ensure appropriate staffing

- Milestone plan for 24/25 roll out across remaining 158 rostered areas.
- Compilation of training materials/videos supporting use of Safe Care
- 'Switch on' of Safe Care across test site
- Shared Learning from roster rebuild and Safe Care – Step by step guide for all areas to be developed.
- Review of Roster Policy
- Review of Roster governance structure

12IB: Duty to ensure appropriate staffing: agency workers.

- Review of Bank/Locum Engagement processes including scrutiny and challenge and governance

Planning and Securing Services

- Short Life Working Group to be convened to support compliance in line with the updated guidance

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The moderate level of assurance offered is linked largely to gaps in recording, variance in approach and practice. lack of a robust ability to evidence plans and decision making. We recognise there are areas across the organisation where a higher level of assurance may be appropriate. However, maintaining a moderate level of assurance serves as a critical friend and retains focus, underpinning the delivery of ongoing developments.
Implementation of Safe Care across all staff groups will in time, positively impact on our overall level of assurance.

Broadly speaking we have the appropriate mechanisms and governance in place to assess and report on staffing requirements across our organisation needed to deliver care to our population. We have the appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:

- a. how well we meet the staffing requirements
- b. that risks associated with staffing challenges are managed, mitigated and escalated appropriately
- c. professional advice is embedded and demonstrable in our day-to-day management of staffing and service delivery

We are able to use the information from assessing staffing requirements and routine assessment of staffing risks and issues ‘in practice’ to develop short-, medium- and long-term plans to provide appropriate staffing

3 Impact Analysis

3.1 Quality/ Patient Care

The HCSA is intended to support delivery of safe, high-quality services.

3.2 Workforce

The HCSA is fundamentally about providing appropriate staffing to deliver services.

3.3 Financial

There are potential financial implications in relation to addressing staffing risks and issues identified through the mechanisms required to demonstrate compliance with the duties of the act. However, it is important to emphasise that the act does not introduce anything new in terms of the principle that services should already be planned and delivered with an appropriate workforce plan in place to deliver the service to the required standards.

3.4 Risk Assessment/Management

This links to board level risk in relation to workforce availability and ensuring we have appropriate mechanisms to manage and mitigate risks associated with staffing issues.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

This report has been ratified for internal reporting purposes to our Board of Directors by both our Medical Director, Boyd Peters and Executive Nurse Director, Louise Bussell. NHS HCSA Programme Board is now well established with professional and staff side involvement for all professional and operational leads across all Board functions. The programme continues to be supported by a range of, feedback, engagement and briefing sessions.

3.9 Route to the Meeting

Staff Governance Committee

4 Recommendation





The Board is asked to note:

- the requirements placed on the board by the Act
- moderate assurance from the information provided in this paper and appendices.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1: HCSA RAG status key

Green		Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow		Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber		Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red		No systems are in place for any NHS functions or professional groups

Appendix 2 HCSA: Internal Board Quarter 2 Report

Appendix 3: HCSA Quarter 2 External High-Cost Agency Report

NHS Health & Care Staffing Act 2019 Programme Implementation				
Q2 Oct 2024				
Programme	Lead	Exec Sponsor	Q2	Assurance
Health &Care Staffing Act Implementation	B J Thatcher	Gareth Adkins	1 July to 30 Sept 2024	
<p>Overall Programme Health Assessment: Moderate Assurance:</p> <p>In this, the first year of enactment, we are currently in the ‘implementation phase’ of the programme. We are working towards embedding this iterative and agile programme into ‘business as usual’ across all areas by March 2025.</p> <p>Given the enormity and complexity of the ‘Act’, limitations of enabling tools and the resource intensive nature of associated work, we anticipate the journey towards full compliance will continue over the coming three to five years.</p> <p>However, we are reassured by the level of engagement across all areas, the inclusion of professions beyond Nursing and Midwifery and the appetite for a progressive approach to annual service/workforce planning.</p>				
High Level Overview		Highlight Next Steps		
<p>Guiding Principles for Health and Care Staffing</p> <p>HCSA Programme Board provides a moderate level of assurance that adequate processes are in place for the professional disciplines cited in the Act.</p> <p>It is important to note that functions operate within a complex range of systems with varied processes.</p> <p>Operational systems and processes are dependent on the service model, size of service and in-patient bedded service, non-bedded service, community or a commissioned service status.</p> <p>There are areas of excellent practice and areas which have been identified for improvements.</p> <p>since our Q1 report work has continued to engage with professions out with Nursing and Midwifery it should be noted that energies have been focused on the preparatory work, education, engagement and support of staff in the application of the CSM. The focus of teams in recent weeks has been dominated by this work</p>		<ul style="list-style-type: none">• Annual service plans – multidisciplinary approach with links to ADP and budget setting cycle• Medical staffing plans informed by service plans• Common Staffing Methodology Workshops to agree revised approach to output reviews and decision-making process.• Updating eESS and finance systems in line with current organisational structures and naming conventions• Rebuild of health roster roll out plan for 24/25– linked to updating of workforce and finance systems		

<p>and, the Meridian work stream for Community based teams.</p> <p>.</p>	
<p>Guiding principles etc. in health and care staffing and planning:</p> <p>We had a moderate level of assurance that most agreements engaging services from a third-party provider had existing reference to such principles and where new agreements were to be arranged following enactment specific reference would be included.</p> <p>Additional Guidance received at the end of July 2024 from Scottish Government expanded on the interpretation on the Statutory Guidance available.</p> <p>This supports the assurance required to be completed as part of the SG Annual Report where is asks for assurance of</p> <p>:-</p> <p><i>'Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that when the Health Board is planning or securing the provision of health care from another person, it has regard to the guiding principles for health and care staffing and the need for that person from whom the provision is being secured to have appropriate staffing arrangements in place.'</i></p> <p>We are required to outline steps taken to comply and provide information on how they have improved systems and processes.</p> <p>.</p>	<p>Contract Services, Procurement, Regional Planning, Primary Care and other key stakeholder met at the end of October to scope out and develop ToR for SLWG to support development of an organisational wide SOP guiding compliance with this duty.</p> <p>SLWG to be mobilised Q4</p>
<p>Section 12IA: Duty to ensure appropriate staffing</p> <p>Extensive review of current E-Rostering system build has been completed and revealed significant issues triggering commencement of a rebuild and refresh programme for all 160 rostered areas.</p> <p>New Craigs work commenced in Q2 , to complete Q3 with anticipated, immediate, tangible benefits:</p> <ul style="list-style-type: none">Enhanced Efficiency: The system streamlines the rostering process,	<ul style="list-style-type: none">Rebuild of healthroster – linked to updating of workforce and finance systemsEvaluation and learning output from New Craigs rebuild.Acute rebuild tentatively scheduled March - April 25

<p>reducing administrative burden and eliminating manual errors.</p> <ul style="list-style-type: none">• Fair Distribution: The system ensures fair allocation of shifts, taking into account factors such as experience, skills, and availability, promoting a balanced workload among staff.• Compliance Management: The rostering system helps maintain compliance with regulatory guidelines, ensuring the appropriate number of staff available for each shift.• Improved Communication: The platform facilitates seamless communication between staff, allowing for shift swaps, leave requests, and updates in real-time.• Data-Driven Insights: The system provides valuable data and analytics, helping hospitals and managers make informed decisions related to staffing requirements.	
<p>Section 12IC: Duty to have real-time staffing assessment in place;</p> <p>NHS Highland has a range of formal recording processes capturing the real time staffing position. All Nursing and Midwifery shifts are recorded on in the Scottish Standard Time System (SSTS</p> <p>Many areas have developed their own systems and process which provide a consistent approach to how teams record their daily, actual staffing and what staffing they require, in their Professional Judgement, to be able to deliver safe and effective care.</p> <p>Working to ensure we have appropriate mechanisms and governance in place to assess and report on a routine (day to day) basis:</p> <ul style="list-style-type: none">• how well we meet the staffing requirements• that risks associated with staffing challenges are managed, mitigated and escalated appropriately• professional advice is embedded and demonstrable in our day-to-day management of staffing and service delivery. <p>This supports:</p>	<p>Safe Care will be deployed, initially in areas where Health E-Rostering is in place and effective.</p> <p>Safe Care is scheduled to ‘to go live’ first in Mental Health, Q3.</p> <p>We will then plan a road map, rolling out Safe Care across all areas including those who do not have Health E-Rostering in place. This process is likely to take the next eighteen months to complete.</p> <p>Who will use it?</p> <p>This will be used mainly by our ward managers and nursing leads to view daily staffing levels.</p> <p>Benefits:</p> <ul style="list-style-type: none">• Staff can be redeployed to make a difference where it is needed most.• Efficient usage of the resource we have available.• Better care for our patients• Having the ability to undertake Real Time Staffing, escalation of risk and recording of recurrent risks• Integration of Safe Care into Hospital Huddles

<ul style="list-style-type: none">• Alignment of staffing levels with patient needs and available resource in each department• Drive effective management of staffing establishments, so increasing efficiencies in the workforce trust-wide• Ensuring the right staff are in the right place at the right time³ while improving the management of planned and unplanned non-working time• Reduce the need for temporary and agency staff, so improving efficiency of resources• Improve use of staff through clear visibility of contracted hours and staffing levels/skill mix• QPS Dashboard, Quality & Patient Safety Dashboard reporting function <p>Whilst we are assured teams work with established, bespoke systems, we also recognise a key barrier to full compliance is the variance in approach. lack of formalised SOP's, ease with which data can be extrapolated from the systems to provide review of themes and evidence compliance.</p>	<ul style="list-style-type: none">• Safe Care supporting difficult decisions when assessing and deploying staff• Ability to record when SCN's/ Team Leads taking case loads• Clear process and monitoring in place for bank requests, usage and monitoring• Potential for using to review establishments• Safe Care enables transparency and awareness across all teams• Supports completion of HCSA returns and compliance with act• Reduction in bank spend• Development of standardised SOPS and escalation flow charts
<p>Section 12ID: Duty to have risk escalation process in place.</p> <p>Across both Acute and Community Services within NHS Highland we have adopted the Operational Pressures Escalation Levels Framework (OPEL).</p> <p>This framework supports a unified, systematic, and structured approach to detection and assessment of operating pressures; provides a consistent framework for the proportional representation of each area looking at range of factors with Safe Staffing being the main focus.</p> <p>Representatives meet every morning at the Safety Awareness For Everyone Huddle, (Safety Huddle) These formal meetings use a Red, Amber, Green (RAG) status for reporting and triggering action</p>	<p>Review of effectiveness of OPEL framework and alignment of the current varying approaches is a pending action with HSCP leading the way with tabletop exercise being arranged for Q4.</p>

<p>Section 12IE: Duty to have arrangements to address severe and recurrent risks;</p> <p>It is the responsibility of everyone working for NHS Highland to report all occasions where something has happened that has or could have caused harm to a patient, member of the public or staff, or affected the 'day to day running' of the organisation.</p> <p>The reporting and management of adverse events and near misses is an essential part of the systems and processes that support clinical governance, staff governance and risk management within NHS Highland.</p> <p>A severe and recurrent risk is defined as a situation in an area where there is a trend in number of incidents we have the system functionality to record, identify trends, relating to recurring risks and mitigations. This is of course dependant on the effectiveness of risk reporting in the first instance and therefore variance in reporting practice will impact on the meaningfulness of any thematic reporting Severe and recurrent risks are not defined within the Act.</p> <p>The Risks should be discussed at each monthly Senior Management Team meetings/QPS's. Where there are increased risk levels, discussion should be held to ensure appropriate actions have been agreed.</p> <p>This is an area where practice, albeit it varied, is reported as consistently applied.</p> <p>Quality and Patient Safety Dashboard improvements in Q2.</p>	<p>Datix / InPhase Migration</p> <p>InPhase is a cloud-based tool, meaning it can be accessed from any NHS Highland device, allowing the reporting of any incident, complaint, risk and FOI request to be easier to log.</p> <p>InPhase will revolutionise the way we report and use this data, as it triangulates the information into a Dashboard view whilst still allowing complex searches and ad-hoc reports to be created.</p> <p>Datix will be available until 1 December. Any cases and risks currently logged in Datix will be migrated to the new InPhase system, meaning nothing is lost and reports will still account for all information currently stored in Datix.</p> <p>With the advent of In -Phase as a new adverse incident management system we will pick up a focused piece of work around this element in Q4.</p> <p>This will include development of SOP, clarity around organisation agreement regards definitions and system wide overview.</p>
<p>Section 12IF: Duty to seek clinical advice on staffing;</p> <p>Clinical advice is consistently available to support staff in decision making. Teams report feeling confident when escalating concerns and receiving support. The OPEL framework successfully supports and records elements of clinical advice provided. We have identified gaps in this provision for more remote services. We have also identified gaps in effective/consistent recording of this decision-making processes</p>	<p>SOP to be developed re Clinical Advice</p> <ol style="list-style-type: none">1. Who can provide appropriate clinical advice?2. Who is a “more senior decision-maker”? <p>Leads involved in staffing risk mitigations, and more senior decision-makers reaching a decision on risk, must “seek and have regard to</p>

<p>We have identified gaps in this provision for more remote services. We have also identified gaps in effective/consistent recording of this decision-making processes</p> <p>We have also identified gaps in clarity of defining who is deemed to be able to provide appropriate clinical advice.</p>	<p>appropriate clinical advice”. This is required when the LP or more senior decision-maker:</p> <ul style="list-style-type: none">• is not a clinician• is assessing risk, or making a decision, in relation to a clinical workforce for which they are not professionally responsible and/or• is making a decision in a specialty/setting in which they are not an expert and/or do not normally work.• A more senior decision-maker is someone who receives risk escalations from an LP.
<p>section 12IH: Duty to ensure adequate time given to clinical leaders.</p> <p>There are many areas of good practice where time to lead is</p>	<p>In time Safe care will identify where leaders have had to re-prioritise focus and work clinically to mitigate risk.</p> <p>This is fundamentally about Lead Professionals having the time and resources to ensure appropriate staffing whilst also meeting all the other professional duties and responsibilities they might have.</p> <p>As mentioned above there is a process underway to migrate all teams onto the SafeCare platform for real-time staffing. In addition to its other functions, this meets the HCSSA requirements for recording time to lead. However, this is a longer-term goal for full roll out.</p> <p>In the short-term teams should evidence time to lead using existing processes. Nursing staff can access SSTS, Job planning and Turas appraisals.</p> <p>Additional sources that may be appropriate include: iMatter surveys, and reflective practice. This has been highlighted by local Implementation Groups as an area of complexity where greater guidance is required. Development of supporting SOP - Protecting and Evidencing Time to Lead -with corresponding engagement sessions around this the duty are being planned for Q4 delivery.</p>
<p>Section 12II: Duty to ensure appropriate staffing: training of staff.</p>	<p>On going focus on education and development for Q3 &Q4</p> <p>Incorporation of protected learning time to PAA</p> <p>Review of feedback opportunities for staff</p>

We have systems to support accurate records of training for all staff which is appropriate and relevant for the purposes of the role we are asking them to fulfil. There are clear SOP's and formal processes in place.

All staff have been directed to review and understand the principles of the legislation and consider the impact on their responsibilities.

They have also been encouraged to take responsibility to escalate to the senior person on shift any immediate concerns about healthcare staffing.

Professional leaders have been supported via the HCSA Programme Board to disseminate resources to empowering teams to develop their knowledge and understanding of health and care staffing including the importance of open and transparent discussions about health and care staffing decisions.

Example of Resource below:

Quick Guides relating to the Act.

Learning resources : Informed level | Turas | Learn (nhs.scot)

Learning resources : Skilled level | Turas | Learn (nhs.scot)

For certain identified roles, it is also recommended to complete the expert level:

Learning resources : Expert level / Turas / Learn (nhs.scot)

You can also access the Health and Care Staffing Act Sway presentation, which gives a concise overview of all parts of the Act

Healthcare Improvement Scotland (HIS)

<p>HIS – <u>Accessible Resources to Learn about Guiding Principles and Duties in the Act</u></p>	
<p>Section 12IJ, 12IK and 12IL, relating to the common staffing method.</p> <p>This is a high-level priority/legal responsibility to complete annual run (min) for all areas within scope for 2024/2025.</p> <p><u>Staffing Level Tools</u> <u>Common Staffing Method</u></p> <p>The scheduled Tool Run/CSM require a resource intensive preparatory period of 8 weeks. During Q2 the schedule and revised preparatory programme and revised supporting documents were deployed.</p> <p>Extensive engagement with Professional, Operational and Workforce Leads, Finance, Staff Side and SSTs.</p> <p>We have been exploring ways to alleviate the digital inequalities experienced within Child Health, Highland Council, by creating SSTs access.</p> <p>Paper-based tool run was undeliverable.</p> <p>Once SLT and CSM steps have been completed, an evaluation is required to consider whether changes to "staffing establishments", or the way in which we deliver the service is required</p> <p>The short-term aim is for risks to be managed/mitigated and longer term, to consider service redesign or changes to staffing, to ensure staffing levels are appropriate, sustainable and affordable.</p>	<p>Q3 scheduled for commencement of the runs with a target date for completion of 31 Dec 2024.</p> <ul style="list-style-type: none">• The CSM will be run across a large number of locations and teams so that the different tools are ran within the October to December 2024 window.• Use of previous out puts to enrich review of this years• Our statutory responsibility is to both run the tool and to demonstrate considerations and actions taken in response• This alignment of tool runs will allow for the outputs to be considered as part of the wider service/organisational staffing position.• It is important that staff are engaged and supported in the running the CSM• Staff confidence in the review and decisions made in response to output is very low.• Accept limitations of this cycle, set out realistic expectations and do the best we can.• We have a duty to discuss and share decision making, actions, inaction with staff following output reviews.• We need to ensure staff are supported, have access to systems and training, understand roles and responsibilities• Take a Multidisciplinary approach to review of outputs and consider wider context. We need to agree the route for review of this years outputs at service level and link into existing structures and governance processes.• Observation Studies Mental Health and Learning Disability (MHLD) Inpatient Staffing Level Tool• Maternity Staffing Level Tool All Maternity in-patient observation studies

	are now complete and data entry to the app has commenced.
<p>Section 12IB: Duty to ensure appropriate staffing: agency workers.</p> <p>High-Cost Agency Reporting The Act requires a separate report to the Scottish Government quarterly listing high-cost agency use. Q1 and Q2 compiled and submitted.</p> <p>Communication to teams setting out revised locum engagement criteria including removal of accommodation and travel costs unless in extreme circumstance/threat to business continuity has been disseminated.</p> <p>There is a risk we may not capture all staff engaged over the 150% threshold due to variance in mechanisms of engagement.</p> <p>Changes to the template for data collation, significant impact on workload. Retrospective revision of data initially requested by SG however this was reconsidered and revised date required from Q2 onwards only.</p> <p>These revised templates and figures are intended to be a more accurate representation of the cost of an equivalent NHS employee, and therefore offer a truer comparative figure. As a result, this has led to a change to the comparable 150% figure. This serves as a reminder that the statutory guidance states that the cost of an agency worker to the Health Board should be compared to the cost of the equivalent full time NHS employee for the shift they are fulfilling.</p> <p>Locum Bank Team worked very hard to meet these changes in data demand, particularly challenging given the process is entirely manual.</p>	<ul style="list-style-type: none">• Review of scoping work around agency workers across the board to sense check completeness of reporting.• Review of Bank/Locum Engagement processes including scrutiny and challenge and governance.• Changes to the template for data collation, significant impact on workload.• Review of scoping work around agency workers across the board to sense check completeness of reporting.• Review of Bank/Locum Engagement processes including scrutiny and challenge and governance.

NHS Highland



Meeting: NHS Highland Board Meeting

Meeting date: 28 January 2025

Title: National Treatment Centre Highland:
Post Occupancy Evaluation Report

Responsible Executive/Non-Executive: Richard MacDonald, Director of Estates,
Facilities and Capital Planning.

Report Author: Tina Monaghan/Gordon MacLeay

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well	x	Listen Well		Nurture Well		Plan Well	x
Care Well		Live Well		Respond Well		Treat Well	x
Journey Well		Age Well		End Well		Value Well	
Perform well	x	Progress well	x	All Well Themes			

2 Report summary

2.1 Situation

The Post Occupancy Evaluation Report has been developed in line with the requirements set down by the Scottish Government on 18th December 2023. This requirement is met by providing Post Occupancy Evaluation (POE) as part of a gateway review of the benefits delivered by the NTC-Highland.

The NTC-Highland team have followed the Soft Landings process through project development and delivery and as part of that have produced a detailed Lessons Learned Report which includes early operational feedback on the facility. As part of the Post Project Evaluation process, Lessons Learned have continued to be captured and much of this learning has also been fed back via regular performance and status reporting to Scottish Government.

This report has been reviewed and approved by NHSH Executive Directors Group on 28 October 2024 and reviewed and approved at NHSH Finance Resources and Performance Committee on 1st November 2024.

NHSH Board approval is sought as the final stage of governance prior to Scottish Government submission.

2.2 Background

NTC-Highland was designed to provide the infrastructure to deliver elective orthopaedic and ophthalmology service in a 'ring-fenced' facility with 24 inpatient beds and 5 theatres. Procedures and care are currently being delivered to NHS Highland (NHSH), NHS Grampian (NHSG), NHS Tayside (NHST) patients. The focus beyond construction is clearly based on the demonstratable benefits to our patients and teams working within the new infrastructure but also clearly captures our lessons learned for both the NTC-Highland but also the wider principles for the development of infrastructure going forward to deliver care and services to our patients.

- Post Occupancy Evaluation (POE) is a process which has been developed in line with the Scottish Capital Investment Manual (SCIM). The purpose of POE is to evaluate the delivery of our projects in terms of delivery of patient care and delivery of the infrastructure which supports care.
- Evaluation is also scheduled to take place in years 3 and 5 of operation (2026 and 2028).
- Key aspects to POE are that we review areas of success and challenge and that the opportunity is taken to identify key lessons learned.
- Planning commenced for the NTC-Highland in 2016 with IA approval in July 2017, OBC approval in 2018, and FBC in 2020. Patient care and the care of our NHSH teams has been paramount throughout inception, design, build, and transition to becoming operational.
- Construction costs were £35.8m with equipment costs £4.14m.
- Production review and approval of design drawings specification and associated technical information is a key deliverable to project's success.
- For all future projects clinical occupation, equipping, team familiarisation and training should be programmed to follow project completion and handover.
- Resourcing of eHealth, in terms of briefing, budget, and availability is essential in the future.

- Detailed workforce planning and development of a target operating model are critical.
- Clear understanding and review of objectives of the project with clear measures of success should be ongoing throughout the project and following project completion.
- Data collection requires to be clear and consistent to enable comparison study.
- Stakeholder engagement requires to be evidenced constantly and ongoing throughout the project and following project completion.
- Construction commenced in June 2020 with handover to NHSH in March 2023.
- This report has been prepared in accordance with the Scottish Capital Investment Manual and evaluates the performance of the NTC-H against the criteria set out in the approved Full Business Case, both in terms of the construction project and in terms of service delivery over the first year of operation.

2.3 Assessment

The team have collated a robust document demonstrating the benefits delivered to NHSH through the NTC-H and national NTC programme. There is clear data included within the report to support this and the report demonstrates the following:

For the Ophthalmology service the transition of the Service from Raigmore Hospital to NTC-H was challenging as emergency and urgent operating and outpatient service remained operational including managing sight threatening conditions. Those challenges were around equipment, training, familiarisation and delivery of services and the overall impact on the team transitioning.

In terms of Outpatients, a total of 7360 new outpatients were seen against a target set of 7000 and whilst a target was not set for return appointments, the service saw a total of 16,968 outpatients equating to 24,328 ophthalmology outpatients being seen in Year 1.

Previously the Ophthalmology service had access to the Modular Unit at Raigmore Hospital where often it was necessary to cancel elective operating to make way for emergency procedures. The service now has access to 2.6 operating theatres at NTC-H where 1.5 hours per day are ring fenced for emergency operating and this is built into the modelling.

For Ophthalmology operating in Year 1 the service delivered a total of 2287 procedures against a target of 1975 which was inclusive of cataracts and non-cataracts.

Due to the success of the Orthopaedic model, NHS Grampian cataracts also became part of the delivery plan at the request of Scottish Government and in the first year a total of 185 cataract procedures were undertaken against a target of 184.

Ophthalmology does still have access to the Modular Unit on the Raigmore site, and this is for paediatric operating and for the more complex patients who require HDU and for contingency for emergency operating should there be any issues in ophthalmology theatres at NTC-Highland. When opened in April 2023, a target of 1588 ASA1 and 2 Arthroplasty cases were to be referred to the NTC-Highland.

For the Orthopaedic service in terms of targets and delivery across the Boards, the target set at 85% in year 1 was 1588 arthroplasty procedures.

- NHSH had an allocation of 1131 and delivered 868 hip and knee procedures in total with the split being 485 hips and 383 knees.
- NHSG allocation was 457 and delivered 365 cases in total, 198 hips and 167 knees
- For NHS Tayside (NHST) there was no target set but due to the success of NHSG, engagement with Tayside colleagues resulted in us taking first patients in December 2023 and we operated on 35 hips and 36 knees.

In total Orthopaedics delivered 82% of a target that was set at 85% efficiency for arthroplasty operating.

Orthopaedics have access to Theatre B two days a week and a target of 171 was set and we operated on 132 foot and ankle patients. A total of 267 hand procedures against a target that was set of 164. All hand, foot and ankle patients are from NHSH.

Through assessment of the document we consider that it demonstrates all the requirements for the SG submission.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

Moderate Assurance is proposed.

3 Impact Analysis

3.1 Quality/ Patient Care

As per report, the NTC-Highland is delivering a high standard of patient care and considered a functional and high-quality environment by users.

3.2 Workforce

Planned vs actual workforce impact is discussed in the report.

3.3 Financial

Project Costs as per report. Operational costs out with scope.

3.4 Risk Assessment/Management

Not applicable.

3.5 Data Protection

No patient identifiable information.

3.6 Equality and Diversity, including health inequalities

Not applicable.

3.7 Other impacts

None anticipated.

3.8 Communication, involvement, engagement and consultation

A full list of stakeholders involved in compiling the POE are included in Appendix B of the NTC Highland POE report.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group, 28th October 2024
- Finance, Resource and Performance Committee, 1st November 2024

4 Recommendation

For Decision: the Board is asked to review and approve the report as part of the formal governance process.

4.1 List of appendices

The following appendices are included with this report:

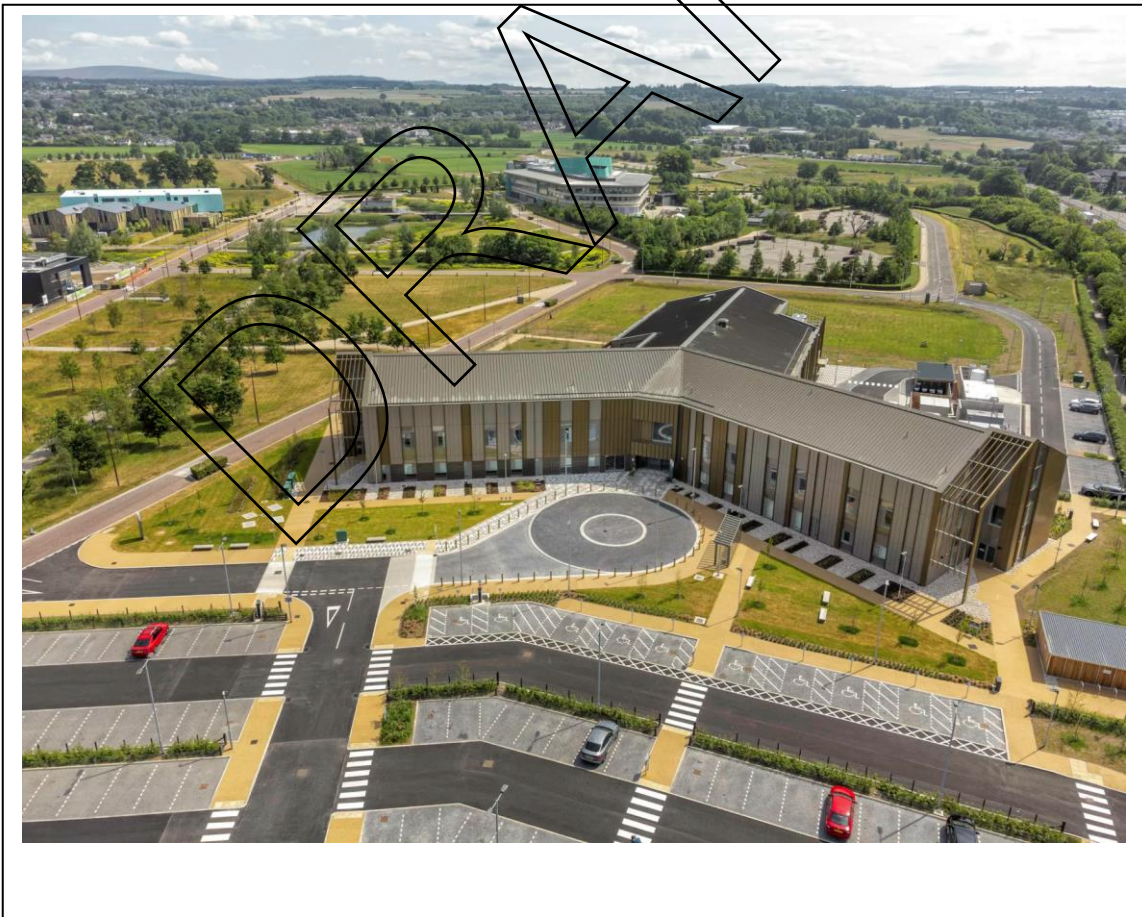
- APPENDIX A – Draft NTC Post Evaluation Report



National Treatment Centre – Highland

Post Occupancy Evaluation Report

Document Number H230H_XXXXX-NHSS-XXXX-XX-R-Z-4060001



Document Title: NTCH Post Occupancy Evaluation – Project Monitoring Report
 Document No.: H230H_XXXXX-NHSS-XXXX-XX-R-Z-4060001
 Revision: P06
 Date: 25/06/2024
 Author: David Mason, (Core Associates), Laurence Casserly (Thomson Gray), Kevin Minnock (NHS Highland), Diane Woodward (NHS Highland), Beth Brotherton (NHS Highland), Gordon MacLeay (NHS Highland), Heather Cameron (NHS Highland) & Kevin Richard (NHS Highland).

NHS Highland

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Document history and status.

Revision	Date	Description	By	Review	Approved
01	25.06.2024	POE draft Issued for approval	KM/LC	EG	
02	27.09.2024	Combined Report Issued for comment	BB/DW	EG/HC/ GM/ KR	
03	24.10.2024	Issued to SG for comment	HC	SR	
04	28.10.2024	Approved by EDG Business Meeting.			EDG
04	01.11.2024	Approved by Finance, Resources & Performance			FRP
05	11.11.2024	Updated section 5.4 with the inclusion of charts comparing targets of NHSH, NHST & NHSG.	BB/ DW	EG/HC/ GM/ KR	
06	16.12.2024	Updated in response to SG's comments.	BB/ DW/ KR/ GM		

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1. Introduction

This Project Monitoring Report has been compiled by NHS Highland in accordance with Scottish Capital Investment Manual (SCIM) requirements and following the relevant guidance documentation: Project Monitoring & Service Benefits Evaluation, dated 30th January 2017.

The content of this reporting follows the requirements set down in Scottish Government's letter to Helen Roberston as National Treatment Centre Highland (NTC-H) Manager dated 18th December 2023. The letter set out the arrangements for undertaking the Post Project Evaluation (PPE) as part of an overarching Gateway review of the benefits delivered by the first phase of the National Treatment Centre programme, and confirmed, in line with the Scottish Capital Investment Manual, the requirement for all Boards upon completing a capital project to:

- Complete a Project Monitoring Report; and
- Undertake a Service Benefits Evaluation.

The NTC Highland team have followed the Soft Landings process through project development and delivery and as part of that have produced a detailed Lessons Learned Report which includes early operational feedback on the facility. As part of the Post Project Evaluation process, Lessons Learned have continued to be captured and much of this learning has also been fed back via regular performance and status reporting to Scottish Government. Please refer to Appendix A for the latest draft Lessons Learned report.

NHS Assure have successfully supported the project with NDAP and KSAR related activities.

The NHS Highland Full Business Case (FBC) Vision Statement described the aspiration of the Centre:

The North of Scotland Elective Care Centre will be designed to deliver 'world-class' performance with the patient at the heart of the care delivery process. The aim is to create an 'exemplar' healthcare facility using quality improvement tools and process mapping techniques working in partnership with HIE, UHI and North Scotland Boards. This will serve to embed the healthcare improvement agenda and drive the facility to achieve the 'world-class' target in the delivery of five key investment objectives:

1. Safe, timely effective patient care provided locally
2. Capacity to meet demand through improved services and facilities
3. Improved recruitment and retention of staff
4. Repatriation of patients from out of area
5. Opportunities for collaborative working

These aims, and objectives were encapsulated in the vision statement agreed by a stakeholders event:

"Delivering the best quality state of the art, innovative Ophthalmology and Orthopaedic healthcare to the people of the North of Scotland."

The NTC-H has broadly met these aims, achieving significantly streamlined patient flow, reduced waiting times and an increase in the number of patients treated. This has been achieved by formally reviewing anaesthetic criteria and transitioning from the ASA classification system to a "meets

criteria” definition. By modelling the ARISE (Arthroplasty Rehabilitation in Scotland Endeavour) principles, NTC-H has been able to enhance the quality of care they provide, ensure that all patients receive equitable and personalised treatment, and foster a supportive and inclusive environment.

A full list of stakeholders involved in the production of this report are listed in Appendix B.

DRAFT

2. Project Delivery Overview

Planning of the National Treatment Centre – Highland (NTC-H) commenced in 2016 as part of the Scottish Government’s National Treatment Centre Programme. An Initial Agreement was approved in July 2017, followed by approval of the Outline Business Case (OBC) in August 2018 and the Full Business Case (FBC) in May 2020.

The 24-bed, 5 theatre facility is designed to provide a dedicated, high-quality environment for elective ophthalmology and orthopaedic procedures, including inpatient and outpatient activity.

It was procured under Health Facilities Scotland’s (now NHS Assure) Frameworks Scotland 2 frameworks using an NEC3 construction contract. Balfour Beatty were appointed as Principle Supply Chain Partner (PSCP), leading a design team comprising Oberlanders Architects, and engineering firms Hulley & Kirkwood and Mott MacDonald. Construction commenced in June 2020. The building was handed over to NHS Highland on the 31st of March 2023 and opened to the first patients on the 17th of April 2023. NTC-H was officially opened by the First Minister of Scotland, Humza Yousaf, on 12th of June 2023.

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3. Project Performance: Delivery Phase

3.1 Project Scope Changes

The project development up to FBC Stage and delivery from that approval through Construction stage was affected by a number of significant issues that had an impact on Changes required and therefore associated impacts on Costs, Programme and Health and Safety requirements.

These included:

- The decision of the key project partners – UHI and HIE - to develop their own building on a difference plot within the Campus.
- The impacts of the Grenfell Tower disaster on the UK construction issue from a Fire Safety perspective, and associated scrutiny of materials, specifications and construction detailing.
- The impacts of the design and defects issues that were identified on the Queen Elizabeth University Hospital Campus, Glasgow, and the Royal Hospital for Children and Young People, and Department of Clinical Neurosciences, Edinburgh.
- The Covid pandemic and the far-reaching consequences of that including lockdown restrictions, impact on the construction supply chain in the UK and dependency on materials from across the world.
- The Ukraine conflict which had further impacts on global supply chains, energy and manufacturing security and supply.
- The introduction of NHS Assure Key Stage Assurance Review process (KSARs) at preconstruction, construction, commissioning, and handover phases of the project.

In addition, there were also changes in respect of Clinical service and operational requirements:

- The FBC focussed on providing increased capacity specifically for Arthroplasty (Hip and Knee replacement surgery) and Cataract surgery with throughput based on best-in-class service models both defined by National Groups. From FBC to opening, there was agreement through the National Programme for foot & ankle and hand cases to be undertaken within the NTC-H on two days per week. Although not included within the NTC-H Workforce plan, the Scottish Government Performance Team funded the NHS Highland Orthopaedic service to maximise the use of this capacity with one additional foot & ankle and one additional hand surgeon to support these sub-specialty areas.

The greatest impact on any construction phase project budget is the introduction of changes to the agreed Contract Works Information. Design changes, while potentially beneficial, can significantly disrupt project timelines and impact on the budget. The later a change is made, the more expensive

it is likely to be. Effective change management and early consideration of design and specifications can help to minimise costs and delay to a project.

Under the NEC (New Engineering Contract) Contract, a Compensation Event (CE) is the only way in which the Prices and Completion Date can be changed. On the NTC-Highland project, a total of 91 compensation events have been implemented. Most of the implemented compensation events were for changes to the design and specification during the construction stage. These are listed in Appendix C for reference. The net cost increase because of the implemented changes and related delays to the programme was £3,649,553.

The most significant compensation event was CE-04 'Theatre Equipment to Group 1S' at a value of £770k. This CE transferred responsibility for supply and installation of the theatre equipment from NHS Highland to Balfour Beatty. The initial project board decision for NHS Highland to supply and install theatre equipment had been taken as part of the value engineering exercise. CE-04 was raised on 28th April 2021, and implemented on 31st August 2023, following detailed discussions on scope, programme, risk and liaison with suppliers and installers. Whilst this is a significant sum of money, there was a significant risk that the procurement and management of the theatre equipment installation by NHS Highland may have led to programme delays which would have cost significantly more than the cost of transferring this responsibility to the Contractor.

To view the full list of Compensation Events, please refer to Appendix C.

3.2 Costs

Project costs have been monitored and tracked throughout the project. This included all costs associated with the construction contract including professional fees, land purchase, and equipment purchase. A Cost Report was submitted to the Project Board each month for review.

Key lessons learned regarding cost were:

- Balfour Beatty's commercial team were under-resourced throughout the duration of the construction stage. This led to delays with submission of Compensation Event Quotations, and delays with submission of related contractual notifications. Ensuring there is adequate commercial resource on a project of this scale will result in more effective financial planning for both the Contractor and NHS Highland.
- Budgeting by NHS Highland support services including eHealth was ineffective. The department did not consider the requirement for both hardware and software investment to make the NTC-Highland building functional on opening. The outcome was that the project Senior Responsible Officer had to secure additional funding, at a late stage in the project to support the eHealth requirements.

Refer to appendix A Lessons Learned report for further details.

The difference between cost projected at FBC and Actual cost was an increase of just under 1%. An overview of the key cost differences between FBC and Completion is as follows:

DESCRIPTION	FBC	ACTUAL	Reason for Difference
	£	£	
Total Construction Costs	32,819,447	35,800,735	Compensation Events (changes)
Total Fees	2,303,631	2,311,131	Increase in scope
Total Land Purchase	1,340,000	1,334,111	Independent valuation
Equipment	1,700,000	3,591,679	Increase in scope
Contingency	4,944,161	0	Defrayed through project
VAT (net)	6,028,297	6,767,648	20% applied to project spend
Anticipated Project spend	49,135,636	49,805,304	-
UHI/HIE Reimbursement	-581,519	-575,951	As agreed with UHI/HIE
Anticipated Project Spend (net)	48,554,117	49,229,353	-
Total Project Budget	48.6m	49.2m	-

3.3 Programme

The table below sets out the difference between anticipated dates at each business case stage and actual dates. These delays can be attributed to delays in the approval of the business case, and delays encountered through the construction works due to challenges with procurement of materials and labour, attributable to the Covid-19 pandemic during 2020 and 2021, and the war in Ukraine during 2022, both unforeseen events which affected the construction industry.

Project Title:	NTC-Highland			
	IA	OBC	FBC	Actual
Project Milestones: (taken from Project Plan in Management Case)				
Submission of Initial Agreement	June 2017	-	-	October 2017
Approval of Initial Agreement	July 2017	-	-	2017
Appointment of a PSCP	September 2017	October 2017	-	
Submission of Outline Business Case	March 2018	May 2018	-	May 2018
Approval of Outline Business Case	February 2019	July 2018	-	August 2018
Submission of Full Business Case	February 2019	April 2019	May 2019	June 2019
Approval of Full Business Case	April 2019	June 2019	July 2019	May 2020
Construction Mobilisation	May 2019	July 2019	June 2019	June 2020
Construction Completion	November 2020	April 2021	May 2021	March 2023

3.4 Health & Safety Performance

Management of Health & Safety is a priority for NHS Highland, Thomson Gray, and Balfour Beatty. At every stage of the project, the importance of a 'Zero Harm' culture was adopted and implemented by the site management team.

Health & Safety was a key aspect of monthly progress reporting, and the project team take immense pride in noting that there were no reportable accidents or incidents during the construction phase.

The following is a summary of Health & Safety performance throughout the construction and commissioning phases:

- No reportable accidents or incidents
- No accidents occurred which would be RIDDOR reportable.
- Zero days lost due to injuries.
- Zero treatments carried out on site.
- In total, one "near-miss" was recorded throughout the construction stage of the NTC-H.

The cumulative time worked on site was 140 weeks.

The Balfour Beatty site team's exemplary Health & Safety performance was recognised by winning the 'Safest Site in Scotland' at their National Health & Safety Awards ceremony.

3.4.1 CDM-Advisor

NHS Highland appointed Thomson Gray as CDM-Advisor, to support them in discharging their statutory duty as Client under the Construction Design and Management (CDM) Regulations 2015.

In undertaking this role, Thomson Gray undertook monthly site inspections to monitor the Health & Safety protocols on the site and highlight any concerns or comments to the Main Contractor, Balfour Beatty. This collaborative role provides reassurance that Health and Safety continue to be proactively managed throughout the duration of the construction contract. This shared endeavour between the client, contractor, and wider project team ensured a safe working environment for all operatives, managers, and visitors to the construction site.

The CDM-Advisor ensured the F10 Notification to HSE had been submitted and was kept up to date in line with the construction programme dates.

The CDM-Advisor also reviewed the Construction Phase Health & Safety Plan prepared by Balfour Beatty in order to assure the client (NHS Highland) that the Plan is robust, specific, and fit for purpose. In addition to the Construction Phase Health & Safety Plan, the CDM-A reviewed Health & Safety Reports, Risk and Method Statements, and Health & Safety Notice Boards.

Taking forward good practice from the Critical Services Upgrade Project at Raigmore Hospital, NHS Highland requested that monthly Health & Safety Meetings were arranged and held on site. These

meetings were attended by NHS Highland Health & Safety Managers, Balfour Beatty site management and Health & Safety Managers, and were chaired by the CDM-Advisor.

The purpose of the meetings was to focus on Health and Safety matters, with consideration to the ongoing works, and planned upcoming works. The meeting recorded statistics relating to the Health and Safety performance including accidents (no reportable accidents), near misses, observations, site visits and training which was held in the period.

These meetings functioned effectively during the construction phase and aided the identification and closing out of any issues in a timely manner.

Throughout the construction phase, site management and Health and Safety procedures and systems of work operated effectively. This is testament to the diligence of all members of the on-site teams and project personnel involved in the project.

3.4.2 Covid-19

Balfour Beatty monitored and implemented control measures for the project through to completion, in line with Government guidance and advice. These measures changed over the duration of the construction stage and were implemented and enforced where required.

The construction site continued to operate throughout the lockdown period.

3.5 Design, Engineering & Other Technical Items

3.5.1 Design Quality

A 3P 'Production Preparation Process' event was held at the outset of the design process. This focused event involved a wide range of clinical and operational stakeholders in addition to the design team and used LEAN methodology to develop a clear understanding of the model of service delivery which was then used to inform development of a robust design concept. Attendance of both technical and clinical stakeholders was vital in ensuring a shared understanding of the service requirements and agreeing that these were effectively implemented throughout the design process.

During the development of the RIBA Stage 3 and 4 design internal stakeholders were identified as key subject matter experts to review various aspects of the design and provide comment. This process was led by the NHSH (NHS Highland) Commissioning managers who co-ordinated review by the appropriate stakeholders in line with the project programme. These lead stakeholders were able to provide feedback to wider stakeholder groups and engineering safety groups on the design. The stakeholders carried out a detailed review of all elements of the project design providing observations back to the design team on a comments tracker which was used to record the development and rectification of all observations.

Technical Advisor support was provided by Pick Everard. Reports were delivered to support the RIBA Stage 3 and 4 Design. The purpose of the technical advisor team was to support the internal NHSH

team in ensuring quality of the design. Further advisors were sought to support reviews when there were issues identified with internal NHSH resource availability.

Early engagement was sought with system specialists where identified. This included early engagement with the Theatre Validation Engineer, the Authorising Engineers for the engineering systems, and Quality Controller for the Medical Gas System.

Following the review of each design stage, internal NHSH stakeholders were asked to provide formal acceptance that the design quality was achieved and that the project could progress. This acceptance was gathered by the Commissioning Managers by form of signatures and presented to the project board by the project director as assurance that the design was acceptable.

Derogations were submitted by the design team as the design progressed. Following submission, derogations were extracted on to acceptance forms which were reviewed by the appropriate stakeholders for formal review and acceptance. These were also presented to the project board for final acceptance.

Further overview of the project's design objectives, design standards, user expectations, and recommendations for future improvements can be found within Appendix D: 2140 Post Occupancy Monitoring Plan Rev D 280324.

3.5.2 Construction Quality

The project team ensured that proactive quality management was a key function during the construction stage.

Regular meetings were held throughout the project with focus towards the implementation and management of the PSCP's Quality Plan. These meetings were instrumental in creating a focus on quality in project as a whole and played a key role in the initial stages of the project. As the project moved on this was engrained through the delivery teams and well managed and organised by the PSCP up to the point where the delivery of the project took over and the meeting no longer required the same focus. The implementation of quality being discussed at the right level contributed to a successful management process. An example of this is NEC3 supervisor directly meeting with site teams and discussing quality and managing the effectiveness through the quality management system.

The role of NEC Supervisor within the contract was a significant contribution to the prioritisation of quality on the project. This responsibility was undertaken by NHS Highland by appointment of an internal qualified NEC3 Supervisor who reported directly to the Project Manager advising on non-compliances, defects, and providing a list of defects at Completion.

The NEC Supervisor was responsible for checking that the construction works complied with the agreed Works Information. To achieve this the NEC Supervisor was based on the site and had full access to the building site to monitor and inspect the works as they progressed.

To provide further technical support to the NHSH NEC Supervisor, Thomson Gray were appointed to provide the assistance of further NEC Supervisors to inspect the Fabric and MEP elements of the

Works. This supporting role was undertaken through monthly site inspections and directly witnessing and recording key construction activities throughout the build, following which a detailed report was issued which noted all concerns such as quality issues, and non-compliances with the contract Works Information.

The wider NHSH Stakeholder team was critical throughout the construction stage and carried out periodic reviews of the installation where they would directly witness appropriate construction activities and testing of the construction quality. This included working with the contractor to review the cutting out of various pipework and services to directly test installation quality and produce reports on this.

Alongside regular reporting the issues and defects found by all project stakeholders were directly input into the PSCP's quality management system which provided clear record of raising and rectification of items.

This methodology of detailed inspections and reports ensured that the Contractor had ample time to rectify defects in advance of completing the works.

This systematic management of quality in collaboration with the Contractor and their supply chain ensured that defects, and snags were addressed prior to completion of the project, and there was no impact on clinical commissioning and opening.

The project team incorporated full support from NHSH clinical advisors to ensure comprehensive engagement with clinical teams across all relevant disciplines. This approach ensured that clinical, service commissioning, and supply chain elements were thoroughly considered in conjunction with the technical commissioning stage.

3.5.3 Commissioning Quality

A Commissioning Manager was appointed by the PSCP to oversee and lead on all commissioning aspects. This commissioning manager worked closely with the contractor teams to deliver and monitor the commissioning programme.

Commissioning meetings were held fortnightly during the commissioning programme with the Contractor team and the NHSH Commissioning Manager. This ensured all witnessing plans, issues, and concerns were effectively communicated between the required parties.

An NHSH Commissioning Team was established of technical and clinical stakeholders required to be involved in the commissioning process. This team included the Authorised Persons from the required Disciplines and members of the maintenance and engineering teams. Within this group was all the appropriate representation from each engineering safety group to allow feedback to these groups on the commissioning progress. The primary role of the commissioning team was to witness compliance ensuring the requirements of the design, commissioning specifications, and appropriate guidance have been met.

Where appropriate the support of the NEC supervisors was used to assist with the witnessing of commissioning activities.

A validation expert was appointed by NHSH to ensure that the theatres within the building were suitable installed and commissioned to provide a safe environment to carry out surgery.

HIA SCRIBE was carried out with all relevant stakeholders through a number of on-site meetings lead by members of the IPC team. Any issues from this review could be raised to the contractor through the NEC Supervisor and NHSH Commissioning Team.

Commissioning activities were originally planned to commence after the completion of construction. However, given the complexity and challenges of an extended programme, these activities were realigned to occur concurrently. While this presented challenges, an optimised approach to programming and scheduling was implemented. By closely coordinating the clinical team and delivering a comprehensive training programme, the safety of all personnel was ensured throughout the process.

Seasonal Commissioning was carried out throughout the first year of occupation at intervals where the building could be tested in the different weather profiles which would be expected. This process was in its nature very technical undertaken directly by the control's contractor comparing the design settings to the actual metered and measured data. The adjustments observed and delivered were minor which had demonstrated a successful commissioning process as the installed systems are operating as designed and modelled. Seasonal commissioning continued at suitable intervals to ensure data was relative against the building capacity as activity levels for the building increased. Further seasonal commissioning work continues to be undertaken as the building continues to be used day to day with the control's contractor providing a service contract for ongoing maintenance to ensure effective control continues.

3.5.4 National Design Assessment Process (NDAP)

The project underwent a detailed National Design Assessment Process (NDAP) review with reports delivered at OBC and FBC stages alongside a detailed comments tracker. This process highlighted a number of areas where design recommendations were made. Working with the NHS Assure NDAP team and the PSCP's design team a supported status was delivered.

The Design Criteria cross referenced the Achieving Excellence in Design Evaluation Toolkit (AEDET) criteria to complete AEDET In Use assessment as a key reference for the Post Occupancy Template for Functionality and Effectiveness and Design Statement Criteria.

The AEDET In-Use (AEDET "PLUS") review involved key stakeholders who are users of the facility – Clinical, Support, Estates and FM, patients /carers. Where possible those who had been involved in previous AEDET workshops and Design Statement development attended.

Relevant participants scored the AEDET criteria and POE Functionality and Effectiveness in line with the Design Criteria Alignment Worksheet.

The Design Statement was reviewed in support of the above.

Questionnaires were used to gather feedback from patients' carers and visitors and included in lesson learned reporting.

3.5.5 Key Stage Assurance Review (KSAR)

The Key Stage Assurance Review (KSAR) process was implemented by NHS Assure during the project. This was implemented through the Interim Design Review Service at RIBA Stage 4 design. Further reviews were then carried out by the NHSS Assure team during Construction, Commissioning and Handover as formal KSAR reviews following the issue of the KSAR Workbooks.

This process required a close working relationship between the NHSS Assure team and NHSH team to discuss findings and reach suitable solutions to deliver a supported status at each stage.

3.5.6 Handover

The handover process employed a clear system for verification and acceptance managed by the NHS Highland Commissioning Manager in accordance with NHS Highland procedures. The handover process was supported by a full transition plan developed and implemented by the NHSH Clinical Advisor team. Sign off was gathered from the NHSH stakeholders leading on the project and delivered to the project board as formal acceptance that the building was safe to be occupied.

3.5.7 Building Information Management (BIM)

The project was delivered to BIM level 2 as set out in the NHSH Employers Information Requirements for the project. A close working relationship between NHSH and the PSCP's BIM Manager was beneficial in producing realistic outputs which could be utilised by NHSH.

In accordance with BIM level 2 requirements a Common Data Environment was utilised for the exchange of all project information. This allowed for a transparent management of the design information with the issue of transmittals between the design teams and NHSH allowing for prompt attention and action.

BIM was well utilised by the PSCP team throughout the project allowing for more effective management of various outputs. The use of BIM was present within cost and programme modelling where the delivery of the building programme was modelled against the key activities required on-site. BIM was critical in the management of quality where the use of the model was reviewed side by side with the construction 360 images to ensure systems were installed where they were designed to ensure onsite coordination.

In delivering BIM to the requirements set out, the model information delivered through a COBie file could be directly transferred into the NHSH Computer Aided Facility Management (CAFM) System. This resulted in all maintainable assets contained within the 3D model being directly assigned with maintenance plans at handover. This information continues to be used as the platform for maintaining the facility with the data providing useful context on each of the maintainable assets to the maintenance engineers.

The NHS Scotland Strategic Asset Management System (SAMS) could also be populated by using the required input templates and populating these with the COBie data as guided within the EIR's. The

use of this provides the board with accurate information of which to carry out appraisals and capital planning from.

Further opportunities are available in using the delivered BIM data in delivering possibilities for digital twins and calibrated building models. This implementation would require detailed investment to fit into an NHS Highland delivery approach.

The engagement of the NESH Commissioning Managers with the National NHS Scotland Digital Estate Group was extremely helpful in ensuring NESH was able to learn and deliver up to date and board specific detail to brief the PSCP teams.

3.5.8 O&M

The Operation & Maintenance (O&M) manual, inclusive of the completed Health & Safety File, was delivered prior to handover by the PSCP and reviewed by the NESH team. This was delivered to the specified NESH format requirements to fit within the board's current systems.

This information is delivered into the NHS Highland SharePoint site where available information on all sites is kept. By utilising preexisting NHS Highland structures and systems as set out within the client requirements the need for robust accessibility testing is not as critical. Instead, efforts were used in ensuring the quality and content of the information was sufficient. As the information is used by the ongoing maintenance of the site issues with available information is highlighted and where appropriate highlighted to the PSCP.

The handover process and progress with compiling these documents were tracked at the Health and Safety Meetings, and Progress Meetings.

3.5.9 Environmental Performance

The BREEAM process achieved a score of Very Good.

By aligning with BREEAM's principles of practicality and efficiency, the project successfully balanced environmental goals with excellent value management, optimising both sustainability performance and project success.

The solar energy system has performed as expected, generating approximately 18.4 MWh within the first year of operation. This aligns with the project estimates and demonstrates progress towards offsetting the building's energy usage.

Due to an ongoing issue with the national energy consumption tool, eSight, we are currently unable to access water and energy usage data necessary for evaluating the buildings in-use energy performance.

3.6 Risk Management

Construction risk was managed by NHS Highland in conjunction with Balfour Beatty through the processes set out in Frameworks Scotland 2 and the NEC construction contract.

The Frameworks 2 procurement framework is based on the appointment of a single Principle Supply Chain Partner (PSCP) to act as sole point of responsibility for the management and delivery of an integrated design and construction project. Under this type of Design and Build contract, the PSCP retains responsibility and liability for developing a compliant design, and then building this design within the agreed time, cost and quality parameters.

Balfour Beatty were appointed as PSCP prior to the development of the Outline Business Case and remained PSCP throughout the design and construction period. This continuity was beneficial in terms of both design development and partnership working between NHS Highland, Balfour Beatty and their wider supply chain.

The construction contract utilised for the NTC-Highland is an NEC3 Engineering and Construction Contract. The NEC contract has a clear mechanism for risk management and reduction through the Early Warning Process which requires all parties to formally notify the other parties as soon as they become aware of any issue which may impact time, cost, or quality.

The implementation of an Early Warning System supported using a NEC- specific contract for management system, proved instrumental in the effective administration of the contract. This approach enabled a structured and transparent process for managing issues as they arose, ensuring that the potential risks were identified and addressed promptly. The system facilitated clear communication and swift resolution.

NEC Option C was utilised for the design stages. This is a Target Price Contract with an Activity Schedule which shares financial and programme risk between the parties. This worked well during the design stages when the scope and design was least defined.

NEC Option A was utilised for the construction stage. Option A is a Priced Contract with Activity Schedule, where the PSCP carries most of the risk for work being carried out to the agreed time and cost, including the risk of errors within or changes to the agreed cost other than those caused by a Compensation Event. This was appropriate once the design was defined enough for the PSCP to reasonably quantify their risk exposure and gave certainty of cost and time to NHS Highland.

Several key risks were managed throughout the project lifecycle.

- Covid-19 pandemic constraints, and infections and isolation periods impacting on productivity.
- Delays with the supply of construction materials e.g., plasterboard, roofing materials, and steel.
- Resources: certain sub-contractors did not provide sufficient labour to achieve the productivity output required to meet the agreed programme.
- Coordination of design and development of completed designs for construction is a cause of delay.

Risk management of the transitional period from handover of the building to becoming clinically active utilised a robust and collaborative approach between NHS Highland and the contractor team. This was coordinated by NHH Commissioning Manager and NHH Clinical Advisor, this approach ensured that all NHH teams engaged with a transition plan which was fully risk assessed throughout the process. Significant challenges were managed to ensure continuity of care for NHH patients, as during the transition process care was often operational on both our original site and the NTC-H. Feedback from all teams was positive and there were no incidents throughout this time. Training for all teams on the new facility was also factored into the transition plan, with full compliance achieved. The use of video recording for all training mechanisms ensured compliance and archive of information for new personnel. This process was managed by the NHH team and fully supported by our contractor team.

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4. Service Benefits Evaluation

The Service Benefits Evaluation has utilised a number of different processes (including patient feedback, patient surveys, staff surveys, staff workshops and staff interviews) and methods of assessing the impact of the project against the realisation of the identified Benefits Criteria specifically as a way of measuring key impacts.

Refer to Appendix D: 2140 Post Occupancy Monitoring Plan Rev D 280324, for further detail on Functionality & Effectiveness.

4.1 Project Performance: In-Use

4.1.1 Service Delivery

The FBC focussed on providing increased capacity specifically for Arthroplasty (Hip and Knee replacement surgery) and Cataract surgery with throughput based on best-in-class service models both defined by National Groups.

Orthopaedics Service

From FBC to opening, it was agreed through the National Programme for Foot & Ankle and Hand cases to be undertaken within the NTC-H on two days per week. Although not included within the NTC-H Workforce plan, the Scottish Government Performance Team funded the NHTS business-as-usual Orthopaedic service to maximise the use of this capacity with one additional Foot & Ankle and one additional Hand surgeon to support these sub-specialty areas.

Ophthalmology Service

In keeping with Improving the Delivery of Cataract Surgery in Scotland: A Blueprint for Success, the aim is to deliver a minimum of eight procedures per core 4-hour session or a minimum of one procedure every 30 minutes. The NTC-H have reviewed pathways involving the entire MDT and learning from NHS Tayside.

4.1.2 Service Activity

During the initial Transition & Mobilisation period a phased approach to increasing clinical activities was planned and enacted. During this review period, this approach worked well for orthopaedics due to new service being introduced. However, slightly more challenging when transferring an existing ophthalmology service to the new facility. Due to the ophthalmology waiting lists and maintaining the provision of emergency assessment and care, it was imperative that the ophthalmology

outpatient facility was not impacted by the move to NTC-H, in essence there was no option to pause activity. This required the NHTS clinical advisor team to ensure there was a robust plan to maintain all activity within the Acute facility of Raigmore Hospital. This was achieved through robust transition planning to ensure that all personnel and equipment were available on both sites for a period of time. Whilst this added an additional layer of complexity through robust engagement with the teams and full risk assessment with a clear communication strategy this was achieved without incident.

4.1.3 Service Performance

A key objective of the proposal was to provide an improved service with innovative links to complimentary research, academic, and private enterprise to deliver a sustainable 'added value' approach to patient care, which will provide an innovative, challenging, and productive environment for the workforce. The location of NTC-H being strategically placed adjacent to the university of the Highlands and Islands ensures that there is a natural pathway to innovation and research. There are established links for training and development for UHI students being placed within the NTC-H environment and this is being further developed. The infrastructure of the theatres optimises the opportunity to share learning 'live' during clinical procedures, however, there have been some infrastructure challenges. We would expect these to be resolved by the year 3 evaluation.

4.2 Benefit Realisation

The evidence gathered indicates that whilst some of the benefits have been realised, there are several areas which require improvement. This is highlighted through some of the challenges from FBC to delivery. Initial successes have been noted, demonstrating the progress to the overall objectives.

Refer to Section 5 for further details of each of the benefits realisation criteria.

4.3 User Feedback

Feedback has been received to date by the completion of feedback surveys, staff workshops and interviews, cards and letters that NTC-H have received.

Service users commented on the modern, comfortable environment of the building. The experience could be enhanced by additional / clearer signage for easier navigation to the facility and links with public transport.

Refer to Section 6.4 and 6.13 for further information on the feedback received from patients and other stakeholders.

4.4 Service Change Impact

There are several areas where the service change has had a clear impact on operational activities, processes and people. Key Operational Changes were identified:

Operational Change Management (prior to the move):

- The entire NHS Ophthalmology service was to move from Raigmore into the new Centre.
- The Raigmore Trauma and Orthopaedic Consultant body was planned to work across both sites and to provide surgical care within the NTC-H as an in-reach service for ASA1 and ASA2 Arthroplasty cases (high volume-low complexity) and for Ambulatory Foot and Ankle and Hand conditions.
- Pathways needed to be reviewed and optimised for both services.
- The Departmental Job plan needed to be carefully considered and shared with all stakeholders prior to sign-off.
- Foot & Ankle and Hand Surgery was to be delivered across both sites with further funding from the Scottish Government aligned to support this aspect alongside the need to provide resilience for both sub-specialties within existing business as usual activity.
- An emerging National Capacity Management Agenda was evolving with an expectation that patients would flow to the NTC-H from other Health Boards. Pathways needed to be configured to maximise this flow.
- Governance and Quality and Patient Safety measures were critical.
- Professional and Managerial structures needed to be carefully considered.
- Clinical Escalation Pathways needed to be clear
- Out of Hours (Clinical and Managerial) needed to be clear
- Standard Operating Procedures and Daily Management approaches were to be developed by the NTC-H Leadership Team.

Operational Change Management (post move)

- There was a recognised need to undertake transformation across both services
- A proportion of the current Ophthalmology activity was still be delivered on the Raigmore site – Paediatric surgery and some emergency surgery.
- The Orthopaedic Team were commissioned and funded to deliver 1,000 sessions of high-volume low complexity cases (as part of an overall Departmental job plan) within the NTC-H.
- To support the introduction of a positive culture within the NTC-H, an appreciative inquiry approach had been undertaken to develop a People Plan which was owned by the staff who would work within the building.
- The NTC-H People plan outlines what employees can expect from leaders, the organisation and each other.
- It was recognised that to deliver the People Plan careful attention would have to be paid to the following aspects:
 - Values based recruitment
 - Orientation and On-boarding
 - Leadership Development

- Teamworking
- Performance Indicators
- Ongoing staff engagement
- Equipment needed to be regularly and frequently transported between the Raigmore and the NTC-H site - Catering, Theatre Equipment/ Decontamination.
- IT Solutions were critical to successful delivery, to achieve a paperless environment and to support patient flow across the two Hospital sites and across Health Boards.

Ophthalmology

The transition of the Service from Raigmore to NTC-H presented significant challenges as we were simultaneously maintaining and operating an outpatient service for sight threatening conditions. These challenges included equipment, training, familiarisation and delivery of services and the overall impact on the team transitioning

Previously the Ophthalmology service had access to the Modular Unit at Raigmore Hospital where often it was necessary to cancel elective operating to make way for emergency procedures. The service now has access to 2.6 operating theatres at NTC-H where 1.5 hours per day are ring fenced for emergency operating and this is built into the modelling.

Due to the success of the Orthopaedic model, NHS Grampian cataracts also became part of the delivery plan at the request of Scottish Government and in the first year we operated on a total of 185 cataracts against a target of 184 eyes.

Ophthalmology continues to have access to the Modular Unit on the Raigmore site. This facility is used for paediatric operating, complex cases requiring High Dependency Unit support and as a contingency for emergency operations in the event of any issues with ophthalmology theatres at NTC-H.

4.5 Service Performance Data

4.5.1 Impact on Operational Activities

The investment objectives identified in the FBC identify safe, timely and effective patient care will be provided locally. The following table demonstrates the number of patients requiring treatment based upon the projections in the business case with the actual number of patients treated into 2024 in the adjoining column.

For Ophthalmology Outpatients, the target was set at 7,000 new outpatients, the service exceeded this by seeing 7,360. While no specific target was set for return appointments, a total of 16,968 return visits were recorded. In the first year, the service performed 2,287 procedures, surpassing the target. This total included both cataract and non-cataract procedures.

At the time of opening, a target of 1,588 ASA1 and 2 Arthroplasty cases were to be referred to the NTC-H. This was established to ensure equitable distribution across the boards.

Targets and delivery across the Boards:

NHSH had an allocation of 1,131 and delivered 485 hips and 383 knees replacements. NHSG was allocated 457 and delivered 198 hips and 167 knees replacements, falling slightly short of the target. Following the successful engagement of NHSG, NHS Tayside colleagues joined in December 2023 resulting in the delivery of 35 hips and 36 knees operations.

Orthopaedics have access to the Ophthalmology Theatre (B) 2 days a week to perform hand, foot and ankle procedures. With this additional resource, targets were set for 171 foot and ankle procedures and 164 hand procedures to be delivered at NTC-H. The service delivered a total of 267 hand procedures, and 132 foot and ankle procedure with all patients referred from NHS Highland.

Service	Year 1	Year 3	Year 5	Notes
Orthopaedics Hips & Knees (ASA 1 and 2)	1,632	1,356	1,348	Activity at OBC
	1,356	1,356	1,356	Activity at FBC
	1,304 (Orthopaedics, including hand, ankle and foot)	-	-	Actual Activity
Ophthalmology	4,135	4,833	5,431	Projected Activity at OBC
	9,200	11,200	12,050	Projected Activity at FBC
	10,079 (7,360 of the above were Outpatients)	-	-	Actual Activity

Table 1: No. of patients requiring treatment

Orthopaedic Service

FBC Arthroplasty modelling assumed that 69% of Arthroplasty cases would be suitable for the NTC-H.

Prior to opening, 35% of NHSH Hand cases (Trapeziectomy and Fasciectomy), and 50% of NHSH Foot and Ankle cases were identified as suitable for the NTC-H. Modelling for Year 1 of operating assumed that NTC-H would deliver @ 75% efficiency for the first quarter and 85% efficiency for Quarters 2-4. Currently the Orthopaedic Service is delivering 96% efficiency.

4.5.2 Impact on processes

Prior to opening, NTC-H Workforce capacity had been aligned to increase capacity within pre-operative assessment to ensure that there was a sufficient pool of patients deemed “fit, willing and available” for surgery within the NTC-H.

The 6:4:2 model is a framework to streamline operating theatre scheduling and reduce cancellations

- 6 Weeks Before Surgery - Surgical lists are finalised and initial patient suitability checks are conducted
- 4 Weeks before Surgery - Comprehensive pre-operative assessments are completed, equipment and staffing are confirmed
- 2 Weeks before Surgery - Patient confirms attendance, and any vacant slots due to cancellation are reallocated.

This model improves efficiency, ensures patient readiness and maximises resource utilisation.

To achieve a 6:4:2 booking model, the following was required:

- A pool of 180 ASA1/2 patients
- An ongoing weekly “feed” of ten patients per week from NHSG and thirty patients per week from NHSH
- A balanced Consultant rota allocation
- Planned consenting clinics 8 weeks in advance of surgery

Regional Working

The NHS Highland FBC aimed to improve collaborative working across the North of Scotland.

- NHS Grampian patients have had Arthroplasty surgery within the NTC-H since opening, with consultants undertaking Consenting clinics within Dr. Grays Hospital in Elgin.
- NHS Grampian patients have been having Cataract surgery within the NTC-H since the 20th October 2023.
- NHS Tayside Arthroplasty patients commenced within NTC-H from December 2023. Along with consenting clinics within Perth Royal Infirmary.

4.5.3 Impact on people

Staff satisfaction surveys were collated before the move from Raigmore to the new NTC – H facility then again after three months. These provide detailed rich learning which has been fed into the formal Project Lessons Learned process.

There were only two weeks from building handover until the facility became operational, therefore what should have been a 16-week handover period was condensed into a two-week period. This meant that the building became operational whilst also managing and reacting to the many building defects and familiarisation issues adding a level of complexity to what was already a major human resource change process.

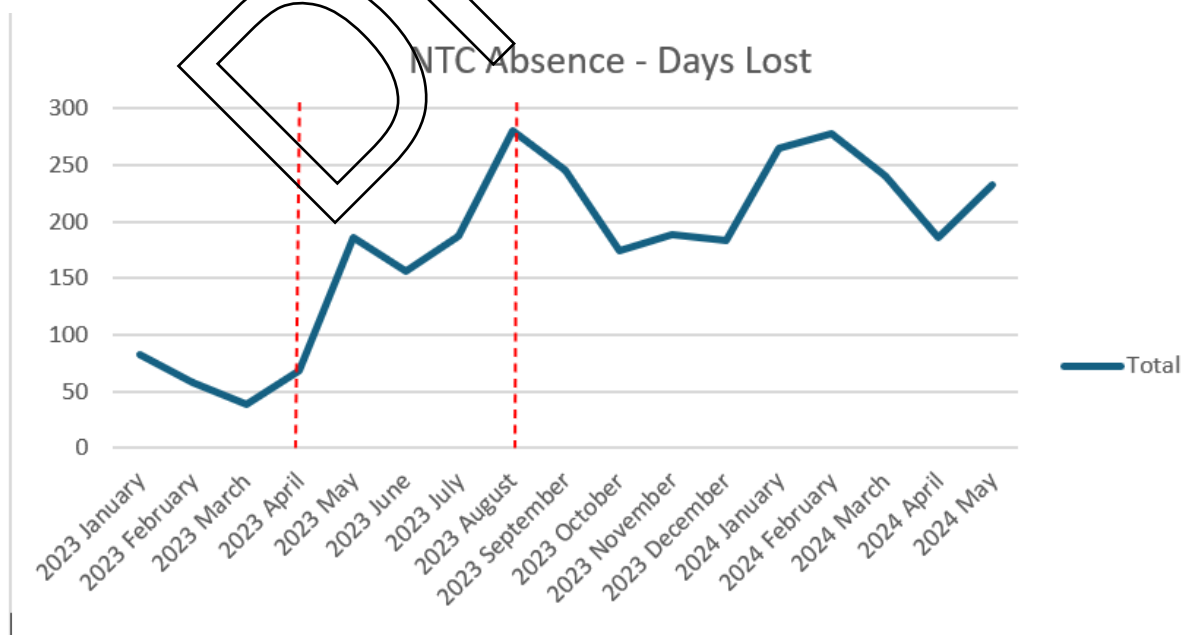
It was recognised that there are two distinct groups of staff:

- Ward/ Orthopaedic Theatre/ Support staff who had timely access and detailed orientation and familiarisation to the building.
- Ophthalmology Team who had to continue to deliver clinical care from Raigmore and then pack-up and move their whole service into the building over a two-week period and therefore with less time to orientate and familiarise.

The impact of change was evident in the range of feelings that were reported as the services transitioned.

Despite having support available to staff, Sickness and Absence rates spiked moving through the Transition period with the majority of these reported under “anxiety, stress, depression” giving a clear indication of the impact of change at that early stage.

Sicknesses and Absences are continuing to be monitored, and a People Plan Short-Life-Working group convened to ensure a re-focus on the organisations People Plan commitments.



Graph 1: No. of days lost in relation to NTC-H absences.

5. Realising the expected benefits

5.1 Improvement in patient outcomes

Parameters of data capture had not been established fully prior to commencement of care in NTC-H, and some of the outcome parameters are relatively new, therefore the baseline data is presented and whilst the figures demonstrate good outcomes they cannot be considered as direct improvements from a quantitative perspective. However, in the year 3 evaluation we will be able to fully demonstrate patient outcome data with the baseline for improvement.

Data has been captured for 2024, demonstrating good patient outcomes:

- 100% DOSA (Date of Surgery Admission)
- 100% IV fluid discontinued in theatre
- 95% IV fluid not restarted
- 100% resumed diet day 0
- 77% mobilised day 0
- 98% not catheterised
- 75% received 100% of ERAS bundle compliance

5.2 Length of Stay

Data collected for the year 2024 indicates that the discharge patterns for patients classified shows a positive trend, though not fully meeting the targeted 75% discharge rate for ASA 1&2 patients within 48 hours.

According to the collected data:

- 55% of ASA 1 & 2 patients was discharge by day 1.
- 95% of ASA 1 & 2 patients were discharged by day 3.

The gap between the current 48-hour discharge rate and the target will require further investigation into operational practices, patient management protocols, or potential delays in post-operative recovery.

Continued monitoring of discharge rates and targeted interventions may help to achieving the 75% target, enhancing efficiency and patient throughput.

5.3 Patient Quality Experience

The design principles applied in healthcare buildings prioritised enhancing the patients experience by creating a healing and comfortable environment. The optimisation of window sizes ensures ample daylight and access to calming views, contributing to reduced stress levels for patients. Ease of access to facilities has been thoughtfully incorporated, particularly for patients recovering from knee, hip or eye surgeries minimising physical strain and promoting independence. The addition of track ceiling hoists in certain bedrooms ensures a sense of normality for individuals who require mobility assistance, allowing for seamless integration and no barriers to treatment. The introduction of the iWave meal delivery system allows for patients to choose from a variety of meal options tailored to their dietary needs and preferences post-surgery ensures both convenience and nutritional support during recovery. The design of the reception and waiting area, which incorporates a cafe, creates a comfortable and relaxed atmosphere for patients and visitors. A dedicated children's area complete with play equipment and sensory space is also available to the younger patients and visitors. Additionally, local school children played a key role in contributing artwork for the outdoor space. Together, these features create a patient centred environment that fosters physical and emotional wellbeing.

The commonly used words which were captured during service user feedback below. To access full results of the service user feedback, see appendix F.



Image 1: Service User Feedback, commonly used words

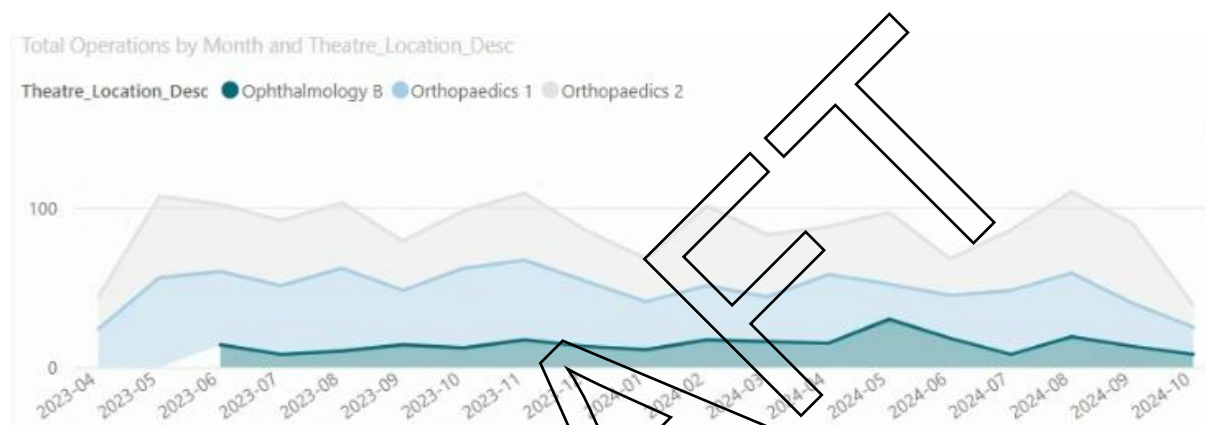
“Optimal patient experience was considered throughout the design process from inception to completion. The flow of patients requiring surgery and ensuring the flow was optimised, led to a number of design decisions including orthopaedic waiting area with directly adjacent pre-assessment rooms. In practice, factors such as number of patients coming through and scheduling, has allowed the team to optimise patient flow further and enhance patient experience by reducing the number of steps in that process and utilising rooms for other purposes.” – Micheal Riach, Senior Charge Nurse Practitioner.

5.4 Theatre Efficiency (utilisation and throughput)

Orthopaedic Service

Regular four joint days are contingent upon rotas being configured to ensure surgeons are aligned to support the Target Operating Model. For 24/25 – Orthopaedic Job Plans need to fully align to the Business model of the NTC-H.

Theatre efficiency and utilisation demonstrates improvement but is not consistent in evidence, this includes the orthopaedic service utilising the ophthalmology theatre B. This will require ongoing monitoring and continuous improvement over the coming year. This can be seen below.



Graph 2: Theatre efficiency and utilisation for Orthopaedics, sourced from Power BI Report Server

On opening, a target of 1588 ASA1 and 2 Arthroplasty cases were to be referred to the NTC-H.

In terms of targets and delivery across the Boards:

- NHSH had an allocation of 1131 and delivered 868 hip and knee procedures in total, 485 hips and 383 knees
- NHSGs allocation was 457 and delivered 365 cases in total, 198 hips and 167 knees
- For NHS Tayside (NHST) there was no target set but due to the success of NHSG, engagement with Tayside colleagues resulted in us taking first patients in December 2023 and we operated on 35 hips and 36 knees.

Orthopaedics have access to Theatre B 2 days a week and a target of 171 was set and we operated on 132 foot and ankle patients, and we undertook a total of 267 hand procedures against a target that was set of 164. All hand, foot and ankle patients are from NHS Highland.

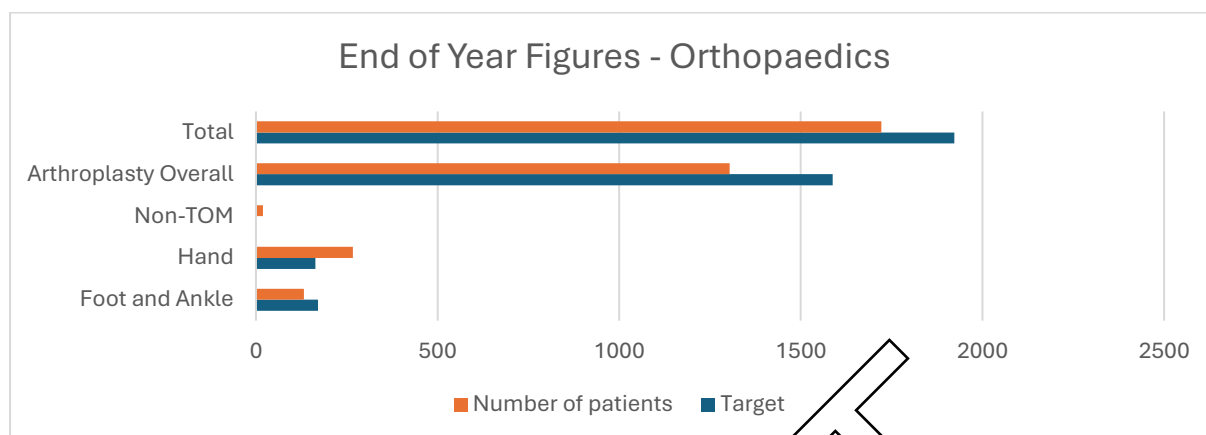


Chart 2: End of Year Figures - Orthopaedics

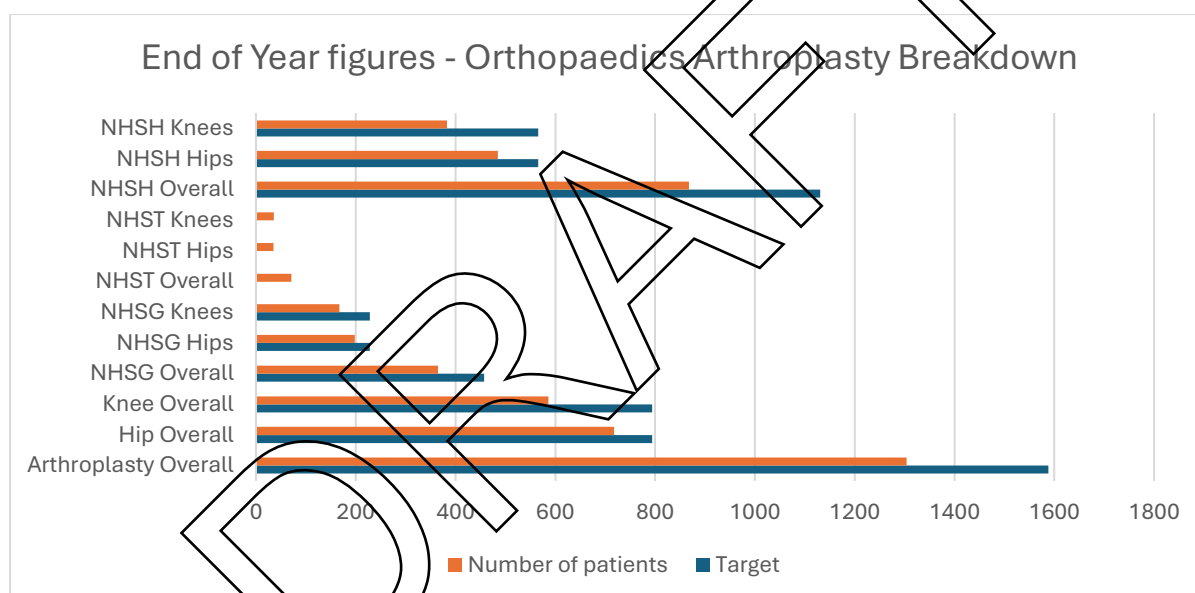
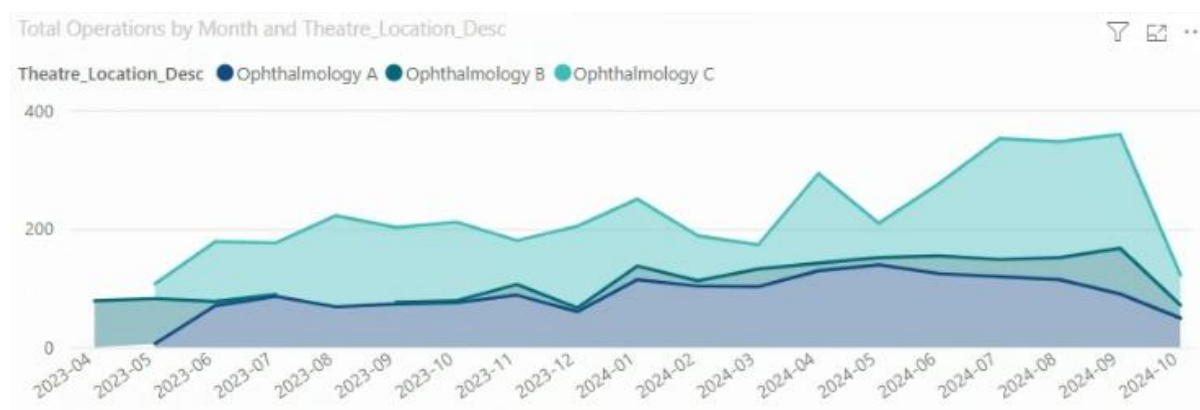


Chart 3: End of Year Figures – Orthopaedics Arthroplasty Breakdown



Graph 3: Theatre efficiency and utilisation for Ophthalmology, sourced from Power BI Report Server

In terms of Outpatients, the target set was to see 7000 new outpatients and we saw 7360. Whilst a target was not set for return appointments, the service saw a total of 16,968 outpatients.

Previously the Ophthalmology service had access to the Modular Unit at Raigmore Hospital where often it was necessary to cancel elective operating to make way for emergency procedures. The service now has access to 2.6 operating theatres at NTC-H where 1.5 hours per day are ring fenced for emergency operating and this is built into the modelling.

For Ophthalmology operating in the first year at NTC-H the service delivered a total of 2287 procedures against a target of 1975 which was inclusive of cataracts and non-cataracts.

NHS Grampian cataracts also became part of the delivery plan at the request of Scottish Government and in the first year we operated on a total of 185 cataracts against a target of 184 eyes.

Ophthalmology does still have access to the Modular Unit on the Raigmore site and this is for paediatric operating and for the more complex patients who require HDU and for contingency for emergency operating should there be any issues in ophthalmology theatres at NTC-H.

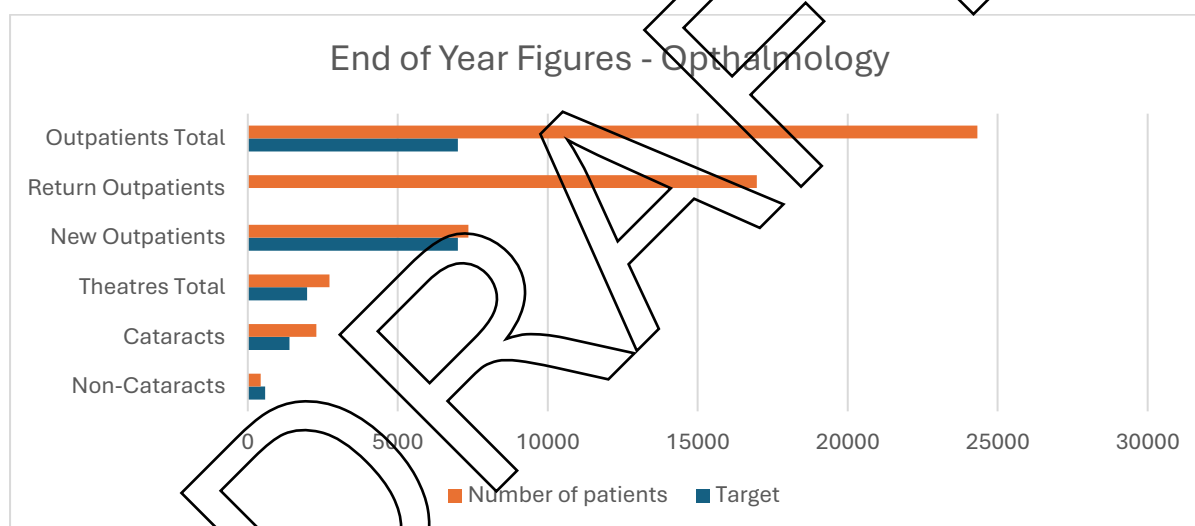


Chart 4: End of Year Figures - Ophthalmology

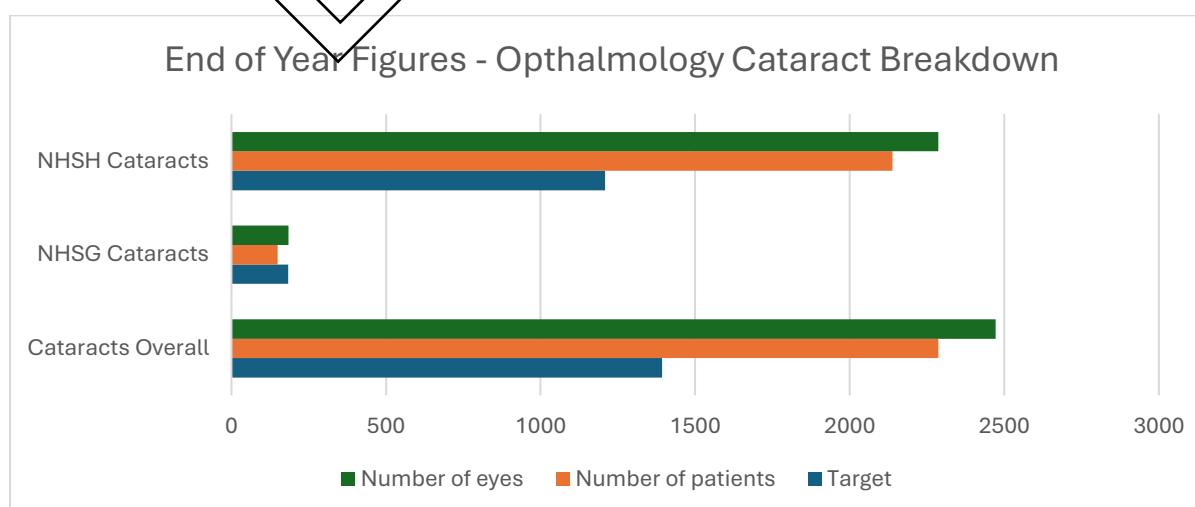


Chart 5: End of Year Figures – Ophthalmology Cataract Breakdown

Green Theatres

During the design phase, the infrastructure of the NTC-H was fully aligned with green theatre principles. All theatres are equipped with optimised setback facilities, allowing them to enter energy-saving modes during the evenings, overnight, and on weekends. This ensures compliance with the ideal green theatre setback capabilities.

Issues identified with control panels have been addressed, though they will require ongoing monitoring to ensure sustained performance.

A planned trial of Tiny Air, in collaboration with CSSD, will take place at NTC-H. Infrastructure modifications will be necessary to support this initiative, but Tiny Air is expected to optimise the usage of theatre equipment, significantly reducing the time required for transition and sterilization processes. This, in turn, will help reduce the facility's carbon footprint, lower energy consumption, and result in cost savings.

Utilisation

"The business case states that the optimal number of patients is 10, there is clear evidence that we are working towards 10 and have not arrived at this destination yet. This is due to a number of factors; developing staffing model, which is being address through revised business case processes. Developing People Plan and cultural changes in tandem with a full review of the booking processes with NTC-H and bench marking exercises with NHS Grampian and NHS Tayside, will optimise theatre utilisation and capacity." - Micheal Riach, Senior Charge Nurse Practitioner

5.5 Reduced cancellations

Orthopaedic and ophthalmology cancellations have been captured and it shows that the months with the highest cancellation rate in 2023 is in June and October. The reason for this is that there were Theatre ventilation and later Theatre Hepa filter issues during these months. This will need to be focused upon for the year 3 evaluation.

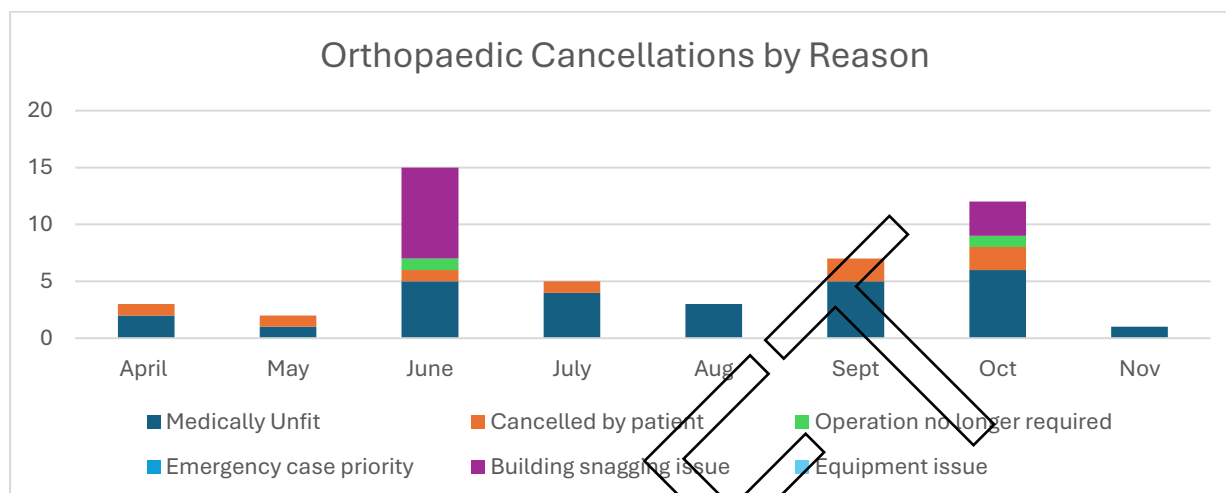


Chart 6: Orthopaedic Cancellations by Reason

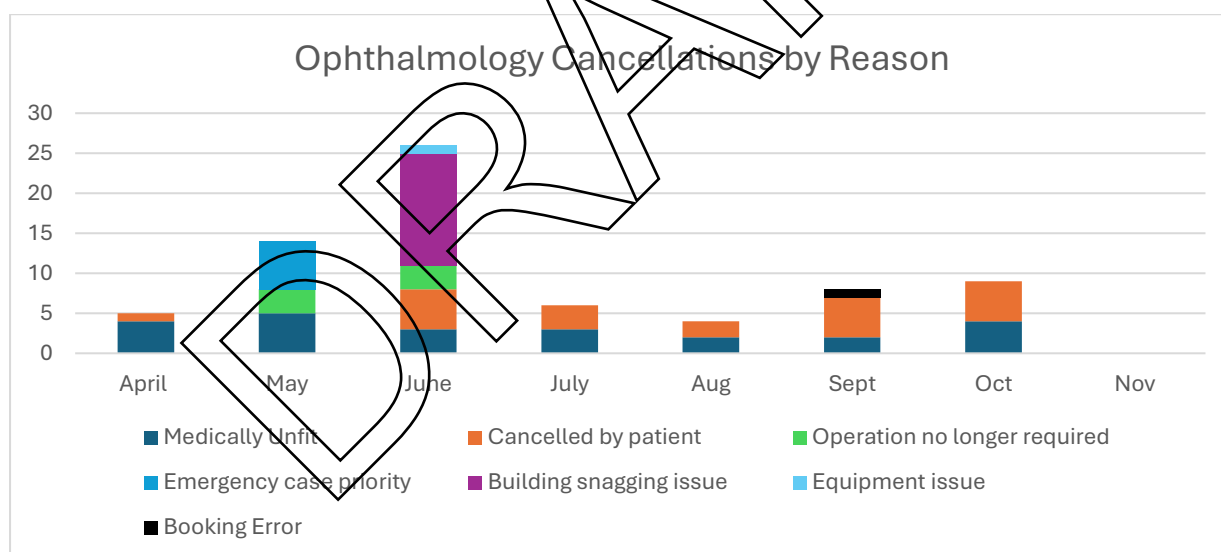


Chart 7: Ophthalmology Cancellations by Reason

5.6 Improvement in Reduction in harm to patients

At time of reporting no adverse events have occurred.

5.7 Reduction in backlog and waiting lists

At time of writing the report, the orthopaedic service had 596 people on the waiting list, with 65% waiting less than 12 weeks to be seen. Whereas the ophthalmology service there have been 2049 new patients added to the outpatient waiting list, with 52% of patients waiting less than 12 weeks for their initial appointment and 48% of patient waiting less than 12 weeks on the inpatient/ day case waiting list. Future efforts may need to be made to improve or maintain this performance, particularly for those exceeding the 12-week threshold. This is shown in the charts below.

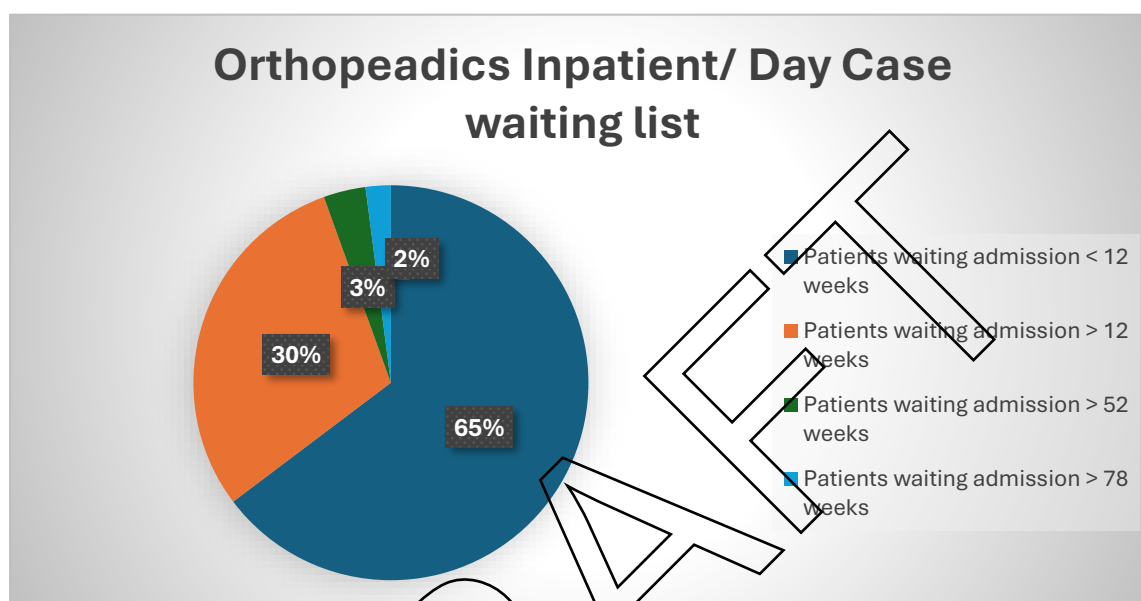


Chart 8: Orthopaedics Inpatient/ Day Case waiting list, sourced from Power BI Report Server.

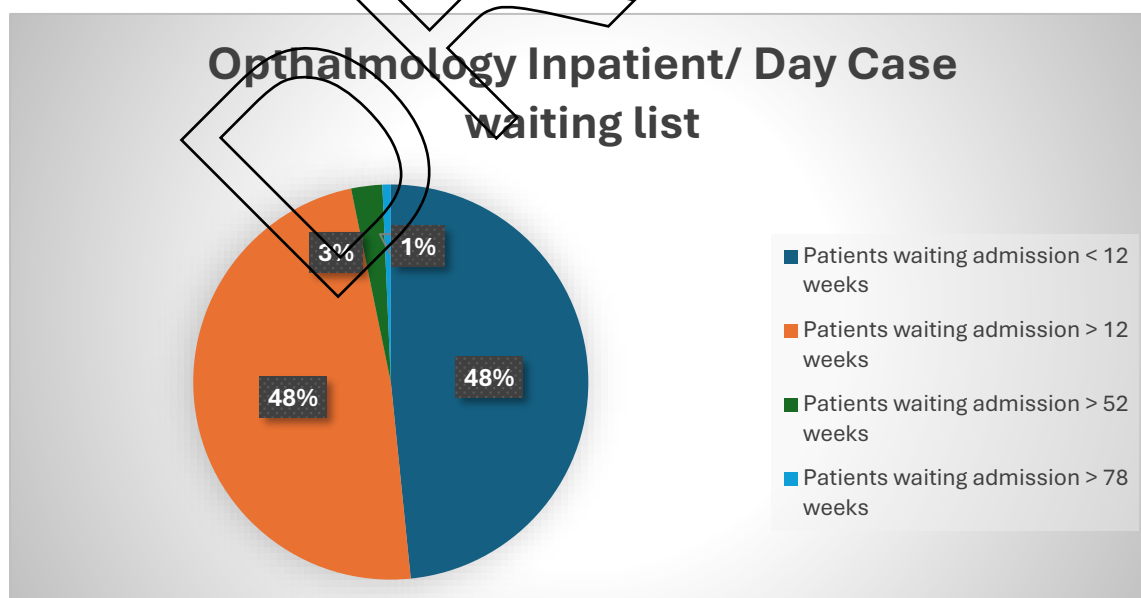


Chart 9: Ophthalmology Inpatient/ Day Case waiting list, sourced from Power BI Report Server.

5.8 Reduction in HAI incidents due to modern healthcare facilities.

In the first year of operation, there have been no reportable incidents. Improvements in patient safety and harm reduction have been demonstrated through the HAI (Healthcare Associated Infection) review process and the Scottish Patient Safety Programme (SPSP). These initiatives support the team's commitment to maintaining high standards of care and patient safety.

5.9 Adequate clinical and non-clinical staff numbers and appropriately qualified staff to provide an effective service.

Current Vacancies

There are several vacancies which are currently out to advert and/ or interviewing/ the chart below shows the current vacancies out to advert. To date, nursing vacancies have been filled quickly. There are also some future planned vacancies due to maternity leave.

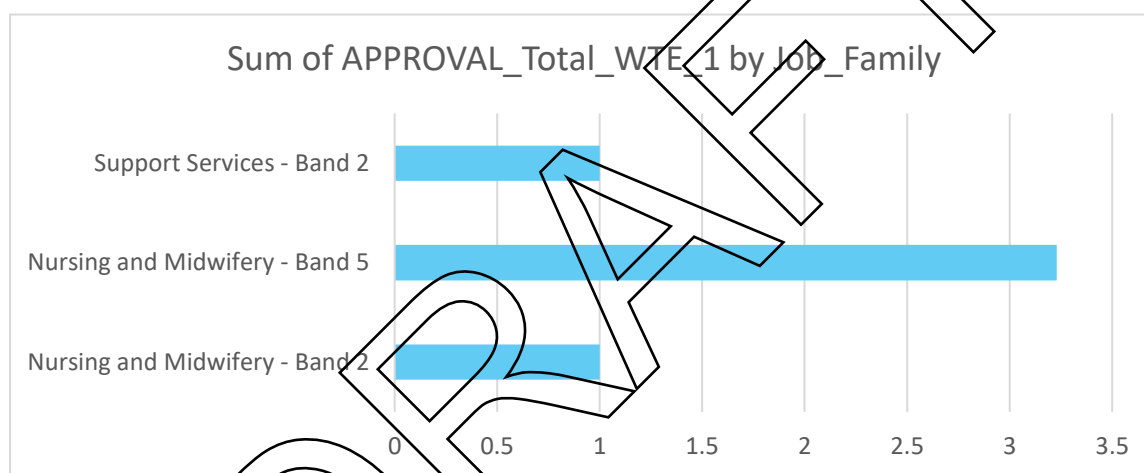


Chart 10: Current Vacancies out to advert per Job Family and Band, sourced from eESS.

5.10 Appropriate staff to provide correct level of care in the correct locations.

At the point of opening, 93% of the additional 208 whole-time equivalents had been recruited. Recruitment for the NTC-H was managed through a Programme approach, a new NTC-H Website was designed, and a recruitment campaign “Aim High Aim Highland” was commissioned with the aim of attracting new staff.

There is clear evidence that a yearly workforce review is required based upon the activity levels and clinical requirement, this requires foundation of a robust staffing model, inclusive of succession planning. The application of robust planning tools and the outcomes they generate should become Business as Usual. Anecdotally, the original workforce model required significant adjustment to meet the level of activity that was agreed at commencement of clinical service. The team at NTC-H have demonstrated a degree of autonomy in adjustment of clinical role and function, however, this has limitations as they require to work flexibility between NTC-H and Raigmore Hospital. It is acknowledged through NHS Scotland there are issues throughout recruitment and succession planning, which is also impacted by recent developments in recruitment schemes and retire and return schemes.

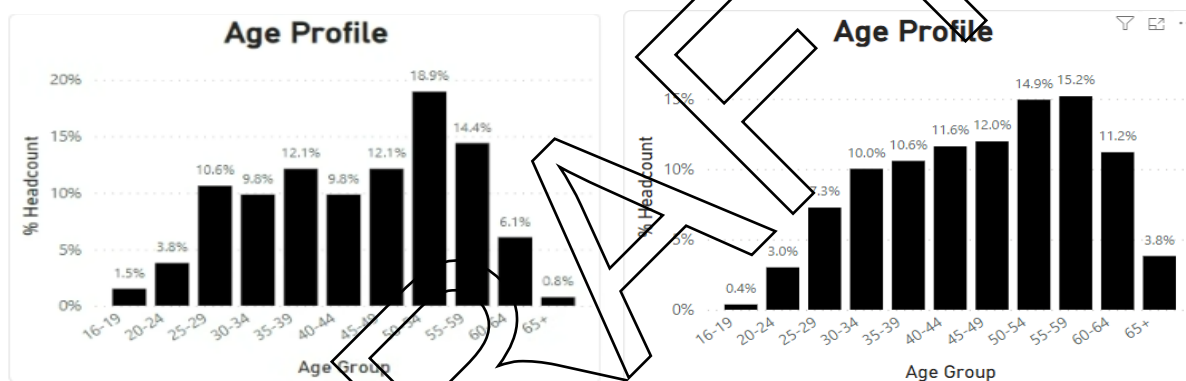


Chart 11: Age Profile of NTC-H, sourced from eESS.

Chart 12: Age Profile of NHSH, sourced from eESS.

The charts above shows NTC-H and NHSH average age group. These charts highlights that both NHSH and NTC-H have an aging workforce and need to be aware of this and plan appropriately. Succession planning for all professionals, demonstrating that a significant number of the team are pre-retirement. We recognise that this is not a unique situation to the NHSH.

The following chart shows the breakdown of the NTC-H team and job banding

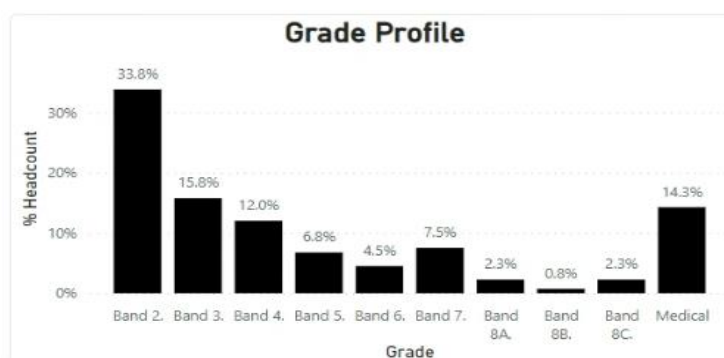


Chart 13: Grade Profile for NTC-H, sourced from eESS.

5.11 Staff can provide better care to patients.

Feedback was received through Service User survey, letters, and cards. The common theme was that patients felt that they received an exemplary service with welcoming and friendly staff.

Compliments received have been incredibly positive (examples below):

"This was a fantastic experience and the whole team made me feel relaxed and at ease to go through my operation"

"Excellent treatment and care, you are all a credit to this wonderful centre"

"We are very lucky to have these centres, and it has been a privilege to have had the opportunity of getting treatment here."

The commonly used words which were captured during service user feedback below. To access full results of the service user feedback, see appendix F.



Image 1: Service User Feedback, commonly used words

5.12 Staff are satisfied with their working environment.

The Team survey received a 50% response rate. The overall feedback commented on a positive working environment, however a limited number of issues around lockers and storage of personal items were highlighted.

The commonly used words which were captured during team feedback below. To access full results of the team feedback, see appendix G.

22 respondents (20%) answered **staff** for this question.



Image 2: Team Feedback, commonly used words

“The ethos of NTC-H is for the facility to provide a ring-fenced service for ophthalmology and orthopaedics. The ring-fenced nature of the staffing model of the site has allowed the team leads to optimise training opportunities within their team which they have stated they couldn’t have done on the clinical site of Raigmore hospital due to the mixed nature of the theatre service and the nature of the clinical theatre model.

Whilst, NTC-H is ring-fenced it is co-located to Raigmore hospital, which on one occasion in the last year has required the Acute service to close clinical activity at the NTC-H and move both patients and staff to the Acute Raigmore site. the rationale around this issue has been investigated by a number of parties through root cause analysis. The outcome of this is unclear, but anecdotally it has undermined the foundation staffing model.” – Micheal Riach, Senior Charge Nurse Practitioner

5.13 Reduced costs of recruitment

At the time of writing this report, no reduction in recruitment costs has been recorded.

5.14 Staff retention leads to improved working relationships with colleagues and patients

Turnover

The data is showing anomalies due to transfer of staff from Raigmore and other NHSH locations to NTC-H.

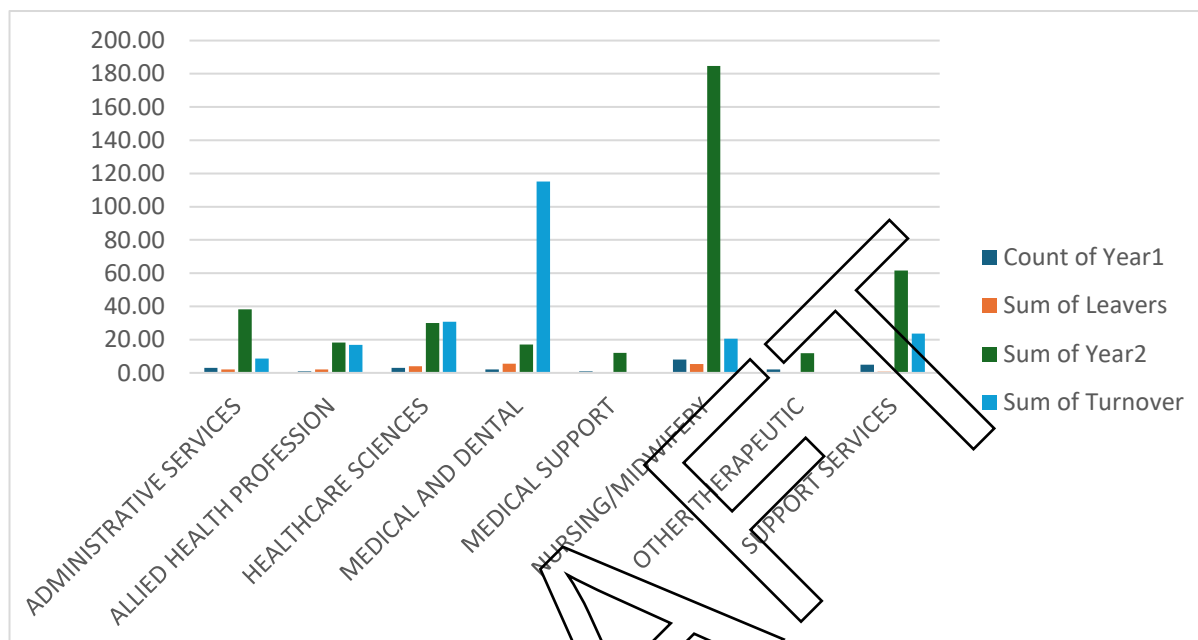


Chart 14: Staff Turnover, sourced from eESS.

"In the last 12 months only 2 members of the team have actively sought employment in the private sector, due to remuneration and relocation." – Micheal Riach, Senior Charge Nurse Practitioner

5.15 Treating patients closer to home, family and friends.

NTC-H ensures access to orthopaedic and ophthalmology service to NHS Highland patients by providing dedicated beds that remain unaffected by the challenges faced in the Acute services at Raigmore, such as infection control issues. Data on average length of stay and discharge rates indicate that the majority of patients are discharged home within 48 hours of having their procedure.

5.16 Reduced use of private sector and other providers.

There has been no requirement to use any private sector providers for orthopaedic services, for example, Synaptic. Activity has been optimised in both our Acute facility at Raigmore Hospital and at NTC-H as per NTC guidance which has also allowed NTC-H to deliver services to the patients of NHS Grampian and NHS Tayside, therefore reducing their reliance on private sector and other providers.

5.17 Improved access to 'real-time' training.

Ophthalmology and Orthopaedic seek new ways to deliver surgical training. Independent Trainee lists have commenced within the NTC-H. The Theatre arrangement within the NTC-H maximises opportunities for training of all grades of staff with opportunities being offered to UHI and higher education providers.

Theatre lighting has cameras installed to allow 'real-time' training; however, this has not been implemented due to the IT Infrastructure being unable to support this at this point.

5.18 Reduced downtime associated with maintenance and repairs.

No significant downtime as maintenance is scheduled to take place over the weekends to avoid disruption to service (Services operates Monday-Friday). All the theatres in the building are the same specification and therefore can be used flexibly in the event of a 7 day a week operational model.

5.19 Career development opportunities for staff

Promotions

The chart below outlining the promotions which have taken place is 7.04% of overall staff at the NTC. Additional funding has enabled promotions.

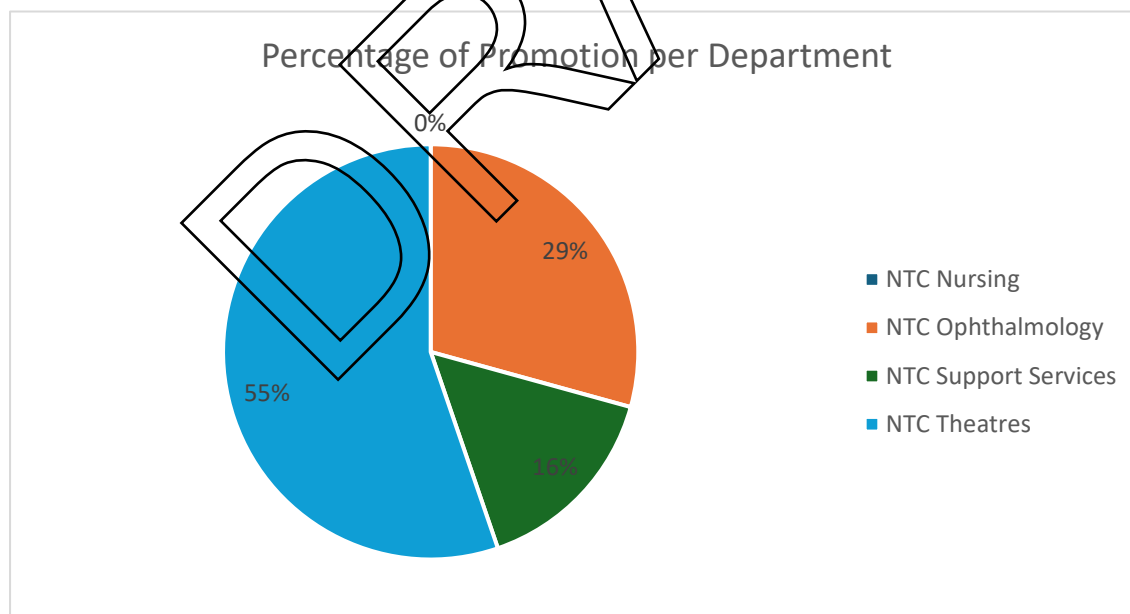


Chart 15: Promotions per department, sourced from eESS.

Career Development Opportunities and Established Training Programmes

To enable career development, the following opportunities are offered:

- Cataract Training – all Junior Doctors
- Clinical Fellow for Glaucoma
- Ophthalmology Specialist Nurses – MOPs and Botox led clinics
- Surgical First Assistant Training – 1 complete another starting Sept 24
- Anaesthetic Assistant Training – 2 complete another 2 starting Sept 24
- 2 Nurses successfully completed Non-Medical Prescriber Course
- 1 Nurse successfully completed Post-Graduate Degree in Education
- Leadership and Development for Band 7's
- 1 currently studying Master's in Science Leadership and Management

5.20 Development of a 'centre of excellence' for the services will attract staff

"Recruitment to posts within the NTC-H has been successful with significant applicants for each post. However, within ophthalmology, attracting the personnel with the required skills has remained challenging, due to well recognised limitations of the volume of ophthalmology-experienced and trained staff across Scotland and in tandem with the challenging residential housing availability across the Highlands." – Micheal Riach, Senior Charge Nurse Practitioner

NTC-H met all standards for arthroplasty care and is one of the few facilities to meet all the required standards to day 0 and day 1, please see the following report for further detail.

Refer to Appendix H: Scottish Arthroplasty National Report/ ERAS

5.21 Patient involvement with innovative forms of care

Multiskilled working

Multi-skilling is about 2 or more health professionals sharing knowledge, skills and responsibility across professional lines in areas such as (but not limited too); Administration, assessment, planning, and discharge. For example, Physiotherapists and Occupational Therapists sharing skills and reducing demarcation between roles. NTC-H is recognised as the first of two areas in Scotland utilising this approach.

iWalk 3.0

NTC-H in conjunction with patient groups are trailing the iWalk 3.0, which is enabling discharge to take place on day 1, opposed to day 3.

Refer to Appendix I: iWalk 3.0 for details.

6. Conclusion

In conclusion, the first year of post-occupancy at NTC-H has demonstrated the successful implementation of new ways of working, enhanced service delivery, and improved patient outcomes. Staff have reported a positive working environment, supported by modern facilities that have facilitated better patient interaction and care. Innovative practices and improved operational methods have been key drivers of success, with Business Cases being submitted to further develop and expand services. Acceptance of these Business Cases would enable full utilisation of the orthopaedic and ophthalmology services, ensuring the theatres operate to the optimum five days per week.

Additional benefits, such as enhanced staff amenities, green spaces, and footpaths, have also contributed to improved wellbeing for both staff and the wider community. However, one area that could be improved is a clearer understanding and realisation of the benefits and key objectives outlined in the initial Business Case, with more defined metrics for success.

The booking system for NHSG and NHST has been functioning well, but the system for NHSH, specifically for Highland patients, requires further investment. A full review of this system is currently in progress to align it with the models used in Grampian and Tayside.

This ongoing progress and development reflect the commitment to innovation and continuous improvement within NTC-H, benefiting both patients and staff.

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7. Next Steps

1. Establish Clear Parameters for Future Progress

Moving forward, it is essential to define clear parameters that will guide the subsequent phases of development and service improvement. This will ensure that all stakeholders have a consistent understanding of expectations, objectives, and deliverables.

2. Consistent and Standardised Data Collection

It is crucial to implement a standardised and consistent approach to data collection across all service areas. This will enable accurate tracking of performance metrics, allowing for reliable assessment of service efficiency and patient outcomes in future service reviews

3. Evaluate Tiny Air Implementation and Realised Benefits

A thorough review of the implementation of Tiny Air should be conducted, with an emphasis on assessing any realised benefits. This will help determine its impact on service delivery, patient care, and operational efficiency.

4. Continued Workforce Reviews for Safe, Effective, and Innovative Care

Regular workforce reviews will continue to ensure that the staff is delivering safe, effective, and innovative care. These reviews should be aligned with the overall service objectives and consider any changes in patient demand or service needs.

5. Review of Care Pathways and Addressing Anomalies Across Health Boards

A review of care pathways should be undertaken to identify and resolve any anomalies between the health boards (NHS, NHSG, and NHST). Aligning these pathways will contribute to a more seamless patient experience and standardise care delivery across the regions.

6. Alignment of Comparative Data Collection for All Three Health Boards

Comparative data collection across NHS, NHSG, and NHST must be aligned, ensuring that data from each board is gathered using the same methodology. This will facilitate comparative analysis and ensure that processes are consistent across the three health boards, contributing to more informed decision-making.

7. Ongoing Stakeholder Engagement with Clear Documentation

Continuous engagement with stakeholders is vital for the success of ongoing and future initiatives. This engagement should be accompanied by clear and comprehensive documentation to ensure transparency and maintain alignment with service objectives. Regular updates and feedback loops will help keep all stakeholders informed and involved in the process.

By addressing these next steps, NTC-H will continue to build on its progress, ensuring ongoing improvements in patient care, service efficiency, and workforce development.

8. Dedicated Quality Meetings

Whilst quality is a routine agenda item, it was not necessarily always dedicated therefore to enhance the efficiency and effectiveness of quality management processes, it is recommended to establish separate quality meetings dedicated specifically to addressing procurement-related issues and ensuring the delivery of high standard products. These meetings will serve as a platform to review performance metric, address non-conformance issues and discuss supplier quality concerns in a focussed manner. Formalised actions and decisions taken during these meetings will be documented, tracked, and communicated to relevant stakeholders to ensure accountability. This approach aims to streamline decision making, foster collaboration, and reinforce a culture of quality within the organisation.

9. Scan for Safety

NHS Scotland Scan for Safety (SfS) Programme is a national programme aimed to improve patient safety by introducing barcode scanning to touch points across the Point of Care setting. This will allow the operational board to easily record data from procedures, gaining useful information on patients, practitioners and products used.

NTC-H will implement “Point of Care” scanning as part of the NHS Scotland Scan for Safety (SfS) Programme. This implementation will first be rolled out to the Ophthalmology service, then for Orthopaedics.

For further information on Scan for Safety, please visit - [Scan for Safety - Improving patient safety through the traceability of medical devices and equipment \(nhs.scot\)](https://www.nhs.uk/scansafety)

APPENDIX A – Lessons Learned Report (Latest Draft)

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National Treatment Centre - Highland Lessons Learned Report

Revision H

9th February 2024

NTC Highland Lessons Learned

Executive Summary

This Lessons Learned Report has been produced following NHS SCOTLAND SOFT LANDINGS (SL) GUIDANCE V01 published 14th December 2021.

The process adopted has utilised the Soft Landings toolkit, including the lessons learned excel workbook in line with the above guidance, which has been used to gather feedback from all relevant stakeholders, meeting inputs, lessons learned from past projects and inputs from the NHS Scotland Soft Landings Champions forum.

NHS Highland is committed to sharing lessons learned outputs with other NHS Health Boards across Scotland. Several forums facilitated by Scottish Government have assisted in the sharing of information between Health Boards as part of the wider National Treatment Centre delivery programme.

NHS Highland, along with NHS Fife, have delivered the first two projects under the NTC Programme. It is vitally important that the lessons learned from these first two projects are shared with the other Health Boards whose projects are at an earlier stage of development.

A draft of this reporting was issued to key NHS Highland Stakeholders on 31st August 2023 with a workshop arranged for the 14th September 2023 with representation from the relevant stakeholders. There was positive feedback in respect of the reporting though the further recorded feedback generated from the report review workshop has included additional key lessons learned that are included in this Executive Summary.

A subsequent workshop was held with the PSCP and key members of the Supply Chain together with members of the NHS Highland Project Team and their Lead Advisor Thomson Gray on the 24th October 2023.

There was very active participation by those involved in this workshop and again further key lessons learned that were particularly important have been added to this Executive Summary to the full reporting.

A very important factor that relates to wider lesson learning for NHS Scotland is in respect of the status of the National Treatment Centre programme and the fact that these facilities are for Elective Treatment for certain specialties only and are not providing the range of general services that would be provided in an Acute General Hospital setting. Any lessons learned that are overtly focussed on aspects that are unique to this project, or the National Treatment Centre programme, should be carefully assessed in the context of Acute General Hospital or Primary Care projects being delivered.

This factor is considered worthy of overarching all the other lessons learned and associated feedback as at the outset of the National Treatment Centre programme there was encouragement from Health Facilities Scotland (now part of NHS Assure) to encourage innovation in the development of the facilities and this included the theatres configuration with support areas and equipment. When the KSAR process was introduced, NTC Highland was one of the first projects to be reviewed and it

was happening when the project was already well advanced on site. Separate lessons learned have been compiled in terms of the KSAR process and how it was applied on NTC Highland.

Formal Lessons Learned workshops have supplemented Lessons Learned throughout the full project development and construction process. Lessons Learned often focus on things which have not been done as well as they might have to the detriment of the more positive aspects of things which have been done well to contribute to the success of a project. These aspects include:

- Visits to the then recently completed CSU project at Raigmore to appreciate the positive learning that the project could contribute to NTC Highland.
- Developing a comprehensive and integrated project team structure that included NHS Highland personnel together with a wide range of complimentary consultancy under the Thomson Gray Lead Advisor appointment. This included the Supervisor role to support the technical, quality control and compliance aspects of the build.
- Collaboration with NHS Assure during the implementation of the KSAR process. The NTC-Highland alongside NTC-Fife were pathfinder projects for more detailed KSAR project assurance reviews.
- Successfully responding to the challenges resulting from the departure of key project partners UHI and HIE at RIBA Stage 3. Their decision to self develop on a separate plot required substantial rework of the design.
- Successful open, transparent and non-confrontational collaboration between the extended NHS Highland Project Team and PSCP Balfour Beatty working in the spirit of the NEC core clauses.
- Responding to the unforeseen challenges from significant events around the world including the Grenfell disaster, the COVID pandemic, the Ukraine War, Brexit and the resulting associated supply chain issues.
- The implementation of safe working practices to enable project delivery through the impacts of COVID.
- Integrated support from infection control and clinical teams from project initiation to completion and handover.
- The facilitation of the 3P process to inform the clinical brief. This event and resulting stakeholder engagement outputs contributed positively to the design brief, resulting in a facility which meets the requirements for patients, staff and general public.
- FM Strategy development with the input of specialist consultants and NHSH Estates to ensure a robust maintenance regime for the facility following completion and handover.
- Health and Safety and Quality Control applications that enabled technology to support key aspects of project monitoring, defects management and corrective actions. The Balfour Beatty Safety Observation App was used by PSCP and Client alike to positive effect.
- Community Engagement and Benefits were successfully delivered by having a dedicated CEB resource from PSCP. Benefits included:
 - Programme of support for Inverness UHI Civil Engineering students
 - Programme of support for Charlestown Academy students including site visits
 - Support for Education – Virtual work experience sessions
 - Supporting Inspiring Young Voices initiative working with local schools.
 - Fundraising for local charities

- DWP Placements for work experience
- CIOB Visits
- The appointment of Phoenix Commissioning Services by PSCP to oversee Commissioning process. This was at the recommendation of NHH to support the project delivery team.
- The appointment of John McEwan to manage Theatre pre-validation checks on key systems to support the commissioning process. Again the recommendation of NHH to support the project delivery team.

The key lessons learned from the two most recent workshops are as follows:

Business Case Management - A better understanding of business case management is required by all those involved in project delivery, in particular capital and revenue funding aspects for the project. Detailed work force planning and development of the target operating model are critical factors to a successful outcome for the business case and alignment to business case development timescales is essential to avoid delays. Adequate resource must be applied in these areas if contractual programmes are to be met.

Stakeholder Engagement and Brief Development - Lessons were learned from the previous CSU project and stakeholder engagement and a communications plan, and a stakeholder engagement plan were developed and under the direction of Deborah Jones as SRO, a 3P liaison session was carried out.

This stakeholder engagement brought the necessary clinicians to the table to engage with the PSCP and design team to inform the key aspects of the workforce model, clinical and technical briefs including the clinical flows and adjacencies to ensure that the facility met the operational, maintenance and service requirements.

This engagement process was intensive but the clinical outputs, functionality and flows in the completed facility are directly attributable to that early engagement.

Programme Management- The programme is a key document under the NEC form of contract. It is a project control document with specific contractual importance under the NEC contract. The correct use of a compliant NEC fully resourced and costed programme is an essential tool for effective project management under this form of contract. It is linked to NEC early warning and compensation event notifications required for management of time and cost on a project.

Ensure that the programme references to each of the stages of project development and make sure we can deliver it on time and have relevant resources in place.

Key dates for deliverables. Key dates missed for Cobie drops resulted in a significant delay in the development of maintenance schedules, draft O&Ms, final drawings – an earlier issue of these documents rather than at handover would greatly assist the estates teams.

Design Management - Exemplary design is required if the healthcare facility is to function as intended. A robust process for design management is therefore a pre-requisite of pre-construction activity. The production, review and approval of the design drawings, specifications and associated technical information is a key deliverable for project success. Design management must be sufficiently resourced and managed by experienced and appropriately qualified technical personnel.

Quality Management - Quality Assurance and Quality Control aspects in construction are a key consideration and the Contractor and their team need to be monitored carefully by those suitably experienced in Quality Management to identify and enforce the timely rectification of defects.

Commissioning and Equipping - Commissioning and Equipping were key areas affected by a challenging programme to achieve handover and completion by the April 2023 opening date.

Clinical occupation, staff familiarisation and training commenced on the 9th December 2022 and this ran concurrently with the commissioning, completion and handover activities.

For all future projects, clinical occupation, equipping, staff familiarisation and training should be programmed to follow project completion and handover.

Post Occupancy Evaluation - The requirements for Post Occupancy Evaluation (POE) on capital projects are detailed within SCIM guidance (NDAP and Project Monitoring and Service Benefits Evaluation) and are mandatory on publicly funded Scottish Healthcare projects. Project teams must be able to sufficiently plan, resource and report on this aspect of the project.

Key Stage Assurance Review process (KSAR) - KSAR requirements need to be defined for individual projects at each stage of Business Case Development.

Technical requirements - Technical briefing for the project is dependent on production of the several other important NHSH documents which provide key information to inform the technical brief. These are produced by NHS Highland as Employer:

- The Workforce Plan defines the operational services to be delivered.
- The Clinical Output Specification defines the clinical requirements and informs the derived schedule of accommodation required to meet the planned services.
- The Clinical Risk Assessments for the services to be provided.

The technical requirements for the project are set out in the Technical Brief which must be fully developed and informed from the documents listed above.

The workstreams for production of these documents should be planned and resourced to meet the preconstruction programme. Failure by the Employer to have suitable developed information ready in time to suit design development will result in delays and associated additional cost.

The Design Quality Plan is also a key document for the project and is produced by the NHSH Design Manager. This sets out the required standards for the management and quality of all design information for the project. This should also be produced and available at an early stage of preconstruction.

The Ventilation Strategy should ensure that there is a validation engineer assigned to the project at the very early stages of the technical design. Theatre pre-commissioning, commissioning, pre-validation and Validation should be carried out by appropriately qualified individuals and all activities should be planned and included in the commissioning programme /master programme.

Ventilation and fire compartmentation interfaces should be reviewed and interrogated at regular interval during the design stage.

Fire damper access. This needs to be included as part of design co-ordination and evidenced in the design review process.

Value Management and Value Engineering – The development of the project was carried out in challenging circumstances which included the impacts of UHI and HIE project partners dropping out, the Grenfell disaster, COVID, Brexit and the Ukraine war with the associated implications to safety, programme and resource, energy security and prices, supply chains and procurement.

All these factors had a profound impact on the ability to manage the affordability of the project and a range of very unforeseen issues had to be managed which included Value Engineering that was carried out through the design development and procurement stages.

It was noted that the decision to reduce the floor to floor height by 200mm had a range of unintended consequences which had a huge impact on design co-ordination, fire strategy, equipment procurement and build coordination.

Training – As part of the FM Strategy for facility uptake should include a detailed training plan for the building user groups and the Estates maintenance and operations teams. Asset information is held in Maximo and detailed technical training is essential to ensure planned maintenance is carried out in accordance with the manufacturers' recommendations.

First responder on call- There were a number of faults on the nurse call system, and some occurred in the middle of the night. There needs to be a better understanding of contractor's (PSCP's) responsibilities for defects and relevant rectification during the defects liability period.

The allocation of costs arising for defects rectification during the Defects Liability Period needs to be appropriately managed.

Other relevant issues highlighted:

The suiting arrangements for door locks and other access controls need to be adequately briefed by the NHS Health Board at an early stage in the design. This will ensure that the completed facility complies with the Health Board's operational and security access requirements.

Workshops

Prior to the Workshop on the 14th September 2023 to review the Lessons Learned Draft Report, there had been two formal lessons learned workshops held for the project. These were:

- eHealth L/L Workshop
In person on site and with Teams for those who couldn't travel – 10th November 2022
Participants as per workshop notes.

Key Lessons Learned were benefitting the eHealth team inputs through the latter stages of the NTC project together with the early stages of the Lochaber and Caithness redesign projects also to be delivered via Frameworks Scotland.

- PSCP - Balfour Beatty (BB) and NHS Project Team L/L Workshop
Microsoft Teams meeting - 13th April 2023

Participants as per workshop notes.

This Lessons Learned workshop was arranged specifically to discuss the issues to be discussed in the early stages of the Lochaber and Caithness Re-design projects. Lochaber being delivered via Frameworks Scotland 3 and Caithness via Frameworks Scotland 3 and Hub North.

- NHS Highland Project Team
Microsoft Teams Meeting – 14th September 2023

This workshop was primarily to review the reporting to date and agree next steps. There was very constructive and proactive feedback received that led to further updates of the reporting to ensure that it was clearly focussed on the NTC Highland project and with supporting information, some of which relates to other projects, included in the Appendices.

There was also feedback that included some other key lessons learned which have been captured in a tabbed worksheet within the main Lessons Learned register for the project.

- PSCP - Balfour Beatty (BB) with key members of the supply chain – architects and engineers, NHS Project Team representatives along with their Lead Advisor Thomson Gray.
Microsoft Teams Meeting – 24th October 2023

This workshop was primarily to engage with Balfour Beatty and their design team together with the inputs of the Thomson Gray Lead Advisor team.

There was excellent engagement at this workshop which reinforced many of the strategic themes of Lessons Learned and included some other key lessons learned that have been captured in a tabbed worksheet within the main Lessons Learned register for the project.

Reporting for these formal lessons learned workshops is included as Appendices to this Executive Summary and should be read in conjunction with the respective worksheets within the lessons learned template workbook.

This report also includes lessons learned feedback from both Badenoch and Strathspey and Skye Community Hospital projects included within the Appendices to the main report.

This appendix relates to an internal lessons learned exercise carried out by the B&S and Skye team, and the appendix is an excerpt from that including the relevant recommendations.

Lessons Learned from the previous Raigmore Critical Services Upgrade project have also informed the NTC project development.

The Lessons Learned Excel Workbook

The main workbook is structured in accordance with the prescribed template as follows:

Worksheet Tab Title	No.	Origin of Lessons Learned
Governance	0	KM prompt notes Project Review
Health & Safety	1	KM prompt notes Project Review
Sustainability	2	KM / DM prompt notes Soft Landings meeting
Community Benefits	3	KM / DM prompt notes Soft Landings meeting
Collaborative Working	4	KM / DM prompt notes Soft Landings meeting
Communications and Stakeholder Engagement	5	KM / DM prompt notes Soft Landings meeting
Contract Processes and Procedures	6	KM / DM prompt notes Soft Landings meeting
Finance	7	KM / DM prompt notes Soft Landings meeting
Hai Scribe	8	KM / DM prompt notes Soft Landings meeting
Information Management and Data Exchange [including BIM]	9	KM prompt notes Project Review
Design & Technical - Civil and Infrastructure	10	KM prompt notes Project Review
Design & Technical - Building	11	KM prompt notes Project Review
Design & Technical - M&E	12	KM prompt notes Project Review
Construction	13	KM prompt notes Project Review
Handover	14	KM prompt notes Project Review
Aftercare	15	KM prompt notes and cross reference to Aftercare Help Desk outputs for early weeks of operation.
Soft and Hard FM	16	KM prompt notes Project Review
Operational Strategy including asset performance	17	KM prompt notes Project Review
KSAR Close Out	18	Lessons Learned / Recommendations from NHS Assure KSAR team.
Operational commissioning	19	Helen Robertson Feedback from initial Operational stage.

Project Workshops Lessons Learned and Project Director Overview	20	Various
NHSH NTC Workshop 1	20.1	Balfour Beatty and NHSH project teams Workshop outputs
NHSH NTC Balfour Beatty 1	20.2	Balfour Beatty outputs in preparation for Workshop 1
NHSH NTC NHS Highland	20.3	NHS Highland Project Team Workshop outputs
NHSH NTC Balfour Beatty 2	20.4	Balfour Beatty and key Supply chain Members, NHSH and Thomson Gray Lead Advisor
Project Director Overview	20.5	Kevin Minnock Review of
Directorate Workshops Lessons Learned	21	
e-Health	21.1	E-Health Workshop

Appendices to main Lessons Learned Workbook		
Past Projects		
NHSH Badenoch and Strathspey and Skye	PR1	Hub North Workshop outputs incl. B+S and Skye project teams and BB
NHS Scotland Soft Landings Group		
Theatres – NHS Scotland Soft Landings Group	SLC1	Various participants representing NHS Boards
Endoscopy and Decontamination – NHS Scotland Soft Landings Group	SLC2	Various participants representing NHS Boards

Other Lessons Learned Inputs

Due to the level of workshop and meeting related participation in the lessons learned process Kevin Minnock as Project Director and David Mason as Soft Landings co-ordinator held a number of Soft Landings meetings specifically to review lessons learned on the project and to populate the workbook with lessons learned where applicable and also set down prompt notes to encourage further populating of the workbook by key stakeholders.

Due to the pressures of completion and handover and a constrained commissioning period which effectively ran into the Frameworks Scotland commencement of the Lochaber and Caithness redesign projects, the project team were under considerable time pressure on these projects and that restricted wider inputs to Lessons Learned. Due to this Kevin Minnock carried out a more forensic review of the project and created a detailed schedule of a range of lessons learned issues that cover Design, Construction, QA, Health and Safety, Procurement and Equipping. These inputs are included in the Appendix as a separate tabbed document.

Next Steps:

This final report will be issued to Eric Green – Associate Director of Estates, Facilities and Capital Planning for approval prior to publication and issue to NHS Assure.

Lessons Learned Report Contents:

Relevant inputs are included within the main workbook tabs and the master Excel document is also included as an Appendix to this reporting.

Executive Summary

Appendices:

1. Lessons Learned Workbook Reference: 2140_01_NHSH NTC LL Register_Rev N_09.02.24
2. PP Past Projects PP1 NHSH Badenoch and Strathspey and Skye LL Workshop Outputs
3. NHSScotland Soft Landings Champions Group
 - SLC1 Theatres
 - SLC2 Endoscopy and Decontamination
4. eHealth Workshop Report Reference: 2140 02 02 eHealth Lessons learned workshop report_281122
5. NTC Lessons Learned Workshop Notes from 13.04.23
6. NTC Lessons Learned Report Workshop Notes from 14.09.23
7. NTC Lessons Learned RSCP Workshop 2 Notes from 24.10.23

Appendix 1:

Soft Landings: Lessons Learned Register

Ref: 2140_NTC-H_Lessons Learned Register

V01 Rev N

09.02.24

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Soft Landings: Lessons Learned Register



NHS Scotland Board	NHS Highland
Project Name	NTC - Highland
Register Owner	Kevin Minnock
Version	v01 Rev N
Date Last Updated	09.02.2024
Document Reference Number	2140_NTC-H_Lessons Learned_Register

Code:	Category:	Tab:	Inputs to date	NHS Scotland Board Owner	PSCP Owner
GOV	Governance	0	KM prompt notes	NHS Highland	[Insert Name]
H&S	Health & Safety	1	KM prompt notes	[Insert Name]	[Insert Name]
SUS	Sustainability	2	KM / DM prompt notes	[Insert Name]	[Insert Name]
CB	Community Benefits	3	KM / DM prompt notes	[Insert Name]	[Insert Name]
COLL	Collaborative Working	4	KM / DM prompt notes	[Insert Name]	[Insert Name]
COMM	Communications and Stakeholder Engagement	5	KM / DM prompt notes	[Insert Name]	[Insert Name]
CONT	Contract Processes and Procedures	6	KM / DM prompt notes	[Insert Name]	[Insert Name]
FIN	Finance	7	KM / DM prompt notes	[Insert Name]	[Insert Name]
HAI	Hai Scribe	8	KM / DM prompt notes	[Insert Name]	[Insert Name]
INFO	Information Management and Data Exchange (including BIM)	9	KM prompt notes	[Insert Name]	[Insert Name]
D&T Civil	Design & Technical - Civil and Infrastructure	10	KM prompt notes	[Insert Name]	[Insert Name]
D&T Building	Design & Technical - Building	11	KM prompt notes	[Insert Name]	[Insert Name]
D&T M&E	Design & Technical - M&E	12	KM prompt notes	[Insert Name]	[Insert Name]
Construct	Construction	13	KM prompt notes	[Insert Name]	[Insert Name]
Handover	Handover	14	KM prompt notes	[Insert Name]	[Insert Name]
AFTERC	Aftercare	15	KM prompt notes and cross reference to Aftercare Help Desk outputs for early weeks of operation.	[Insert Name]	[Insert Name]

FM	Soft and Hard FM	16	KM prompt notes	[Insert Name]	[Insert Name]
OPS	Operational Strategy including asset performance	17	KM prompt notes	[Insert Name]	[Insert Name]
KSAR	KSAR Close Out	18	Lessons Learned / Recommendations from NHS Assure KSAR team.	[Insert Name]	[Insert Name]
COM Ops	Operational commissioning	19	HR Feedback from initial Operational stage.	[Insert Name]	[Insert Name]
LL Wkshop	Project Workshops	20	See below	[Insert Name]	[Insert Name]
W1	NHS NTC Workshop 1	20.1	Workshop outputs	[Insert Name]	[Insert Name]
W2	NHS NTC Balfour Beatty	20.2	BB Workshop outputs	[Insert Name]	[Insert Name]
W3	NHS NTC NHS H	20.3	NHS Highland wkshop outputs	[Insert Name]	[Insert Name]
W4	NHS NTC PSCP	20.4	PSCP Workshop outputs	[Insert Name]	[Insert Name]
PD1	Project Director Health & Safety	20.5.1	PD Review and feedback	[Insert Name]	[Insert Name]
PD2	Project Director Design and Technical Building	20.5.2	PD Review and feedback	[Insert Name]	[Insert Name]
PD3	Project Director Construction	20.5.3	PD Review and feedback	[Insert Name]	[Insert Name]
DEPT	Directorate and Departmental	21	Various inc NHS and NHSScotland SL Champions working group	[Insert Name]	[Insert Name]
D1	E-Health	21.1	E-Health Workshop	[Insert Name]	[Insert Name]

OTHER APPENDICES

PP	Past Projects	Appendices	See below	[Insert Name]	[Insert Name]
PP1	NHS Badenoch and Strathspey and Skye	PP1	Workshop outputs	[Insert Name]	[Insert Name]

NHSScotland	Soft Landings Champions Group	Appendices	See below	[Insert Name]	[Insert Name]
SLC1	Theatres - NHSScotland Soft Landings Group	SLC1	NHSScotland SL Group	[Insert Name]	[Insert Name]
SLC2	Endoscopy and Decontamination - NHSScotland Soft Landings Group	SLC2	NHSScotland SL Group	[Insert Name]	[Insert Name]

It is vital, as part of the soft landings process that lessons learned from previous projects are identified [or wider knowledge], captured and ameliorated.

As part of the post occupancy evaluation process actual performance against that required in the brief should be assessed and lessons captured and feedback to inform future projects.

This document should be owned by the Project Director or Soft Landings Champion and reviewed and updated at each Soft Landings meeting.

Soft Landings, Lessons Learned Register: Section 0.0 Governance

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NHS Scotland Board	NHS Highland
Project Name	NTC - Highland
Register Owner	Kevin Minnock
Version	v01 Rev N
Date Last Updated	09.02.2024
Document Reference Number	2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
0.1	KM review		Agenda for improving standards	NHS Highland		All	NHSH to develop a policy for improving standards	6 months		
0.2	KM review		Client Capability Assessment: Assess baseline skill sets for the following: Construction procurement, Governance, Development Management, Procurement Management, Stakeholder Management, Contract Management, Project Management, Commercial Acumen, Design Review	NHS Highland		Heads of Dep	Assessments to be undertaken for all staff working in Estates, Facilities and Capital Planning.	6 months		
0.3	KM review		Organogram Governance	NHS Highland		Programme Manager	Produce Organogram	1 week		
0.4	KM review		Agree Delegated Authorities, evidence and record	NHS Highland		SRO	Agree and record DA's	1 week		
0.5	KM review		Organogram Project Delivery	NHS Highland		Programme Manager	Produce Organogram	1 week		
0.6	KM review		Appointments NHSH SRO/Project Director /Programme Manager/ Lead Project Manager NHSH	NHS Highland		Associate Director EF&CP	Undertake capability & capacity assessments and place appointments	2 weeks		
0.7	KM review		Appointment via Framework FS3 Lead Advisor/PM/CA/CDMA/NEC Supervisor	NHS Highland		Programme Manager	Appointments via FS3 framework	complete		
0.8	KM review		Quality Management arrangements NHSH/PSCP	NHS Highland		Programme Manager	Review QMS arrangements NHSH/PSCP	1 week		
0.9	KM review		Appointment Project Board Members	NHS Highland		SRO	Undertake capability & capacity assessments and place appointments	2 weeks		
0.10	KM review		Meetings structure and scheduling	NHS Highland		Programme Manager	Agree meetings structure and scheduling. Inform teams	1 week		
0.11	KM review		Government reporting Confirm SG/HFS reporting requirements	NHS Highland		Associate Director EF&CP	Agree and confirm SG/HFS reporting requirements	2 weeks		

Soft Landings, Lessons Learned Register: Section 1.0 Health & Safety

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NHS Scotland Board
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NHS Highland
 NTC - Highland
 Kevin Minnock
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 2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
1.1	KM / DM Review	06.04.23	Health & Safety should be a standing agenda item for all key project meetings to ensure that it Health & Safety is not compromised due to time and cost pressures.	NHS Highland	TBC		Regular monthly reports should be provided by the Board's CDMA and the PSCP PD.	Future projects		
			Pre Construction - Key issues / Requirements							
1.2	KM / DM Review	06.04.23	H+S Advisor Appointments	NHS Highland			Identify Key personnel and for each project stage .	Future projects		
1.3	KM / DM Review	06.04.23	CDM - CDM Advisor	NHS Highland			Identify Key personnel and for each project stage .	Future projects		
1.4	KM / DM Review	06.04.23	Project planning	NHS Highland			include RACI matrix to define key responsibilities and project interfaces	Future projects		
1.5	KM / DM Review	06.04.23	Project Manager / Cost Advisor / Lead Advisor	NHS Highland			Identify Key personnel and for each project stage .	Future projects		
1.6	KM / DM Review	06.04.23	Project specific risk registers	NHS Highland			Set up and maintain corporate and project specific risk registers	Future projects		
1.7	KM / DM Review	06.04.23	Major incident reporting	NHS Highland			Develop policy and procedures - corporate level.	Future projects		
1.8	KM / DM Review	06.04.23	Corporate Communications - Policies for incident comms, etc.	NHS Highland			As above.	Future projects		
1.10	KM / DM Review	06.04.23	KPIs for H+S	NHS Highland			Set -up and monitoring / reporting requirements	Future projects		
1.11	KM / DM Review	06.04.23	PSCP appointment	NHS Highland			Including H+S vetting (inc supply chain and designers SSIP)	Future projects		
1.12	KM / DM Review	06.04.23	Design Team	NHS Highland	TBC		As above.	Future projects		
1.13	KM / DM Review	06.04.23	Principal Designer	NHS Highland	TBC		As above.	Future projects		
1.14	KM / DM Review	06.04.23	Provision of existing information	NHS Highland			H+S File and supporting information record drawings, etc.	Future projects		
1.15	KM / DM Review	06.04.23	Design risk assessments		TBC		Maintain project specific risk registers	Future projects		
1.16	KM / DM Review	06.04.23	Monthly reporting	NHS Highland	TBC		Programme	Future projects		
1.17	KM / DM Review	06.04.23	H+S Reviews at each project stage	NHS Highland	TBC		Programme	Future projects		
1.18	KM / DM Review	06.04.23	Pre-construction H+S plan	NHS Highland			To be in place timeously with inputs from all relevant parties co-ordinated by PD.	Future projects		
1.19	KM / DM Review	06.04.23	Principal Contractor Appointment	NHS Highland			Including H+S vetting (inc supply chain and designers SSIP)	Future projects		
1.20	KM / DM Review	06.04.23	PSCP H+S Business standards		TBC		Including H+S vetting (inc supply chain and designers SSIP)	Future projects		
1.21	KM / DM Review	06.04.23	HSE interfaces and F10 submission		TBC		Detail any specific requirements and particularly relating to programme..	Future projects		
			Construction - Key issues / requirements							

1.22	KM / DM Review	06.04.23	Construction Phase Plan		TBC		To be developed timeously for the works and to be maintained throughout.	Future projects		
1.23	KM / DM Review	06.04.23	HSE visits		TBC		Agree protocols for any actions arising	Future projects		
1.24	KM / DM Review	06.04.23	Safe working procedures		TBC		Interfaces with employer and contractor requirements to be managed.	Future projects		
1.25	KM / DM Review	06.04.23	RAMS		TBC		Need to be robust and issued suitability in advance of site attendance to allow for proper review and any required updates.	Future projects		
1.26	KM / DM Review	06.04.23	Permits to work		TBC		Contractor and sub contractor requirements to be clearly defined.	Future projects		
1.27	KM / DM Review	06.04.23	Site inductions		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.28	KM / DM Review	06.04.23	Toolbox Talks (TBT)		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.29	KM / DM Review	06.04.23	H+S Awareness training		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.30	KM / DM Review	06.04.23	Supply Chain Partner (SCP) H+S vetting		TBC		As above.	Future projects		
1.31	KM / DM Review	06.04.23	Plant inspections - inc. off site requirements		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.32	KM / DM Review	06.04.23	Monthly reporting		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.33	KM / DM Review	06.04.23	Incident reporting inc. near misses		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.34	KM / DM Review	06.04.23	Access to site for employer representatives during construction and including equipment delivery and installation and commissioning	NHS Highland	TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.35	KM / DM Review	06.04.23	Employers commissioning requirements and including availability and safe access to relevant areas.	NHS Highland	TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.36	KM / DM Review	06.04.23	H+S File		TBC		Timeous completion and hand over and maintain inc availability and use for all future maintenance, other works, etc.	Future projects		
1.37	KM / DM Review	06.04.23	Access to information		TBC		H+S file and supporting documentation inc. as built etc.	Future projects		
1.38	KM / DM Review	06.04.23	Operational contacts		TBC		Register / contact list to be maintained at all times	Future projects		
1.39	KM / DM Review	06.04.23	Incident reporting		TBC		To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.40	KM / DM Review	06.04.23	Major incident reporting	NHS Highland			To be carried out in accordance with agreed H+S planning and protocols.	Future projects		
1.41	KM / DM Review	06.04.23	Corporate Communications policy for ongoing operational phase and any future works inc maintenance.	NHS Highland			Include H+S issues in comms planning.	Future projects		

Soft Landings, Lessons Learned Register: Section 2.0 Sustainability

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NHS Scotland Board
 Project Name NTC - Highland
 Register Owner Kevin Minnock
 Version v01 Rev N
 Date Last Updated 09.02.2024
 Document Reference Number 2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
2.1	KM / DM Review	06.04.23	Corporate policies - inc construction requirements, targets, etc.	NHS Highland			To be set down at project briefing / IA Stage.	Future projects		
2.2	KM / DM Review	06.04.23	Sustainability Strategy	NHS Highland			Project specific requirements to be developed early in briefing stages and to meet business case requirements.	Future projects		
2.3	KM / DM Review	06.04.23	Sustainability Champion	NHS Highland			Appointment of suitably qualified and experienced person as early in process as possible.	Future projects		
2.4	KM / DM Review	06.04.23	Appointments	NHS Highland			Advisors and PSCP and inc inputs to RACI / Project Planning to define key responsibilities and associated deliverables.	Future projects		
2.5	KM / DM Review	06.04.23	BREEAM		Balour Beatty		Plan, resource and co-ordinate inputs and monitoring during project development.	N/A for future		
2.6	KM / DM Review	06.04.23	Planning Application		TBC		Planning requirements to be ascertained at briefing stage if possible.	Future projects		
2.7	KM / DM Review	06.04.23	Building regulations		TBC		Building Warrant requirements to be ascertained at briefing stage if possible.	Future projects		
2.8	KM / DM Review	06.04.23	Performance targets and KPIs	NHS Highland	TBC		To be defined as early in process as possible.	Future projects		
2.9	KM / DM Review	06.04.23	Environmental modelling and inc energy consumption targets for in-use		TBC		To be defined as early in process as possible.	Future projects		
2.10	KM / DM Review	06.04.23	Renewables		TBC		Option appraisal at early stage, specification and modelling integration as part of design development and construction.	Future projects		
2.11	KM / DM Review	06.04.23	SVOS		TBC		Inc site wide options and interfaces with statutory bodies:	Future projects		
2.12	KM / DM Review	06.04.23	SEPA		TBC		Early engagement in process	Future projects		
2.13	KM / DM Review	06.04.23	Scottish Water		TBC		Early engagement in process	Future projects		
2.14	KM / DM Review	06.04.23	Permissions and licensing		TBC		Early engagement in process	Future projects		
2.15	KM / DM Review	06.04.23	Budgets and resourcing	NHS Highland	TBC		To be defined as early in process as possible.	Future projects		
2.16	KM / DM Review	06.04.23	SDaC implementation	NHS Highland	TBC		Awareness of mandated requirements during all project stages. No requirement to implement on project but relevant LL need to be applied for new projects development.	Future projects		
2.17	KM / DM Review	06.04.23	Commissioning and seasonal adjustments		TBC		Programmed and planned as early as possible following construction commencement.	Future projects		
2.18	KM / DM Review	06.04.23	PoE and project monitoring	NHS Highland	TBC		Programmed and planned as early as possible following project commencement.	Future projects		
2.19	KM / DM Review	06.04.23	User training		TBC		Programmed and planned as early as possible following construction commencement.	Future projects		

Soft Landings, Lessons Learned Register: Section 3.0 Community Benefits

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NHS Scotland Board
 Project Name
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NHS Highland
 NTC - Highland
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ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
3.1	KM / DM Review	06.04.23	Community Benefits	NHS Highland			Define what the community benefits are	Future projects		
3.2	KM / DM Review	06.04.23	Delivery of the CBs.	NHS Highland			Use the CB toolkit to monitor	Future projects		
3.3	KM / DM Review	06.04.23	Programme for delivery	NHS Highland			To be defined at appointment,	Future projects		
3.4	KM / DM Review	06.04.23	Community Collaboration	NHS Highland			Open and transparent Community Collaboration	Future projects		
3.5	KM / DM Review	06.04.23	KPIs	NHS Highland			KPIs to meet framework requirements together with any additional local policy requirements	Future projects		
3.6	KM / DM Review	06.04.23	Outcomes	NHS Highland	TBC		Define and demonstration of outcomes	Future projects		
3.7	KM / DM Review	06.04.23	Media / Press releases	NHS Highland	TBC		Associated media / press outputs to maximise the benefits	Future projects		
3.8	KM / DM Review	06.04.23	PSCP CB Manager		TBC		PSCP CB Manager to be confirmed at call-off stage.	Future projects		
3.9	KM / DM Review	06.04.23	Cost implications	NHS Highland	TBC		Cost envelope to be defined.	Future projects		
3.10	KM / DM Review	06.04.23	Client side requirements	NHS Highland			Appoint Client lead	Future projects		

Not Started
 In Progress
 Complete

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Soft Landings, Lessons Learned Register: Section 4.0 Collaborative Working

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NHS Scotland Board
 Project Name
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NHS Highland
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ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
4.1	KM / DM Review	06.04.23	NEC 3/4 processes	NHS Highland	TBC		Overarching encouragement of collaborative behaviours through a clear mission statement	Future projects		
4.2	KM / DM Review	06.04.23	Project Management	NHS Highland	TBC		Support collaboration and administer the contract	Future projects		
4.3	KM / DM Review	06.04.23	Contract management, administration and CEMAR	NHS Highland	TBC		Utilise contract management toolkit such as CEMAR for more integrated processes	Future projects		
4.4	KM / DM Review	06.04.23	Expectation management - being realistic	NHS Highland	TBC		Inputs through the briefing, design and specification stages via stakeholder engagement	Future projects		
4.5	KM / DM Review	06.04.23	Realistic objectives	NHS Highland	TBC		Inputs through the briefing, design and specification stages via stakeholder engagement	Future projects		
4.6	KM / DM Review	06.04.23	Achievable deliverables	NHS Highland	TBC		Inputs through the briefing, design and specification stages via stakeholder engagement	Future projects		
4.7	KM / DM Review	06.04.23	Open, honest, transparent critical	NHS Highland	TBC		Inputs through the briefing, design and specification stages via stakeholder engagement	Future projects		
4.8	KM / DM Review	06.04.23	One team approach and culture - best project outcome	NHS Highland	TBC		Encourage open and closed collaboration	Future projects		
4.9	KM / DM Review	06.04.23	The value and associated inputs of everyone within the team	NHS Highland	TBC		Respect for every team member	Future projects		
4.10	KM / DM Review	06.04.23	Roles and responsibilities - better understanding by team members	NHS Highland	TBC		Clarity regarding key points of contact and how individuals integrate into the project structure	Future projects		

Soft Landings, Lessons Learned Register: Section 5.0 Communications and Stakeholder Engagement

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NHS Scotland Board
 Project Name NTC - Highland
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 Document Reference Number 2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
5.1	KM / DM Review	06.04.23	Comms Plan	NHS Highland			Develop to incorporate roles and responsibilities, engagement planning, levels of information security / sharing, etc.	Future projects		
5.2	KM / DM Review	06.04.23	Stakeholder engagement plan	NHS Highland			Stakeholder mapping required.	Future projects		
5.3	KM / DM Review	06.04.23	Key Decision makers	NHS Highland			Develop roles and responsibilities with management protocols inc.	Future projects		
5.4	KM / DM Review	06.04.23	Comms routes	NHS Highland			Develop hierarchy of comms to align with roles and responsibilities planning.	Future projects		
5.5	KM / DM Review	06.04.23	Contractual routes	NHS Highland			Develop hierarchy of comms to align with contractual requirements / responsibilities	Future projects		
5.6	KM / DM Review	06.04.23	Press / media	NHS Highland			Engagement protocols aligned with relevant responsibilities	Future projects		
5.7	KM / DM Review	06.04.23	Governance	NHS Highland			Define the management structure for the process and reporting and approval requirements	Future projects		
5.8	KM / DM Review	06.04.23	Meetings and workshops	NHS Highland			Programme to ensure that everyone who needs to be aware of key dates for meetings, workshops, etc.	Future projects		
5.9	KM / DM Review	06.04.23	Strategic aims	NHS Highland			Define strategic aims and how these will be shared and evaluated through relevant stages of project development.	Future projects		
5.10	KM / DM Review	06.04.23	Open and closed communication	NHS Highland			Agree communication methods and routes	Future projects		
5.11	KM / DM Review	06.04.23	Focussed meeting attendance through restricted approach	NHS Highland			Ensure that key players are involved and focus on continuity of involvement.	Future projects		

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				NHS Scotland Board	PSCP					
6.1	KM / DM Review	06.04.23	Procurement Strategy	NHS Highland			Establish procurement route - Framework, Hub, Scope, other. Subject to type of project and available and recommended procurement options.	Future projects		
6.2	KM / DM Review	06.04.23	Framework call-off requirements	NHS Highland			Adhere to relevant call-off requirements and take advice from NHS Assure as relevant.	Future projects		
6.3	KM / DM Review	06.04.23	HLP development	NHS Highland			Develop HLP based on best examples / experience with inputs from key team members and support from NHS Assure if required.	Future projects		
6.4	KM / DM Review	06.04.23	Bid evaluation	NHS Highland			Bid evaluation to be carried out by appropriate personnel and in accordance with procurement route guidance.	Future projects		
6.5	KM / DM Review	06.04.23	Clarifications	NHS Highland			Deal with clarifications through the bid process timeously	Future projects		
6.6	KM / DM Review	06.04.23	Interview	NHS Highland			Interview planning including interview panel, questions and scoring.	Future projects		
6.7	KM / DM Review	06.04.23	Commercial check	NHS Highland			Commercial check - carry out commercial checks in accordance with procurement/ framework requirements.	Future projects		
6.8	KM / DM Review	06.04.23	Appointment	NHS Highland			Ensure that full appointment documentation is executed timeously with specialist / advisors input as required.	Future projects		
6.9	KM / DM Review	06.04.23	Support from advisors	NHS Highland			Engage advisors if required to provide necessary and specialist support through the procurement process.	Future projects		
6.10	KM / DM Review	06.04.23	Feedback to unsuccessful	NHS Highland			Feedback as fully as possible and timeously to unsuccessful bidders.	Future projects		
6.11	KM / DM Review	06.04.23	Project plans, PIP, PEP, BIM, MCP, POP	NHS Highland	TBC		Project plans, PIP, PEP, BIM, MCP, POP, etc to be specified and developed by agreed lead parties / owners and updated as required through the project development and construction stages.	Future projects		
6.12	KM / DM Review	06.04.23	Defined deliverables for each project stage	NHS Highland	TBC		Defined deliverables for each project stage in line with contract documentation and to be refined as required to meet developing project requirements.	Future projects		
6.13	KM / DM Review	06.04.23	Pre-construction	NHS Highland	TBC		Pre-construction planning and programming to meet business case requirements (including SDaC, KSAR and NDAP, etc) together with any necessary statutory consents and other relevant sign offs / approvals.	Future projects		

6.14	KM / DM Review	06.04.23	Construction		TBC		Progress through construction using relevant project management toolkit and employ defined processes and procedures to manage the contractual requirements including change control, compensation events, programme updates, etc.	Future projects		
6.15	KM / DM Review	06.04.23	Commissioning	NHS Highland	TBC		Operational and technical commissioning planning and implementation to be programmed and involve all relevant stakeholders and required training .	Future projects		
6.16	KM / DM Review	06.04.23	Handover / close out	NHS Highland	TBC		Handover / close out to planned in advance and including statutory approvals (planning conditions, building warrant completion certification, etc), defects management, commissioning records, validation certification, user manuals, training records and key contacts register, etc.	Future projects		
6.17	KM / DM Review	06.04.23	In-use inc Monitoring Plan and PoE	NHS Highland	TBC		Application of project monitoring through the whole process carried into occupation and including benefits realisation monitoring and reporting, energy performance monitoring, design in use feedback, etc. PoE to formally record and report relevant issues in line with planned timescales.	Future projects		

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7.1	KM / DM Review	06.04.23	Appointment of the finance lead for project	NHS Highland			Ensure that there is a defined finance lead confirmed for the project as early in the process as possible to ensure continuity.	Future projects		
7.2	KM / DM Review	06.04.23	Appointment of Cost Advisor.	NHS Highland			Timeous appointment of cost advisor via Frameworks as applicable with defined duties /activities to support project requirements.	Future projects		
7.3	KM / DM Review	06.04.23	Monthly cost reporting	NHS Highland			Set up procedures for monthly cost reporting for relevant project stages.	Future projects		
7.4	KM / DM Review	06.04.23	Capital and revenue allowances.	NHS Highland			Ensure that both capital and revenue financial allowances are developed using prescribed processes and data requirements and reviewed at each project stage.	Future projects		
7.5	KM / DM Review	06.04.23	Business Case development inputs	NHS Highland			Business Case development inputs to be by defined project team members and including advisors as required to meet the agreed programme.	Future projects		
7.6	KM / DM Review	06.04.23	Comms routes between finance team and project team	NHS Highland			Ensure that financial reporting requirements are clearly built into the project development process including approval milestones.	Future projects		
7.7	KM / DM Review	06.04.23	Governance	NHS Highland			Project governance requirements are to be clearly articulated in line with Scottish Government and NHS Highland policies, including resourcing, articulation of roles and responsibilities and lines of reporting (including timescales).	Future projects		
7.8	KM / DM Review	06.04.23	Budgets and allocations - IT, equipping, FM etc.	NHS Highland			Ensure that relevant project budgets and allocations for IT, equipping, FM, etc. are built in to the cost planning of the project from an early stage and refined in line with project development.	Future projects		
7.9	KM / DM Review	06.04.23	Approvals	NHS Highland			NHS Highland Board, Scottish Government and any external funding finance approvals to be sought in line with Business Case development	Future projects		
7.10	KM / DM Review	06.04.23	Delegated authority financial limits.	NHS Highland			Delegated authority - who can instruct what and to what limit - SRO, PD, PM, etc. to be clearly articulated as part of project governance and included in roles and responsibilities mapping.	Future projects		

7.11	KM / DM Review	06.04.23	Change control	NHS Highland		Change control processes and procedures to be defined as early in the project development process as possible and monitored in line with relevant business case requirements.	Future projects		
7.12	KM / DM Review	06.04.23	Project resourcing - NHS	NHS Highland		Adequate suitably experienced personnel to be defined for key project team roles as early in the project development process as possible.	Future projects		

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				NHS Scotland Board	PSCP					
8.1	KM / DM Review	06.04.23	HAI Scribe guidance	NHS Highland	TBC		Comply with HAI Scribe guidance	Future projects		
8.2	KM / DM Review	06.04.23	Programme - Scheduling milestones	NHS Highland	TBC		Programme - Scheduling milestones	Future projects		
8.3	KM / DM Review	06.04.23	Completion per contract / HAI Scribe stage requirements	NHS Highland	TBC		Completion per contract / HAI Scribe stage requirements	Future projects		
8.4	KM / DM Review	06.04.23	IPC team involvement	NHS Highland			IPC team involvement should be throughout the whole project life cycle and including reviews of all developing design and technical information where relevant.	Future projects		
8.5	KM / DM Review	06.04.23	Identify key leads and decision makers and continuity	NHS Highland	TBC		Key team members should be identified as early in the project development process as possible and be involved throughout.	Future projects		
8.6	KM / DM Review	06.04.23	Design review inputs / engagement IPC	NHS Highland	TBC		Participation in design reviews from early stages to ensure knowledge building and associated feedback to address any concerns.	Future projects		
8.7	KM / DM Review	06.04.23	Key decision recording inc risk management	NHS Highland	TBC		Ensure that there are processes and procedures in place to record and monitor requirements stage to stage.	Future projects		
8.8	KM / DM Review	06.04.23	Risk assessments - clinical	NHS Highland			Clinical teams to support the process and inform design and specification decision making and including mitigation of any identified risks..	Future projects		
8.9	KM / DM Review	06.04.23	Ensure all operational streams are covered	NHS Highland	TBC		Define who needs to be involved in the process to ensure that all aspects of the facility performance are going to have the right people involved in reviewing operational requirements and any impacts of the developing design and specification.	Future projects		
8.10	KM / DM Review	06.04.23	Engagement of specialist support	NHS Highland	TBC		Engage specialists as required to support design and specification development through construction and commissioning / validation.	Future projects		

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9.1	KM Review	12.04.23	Appointment of BIM Manager - R & R	NHS Highland		Future Projects	Ensure timeous appointment of BIM manager	Future projects		
9.2	KM Review	12.04.23	Task Information Delivery Plan (TIDP)	NHS Highland		Future Projects	Task Information Delivery Plan to be developed (TIDP)	Future projects		
9.3	KM Review	12.04.23	OIR/AIR/EIR documentation	NHS Highland		Future Projects	Co-ordinate and specify all performance requirements for the project prior to commencing design.	Future projects		
9.4	KM Review	12.04.23	BIM Execution Plan	NHS Highland		Future Projects	Develop BIM Execution Plan	Future projects		
9.5	KM Review	12.04.23	BIM Protocol	NHS Highland		Future Projects	Ensure that BIM Protocol is included in contract	Future projects		
9.6	KM Review	12.04.23	Concept design / 3 D model		TBC	Future Projects	Development of Concept design / 3 D model to meet briefed requirements	Future projects		
9.7	KM Review	12.04.23	Master Information Delivery plan (MIDP)	NHS Highland	TBC	Future Projects	Master Information Delivery plan (MIDP) developed collaboratively to meet project requirements	Future projects		
9.8	KM Review	12.04.23	Developed design - Model sharing		TBC	Future Projects	Design team collaboration in developing design through shared model.	Future projects		
9.9	KM Review	12.04.23	Domain specific designs - eg structural - coordination		TBC	Future Projects	Implementation of domain specific design - eg structural - coordination	Future projects		
9.10	KM Review	12.04.23	Common Data Environment CDE		TBC	Future Projects	Implementation of a Common Data Environment CDE for stakeholder collaboration across the project.	Future projects		
9.11	KM Review	12.04.23	Federated Model / collaborative workflows		TBC	Future Projects	Implement collaborative workflows for application in the federated model as part of BIM execution planning.	Future projects		
9.12	KM Review	12.04.23	BS1192 Table 5 Suitability codes		TBC	Future Projects	Apply requirements of BS1192 Table 5 Suitability codes definitions for information development and sharing.	Future projects		
9.13	KM Review	12.04.23	Technical design / Design Coordination/Clash detection		TBC	Future Projects	Technical design / Design Coordination/Clash detection to be progressed to meet specifications and performance standards	Future projects		
9.14	KM Review	12.04.23	Construction/ Change management	NHS Highland	TBC	Future Projects	Contractual change control procedures to be followed	Future projects		
9.15	KM Review	12.04.23	COBie Drops		TBC	Future Projects	COBie Drops to be made in line with agreed programme and to specification.	Future projects		
9.16	KM Review	12.04.23	Handover and closeout/HS File/O&M/AIM/CAFM		TBC	Future Projects	Handover and closeout/HS File/O&M/AIM/CAFM documentation and electronic filing to be completed timeously for handover and including commissioning and training requirements.	Future projects		
9.17	KM Review	12.04.23	In Use/FM	NHS Highland	TBC	Future Projects	Operational performance to be monitored and supported in aftercare period and lessons learned fed back into POE at prescribed stages.	Future projects		

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				NHS Scotland Board	PSCP					
10.1	KM Review	12.04.23	Design programme / resources		TBC		Ensure that Civil engineering inputs and outputs are fed into the design programme for co-ordination with other design disciplines and including resources.	Future projects		
10.2	KM Review	12.04.23	Design Guidance and Derogations		TBC		Follow relevant design and technical guidance and confirm any relevant design discipline related derogations.	Future projects		
10.3	KM Review	12.04.23	Design Statement		TBC		Input to the development of the design statement and participate in the NDAP process as required.	Future projects		
10.4	KM Review	12.04.23	Design Risk Assessments		TBC		Complete design risk assessments as required and contribute to the pre-construction Health and Safety File in liaison with the Principal Designer.	Future projects		
10.5	KM Review	12.04.23	Nett Zero		TBC		Participate in any design and specification development to support meeting Nett Zero Carbon targets.	Future projects		
10.6	KM Review	12.04.23	SDaC		TBC		Support the SDaC process at all stages of project development.	Future projects		
10.7	KM Review	12.04.23	AEDET		TBC		Participate in AEDET workshops if required.	Future projects		
10.8	KM Review	12.04.23	NDAP		TBC		Support the NDAP process as required through key stages of project development.	Future projects		
10.9	KM Review	12.04.23	KSAR Precon/Construction/Commissioning/Handover		TBC		Support the KSAR process with discipline specific inputs.	Future projects		
10.10	KM Review	12.04.23	Draft Concepts		TBC		Produce draft concept designs including options through early design stages to support the architectural concept design.	Future projects		
10.11	KM Review	12.04.23	Design Coordination		TBC		Support overall design co-ordination and including BIM level 2 inputs.	Future projects		
10.12	KM Review	12.04.23	Design review / Approval		TBC		Submit relevant deliverables as required as part of design review and approvals processes.	Future projects		
10.13	KM Review	12.04.23	Change Control		TBC		Monitor design development and highlight any issues which may have to be considered as part of the change control process.	Future projects		
10.14	KM Review	12.04.23	MIDP Civils		TBC		Contribute to development of the MIDP with proposed Civils deliverables.	Future projects		
10.15	KM Review	12.04.23	Quality Standards		TBC		Contribute to the defined Quality Standards for the construction stage as part of specification development.	Future projects		

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11.1	KM Review	12.04.23	Design programme / resources		TBC		Ensure that Architectural inputs and outputs are fed into the design programme for co-ordination with other design disciplines and including resources.	Future projects		
11.2	KM Review	12.04.23	Design Guidance and Derogation		TBC		Follow relevant design and technical guidance and confirm any relevant design discipline related derogations.	Future projects		
11.3	KM Review	12.04.23	Design Statement		TBC		Input to the development of the design statement and participate in the NDAP process as required.	Future projects		
11.4	KM Review	12.04.23	Design Risk Assessments		TBC		Complete design risk assessments as required and contribute to the pre-construction Health and Safety File in liaison with the Principal Designer.	Future projects		
11.5	KM Review	12.04.23	Nett Zero		TBC		Participate in any design and specification development to support meeting Net Zero Carbon targets including architectural and structural options and embodied carbon calculations	Future projects		
11.6	KM Review	12.04.23	SDaC		TBC		Support the SDaC process at all stages of project development.	Future projects		
11.7	KM Review	12.04.23	AEDET		TBC		Participate in AEDET workshops if required.	Future projects		
11.8	KM Review	12.04.23	NDAP		TBC		Support the NDAP process as required through key stages of project development.	Future projects		
11.9	KM Review	12.04.23	KSAR Precon/Construction/Commissioning Handover		TBC		Support the KSAR process with discipline specific inputs.	Future projects		
11.10	KM Review	12.04.23	Draft Concepts		TBC		Produce draft concept designs including options through early design stages to support the overall concept design.	Future projects		
11.11	KM Review	12.04.23	Design Coordination		TBC		Support overall design co-ordination and including BIM level 2 inputs.	Future projects		
11.12	KM Review	12.04.23	Design review /Approval		TBC		Submit relevant deliverables as required as part of design review and approvals processes.	Future projects		
11.13	KM Review	12.04.23	Change Control		TBC		Monitor design development and highlight any issues which may have to be considered as part of the change control process.	Future projects		
11.14	KM Review	12.04.23	MIDP Building		TBC		Contribute to development of the MIDP with proposed Architectural and Structural deliverables.	Future projects		
11.15	KM Review	12.04.23	Quality Standards		TBC		Contribute to the defined Quality Standards for the construction stage as part of specification development.	Future projects		

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12.1	KM Review	12.04.23	Design programme / resources		TBC		Ensure that MEP engineering inputs and outputs are fed into the design programme for co-ordination with other design disciplines and including resources.	Future projects		
12.2	KM Review	12.04.23	Design Guidance and Derogation		TBC		Follow relevant design and technical guidance and confirm any relevant design discipline related derogations.	Future projects		
12.3	KM Review	12.04.23	Design Statement		TBC		Input to the development of the design statement and participate in the NDAP process as required.	Future projects		
12.4	KM Review	12.04.23	Design Risk Assessments		TBC		Complete design risk assessments as required and contribute to the pre-construction Health and Safety File in liaison with the Principal Designer.	Future projects		
12.5	KM Review	12.04.23	Nett Zero		TBC		Participate in any design and specification development to support meeting Net Zero Carbon targets including services options and support embodied carbon calculations.	Future projects		
12.6	KM Review	12.04.23	SDaC		TBC		Support the SDaC process at all stages of project development.	Future projects		
12.7	KM Review	12.04.23	AEDET		TBC		Participate in AEDET workshops if required.	Future projects		
12.8	KM Review	12.04.23	NDAP		TBC		Support the NDAP process as required through key stages of project development.	Future projects		
12.9	KM Review	12.04.23	KSAR Precon/Construction/Commissioning/Handover		TBC		Support the KSAR process with discipline specific inputs.	Future projects		
12.10	KM Review	12.04.23	Draft Concepts		TBC		Produce draft concept designs including options through early design stages to support the architectural concept design.	Future projects		
12.11	KM Review	12.04.23	Design Coordination		TBC		Support overall design co-ordination and including BIM level 2 inputs.	Future projects		
12.12	KM Review	12.04.23	Design review /Approval		TBC		Submit relevant deliverables as required as part of design review and approvals processes.	Future projects		
12.13	KM Review	12.04.23	Change Control		TBC		Monitor design development and highlight any issues which may have to be considered as part of the change control process.	Future projects		
12.14	KM Review	12.04.23	MIDP MEP		TBC		Contribute to development of the MIDP with proposed MEP deliverables.	Future projects		
12.15	KM Review	12.04.23	Quality Standards		TBC		Contribute to the defined Quality Standards for the construction stage as part of specification development.	Future projects		
12.16	KM Review	12.04.23	Equipment Management	NHS Highland			Support the equipment management and procurement processes with inputs relating to services supplies, integration and co-ordination.	Future projects		

12.17	KM Review	12.04.23	E Health Management	NHS Highland			Support the E Health team with support relating to IT related infrastructure, space management and coordination and comms	Future projects		
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	13.1	KM Review	12.04.23	Land Acquisition	NHS Highland			Ensure that any land required for the development is acquired and any conditions of purchase sanitised.	Future projects		
	13.2	KM Review	12.04.23	Site surveys and reports	NHS Highland			Commission relevant site investigations and surveys and reports including ground conditions, buried services, trees, archaeological, ecology, existing buildings, etc.	Future projects		
	13.3	KM Review	12.04.23	Stage 4 NEC Contract	NHS Highland			Set up all project management systems and develop a collaborative working ethos from the outset working under the NEC 4 form of contract.	Future projects		
	13.4	KM Review	12.04.23	Target Price Options	NHS Highland			Prior to procurement agree the most appropriate form of NEC contract for the project and put relevant documentation in place for tender and appointment.	Future projects		
	13.5	KM Review	12.04.23	Project Programme /Resourced / Monitoring	NHS Highland	TBC		Contractor to develop the design and construction programme, fully resource profiled and set up for monitoring, reporting and updating at key project stages.	Future projects		
	13.6	KM Review	12.04.23	Sectional /Staged completion	NHS Highland	TBC		Agree requirements for any sectional or staged completion of the project.	Future projects		
	13.7	KM Review	12.04.23	MMC / Modular - Offsite Construction / Innovation	NHS Highland	TBC		Review options for Modern Methods of construction to be utilised on the project from early stages if feasible in order to coordinate design and specification to suit construction methodology.	Future projects		
	13.8	KM Review	12.04.23	Cashflow	NHS Highland	TBC		Cashflow to be developed for the project based on programme and resource inputs.	Future projects		
	13.9	KM Review	12.04.23	Change Management	NHS Highland	TBC		Change Management protocols to be put in place for the project to ensure that all contractual requirements are met timeously.	Future projects		
	13.10	KM Review	12.04.23	Contract Management	NHS Highland	TBC		Use of CEMAR or equivalent online collaboration platform for contract management.	Future projects		
	13.11	KM Review	12.04.23	Common Data Environment	NHS Highland	TBC		Set up a Common Data Environment (CDE) for project participants to collaborate on and share all project information.	Future projects		
	13.12	KM Review	12.04.23	Quality Plan /QMS monitoring/Reporting	NHS Highland	TBC		Develop a quality plan for the project and management system for quality control and assurance on the project.	Future projects		
	13.13	KM Review	12.04.23	Procurement Planning	NHS Highland	TBC		Plan the procurement of all sub contract packages and support from specialist contractors / suppliers including market testing requirements.	Future projects		
	13.14	KM Review	12.04.23	Progress reporting	NHS Highland	TBC		Confirm proposed reporting formats to capture project progress reporting covering Design, Health and Safety, Quality Management and required processes such as HAI/Scribe, etc.	Future projects		

13.15	KM Review	12.04.23	Appointment of Lead Advisor / PM/CA/CDMA/NEC Sup/Tech Support	NHS Highland			Coordinate the timeous appointment of consultant / advisor team to support NHS Highland in delivering the project.	Future projects		
13.16	KM Review	12.04.23	Commissioning Management		TBC		Coordinate the approach to Commissioning Management and appoint additional support as may be required.	Future projects		
13.17	KM Review	12.04.23	Quality Management	NHS Highland	TBC		Appointment of Quality Management support to be made when required.	Future projects		
13.18	KM Review	12.04.23	Management of Subcontractors / QA checking		TBC		Ensure that procedures are in place to manage quality management through supply chain and carry out relevant checks through construction.	Future projects		
13.19	KM Review	12.04.23	Sub Contract Resourcing / Monitoring -programme/progress reporting		TBC		Ensure that procedures are in place to monitor supply chain resourcing, programme management and reporting and carry out relevant checks through construction.	Future projects		
13.20	KM Review	12.04.23	Appointment of Theatre Validation Consultant	NHS Highland	TBC		Make early appointment of Theatre Validation Consultant and allow for pre validation checks.	Future projects		
13.21	KM Review	12.04.23	Early Warning Notices (EWNs) & Compensation Events (CEs)	NHS Highland	TBC		Ensure that the EWN & CE contractual processes are used effectively to manage the impacts of issues materially affecting the progress and/or the cost of the works.	Future projects		
13.22	KM Review	12.04.23	Cost Report Format / Frequency	NHS Highland	TBC		Adhere to the specified cost reporting format and including frequency of reporting.	Future projects		
13.23	KM Review	12.04.23	Equipping Strategy/ Budgets / Service Level Agreement (SLA) with NHS Assure (HFS)	NHS Highland	TBC		Ensure that relevant responsibilities for all aspects of Equipping including the Strategy and associated Budgets and procurement requirements (including groupings) and the SLA with NHS Assure (HFS) is clearly set down contractually and programmed. Ensure that relevant delivery and storage requirements for equipment are co-ordinated across all parties.	Future projects		
13.24	KM Review	12.04.23	Temporary works		TBC		Ensure that all temporary works are carried out as specified and adequately checked with relevant safety measures in place.	Future projects		
13.25	KM Review	12.04.23	Servicing arrangements		TBC		Ensure that relevant site servicing arrangements are in place and managed effectively.	Future projects		
13.26	KM Review	12.04.23	Commissioning Master Plan	NHS Highland	TBC		Commissioning Master Plan to be developed as early in the process as feasible and to include all services, networks and equipment commissioning checks, logs, sign-offs, O+M Manuals and including associated training. To include both technical commissioning and relevant interfaces with operational commissioning.	Future projects		
13.27	KM Review	12.04.23	KSAR Construction /Commissioning/Handover	NHS Highland	TBC		Ensure that the KSAR processes covering construction, commissioning and handover have been allowed for in the programme and activity schedules as relevant and that resource will be available to support the process at key stages.	Future projects		
13.28	KM Review	12.04.23	Project Risk Register & Operational Risk Register	NHS Highland	TBC		Ensure that the management of risks is an ongoing activity and include reporting at relevant project and site meetings.	Future projects		

13.29	KM Review	12.04.23	FM strategy & FM Implementation Plan	NHS Highland			Development of the FM Strategy and implementation planning for relevant services should be progressed in advance of the works and then refined through the construction stage with virtual and actual walk throughs together with staff training.	Future projects		
13.30	KM Review	12.04.23	Aftercare Plan	NHS Highland	TBC		Ensure that the After Care planning is developed timeously and that all key requirements are agreed including emergency contacts and help desk set up.	Future projects		

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Soft Landings, Lessons Learned Register: Section 14.0 Handover inc Technical Commissioning and Training

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NHS Scotland Board
 Project Name NTC - Highland
 Register Owner Kevin Minnock
 Version v01 Rev N
 Date Last Updated 09.02.2024
 Document Reference Number 2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
14.1	KM Review	12.04.23	Handover Plan	NHS Highland	TBC		Jointly progress handover planning including all key aspects / requirements as scheduled below:	Future projects		
14.2	KM Review	12.04.23	Construction Completion & Handover	NHS Highland			Ensure that at Construction Completion & Handover all relevant documentation is signed off by Authorised Signatories and that they are party to the formal handover process.	Future projects		
14.3	KM Review	12.04.23	Operational Commissioning Plan	NHS Highland			Ensure that all key stakeholders are party to the Operational Commissioning Plan and that this is in place at Handover.	Future projects		
14.4	KM Review	12.04.23	Detailed Transition Plan	NHS Highland			Ensure that detailed Transition Planning is commenced well in advance of proposed occupation of the building and that it includes all requirements relating to building occupation and use.	Future projects		
14.5	KM Review	12.04.23	E Health	NHS Highland			Ensure that E Health inputs to the project development are timeous and that relevant systems and equipment is commissioned and available for occupation. See also separate eHealth Lessons Learned reporting.	Future projects		
14.6	KM Review	12.04.23	Equipping Plan	NHS Highland			Ensure that the Equipping Plan is commenced timeously and includes programming of deliveries, installations, testing, commissioning training etc and all relevant requirements for operational occupation are signed off.	Future projects		
14.7	KM Review	12.04.23	Familiarisation & Training Plans (Estates/FM/Operational)	NHS Highland			Familiarisation & Training Plans (Estates/FM/Operational) to be in place timeously and all relevant activities programmed to meet the operational in-use date.	Future projects		
14.8	KM Review	12.04.23	Clinical Cleaning Programme	NHS Highland			Clinical Cleaning - relevant activities to be programmed to meet the operational in-use date.	Future projects		
14.9	KM Review	12.04.23	Fire Safety Plan	NHS Highland			Ensure that Fire Safety Plan is in place and effectively tested for Handover and that any additional requirements for operational commissioning and in-use are resolved.	Future projects		
14.10	KM Review	12.04.23	H&S Files / O&M files/COBie/AIM/CAFM	NHS Highland	TBC		Contractor to ensure that all relevant documentation including H&S Files / O&M files /COBie / AIM / CAFM, etc is finalised and handed over timeously for NHS Highland use including key familiarisation /training related information in advance.	Future projects		

Soft Landings, Lessons Learned Register: Section 15.0 Aftercare

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ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
15.1	KM Review	12.04.23	Aftercare Plan	NHS Highland			Requires to be developed, agreed and contracted as early in advance of handover as possible and include Lessons Learned from previous projects.	Future projects		
15.2	KM Review	12.04.23	FM Implementation Strategy	NHS Highland			Requires to be developed, agreed and responsibility allocated as early in the project briefing and development process as possible and include Lessons Learned from previous projects.	Future projects		
15.3	KM Review	12.04.23	POE arrangements inc monitoring	NHS Highland			Need to be developed with relevant stakeholders inc programme and agreed prior to Handover.	Future projects		
15.4	KM Review	12.04.23	Issues/concerns management arrangements	NHS Highland			Responsibilities for Aftercare tbc during construction stage.	Future projects		
15.5	David Rich	27.07.23	Aftercare / In-Use Defects schedule via help desk - refer to Appendices.	NHS Highland			Detailed logs available that are included in Lessons Learned for the project.	Future projects		

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ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
16.1	KM Review	12.04.23	NHSH Maintenance Policy	NHS Highland	TBC		Ensure that the maintenance policy documentation is part of the FM brief.	Future projects		
16.2	KM Review	12.04.23	FM Procurement Strategy	NHS Highland	TBC		Ensure that the relevant sections of the FM procurement strategy documentation is part of the FM brief.	Future projects		
16.3	KM Review	12.04.23	Produce project specific FM Strategy was developed.	NHS Highland	TBC		The FM strategy is an integral component of project briefing and should be developed as early in the project as feasible.	Future projects		
16.4	KM Review	12.04.23	FM Implementation Workshops/Plan -Stakeholder interfaces	NHS Highland	TBC		There should be stakeholder involvement in all aspects of FM for the project and including specific briefing and implementation workshops.	Future projects		
16.5	KM Review	12.04.23	FM Budget	NHS Highland	TBC		Ensure that the budget covers all relevant aspects of FM services including capital and revenue requirements.	Future projects		
16.6	KM Review	12.04.23	FM Risks & Opportunities	NHS Highland	TBC		Risks and Opportunities associated with the service should be identified as part of stakeholder engagement and then managed through the project development and operational in-use stages.	Future projects		
16.7	KM Review	12.04.23	FM Resourcing	NHS Highland	TBC		Suitable resourcing should be identified to support both project development and operational in -use stages.	Future projects		

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NHS Scotland Board	NHS Highland
Project Name	NTC - Highland
Register Owner	Kevin Minnock
Version	v01 Rev N
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Document Reference Number	2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
17.1	KM Review	12.04.23	Operations Asset Management & Maintenance Strategy	NHS Highland	TBC		The relevant parts of the Board Operations Asset Management and Maintenance Strategy should form part of project briefing information together with any project specific requirements added.	Future projects		
17.2	KM Review	12.04.23	Asset Management - Risk Assessment	NHS Highland	TBC		Asset Management should be included as part of project specific risk assessments.	Future projects		
17.3	KM Review	12.04.23	People, Philosophy, Process & Performance (4 Ps)	NHS Highland	TBC		To deal with any change management issues associated with the project adopt a holistic approach encompassing the 4 Ps of change management – People, Process, Purpose, and Performance.	Future projects		
17.4	KM Review	12.04.23	Asset Life Cycle development	NHS Highland	TBC		As part of the asset management approach ensure that the facility is properly planned for, acquired (if applicable), used, maintained, and disposed of. The main goal for NHS Highland is to improve the lifecycles of valuable assets and improve their reliability to ensure the facility is running smoothly and the finances associated with the assets are properly allocated and accounted for.	Future projects		
17.5	KM Review	12.04.23	Accurate, punctual and consistent data	NHS Highland	TBC		Ensure that all relevant data associated with the project as a developing asset is accurate, consistent and made available timeously.	Future projects		
17.6	KM Review	12.04.23	Stakeholder Engagement /Key Decision Makers	NHS Highland	TBC		Ensure that there is continuity of personnel through any stakeholder engagement and that key decision makers are present to assist the streamlining of the process.			

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ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
18.1	KSAR Feedback	28.06.23	<u>BBK ESSW (Electrical safe system of work)</u> NHS SA received no assurance that permit receivers have been trained on the BBK electronic permit system in use on the project.	NHS Highland	Balfour Beatty	All	Produce CDMA/PD monthly reports.	2 Months		
18.2	KSAR Feedback	28.06.23	<u>Generator Testing</u> Load bank test results have been provided, however NHS SA are unclear if the test was conducted on site or a factory test, no final on site testing of generators had been completed at time of NHS SA review (22-02-2023). There was also no evidence of a generator start up cause and effect.	NHS Highland			NHS Highland should ensure that suitable evidence of training, TBT, SSW inductions, etc, have been provided. As the facility is non operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?			
18.3	KSAR Feedback	28.06.23	<u>Medical Locations</u> The installation was designed and is to be tested and certified under the 17th edition of the IET regulations, BS7671 (amendment 3 2015) 2008 (amendment 3 2015). There is no confirmation that Group 1 and 2 medical locations comply with Regulation 710.415.2.2 9(ii) in that earth resistance of fixed equipment and extraneous conductive parts shall not be more than 0.7ohms.	NHS Highland	[Insert Name]		NHS Highland should ensure that all generator testing and commissioning certification and documentation are suitably signed and include all missing information e.g. load test sheets to confirm the location where it was carried out, etc. NHS Highland should confirm that generator start up times are compliant with Regulations 710.560.6.1.1 and 710.560.6.1.2 of the 17th Edition of the IET Wiring Regulations, BS7671 2008 (Amendment 3, 2015). NHS Highland should provide a generator cause and effect. As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?			
18.4	KSAR Feedback	28.06.23	<u>Escape Routes</u> NHS SA observed a number of luminaires and flex cabling that did not appear to be independently supported to the building structure to prevent against premature collapse in accordance with the 17th edition of the IET regulations, BS7671 (amendment 3 2015) 2008 (amendment 3 2015) regulation 521.11. Further it was unclear how the luminaire fixing detail complied with regulation 559.5.2.	NHS Highland			NHS Highland should ensure that the electrical installation was designed, tested and certified to the requirements of the 17th Edition of the IET Wiring Regulations, BS7671 2008 (Amendment 3, 2015). NHS Highland should ensure that Group 1 and 2 medical locations comply with Regulation 710.415.2.2 9(ii) in that earth resistance of fixed equipment and extraneous conductive parts shall not be more than 0.7 ohms. As the facility is now operational NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?			
18.5	KSAR Feedback	28.06.23	<u>EBB's in Accordance With Regulations 710.415.2.2 and 710.415.2.3 (17th Edition of the IET Wiring Regulations, BS7671 2008 (Amendment 3, 2015)).</u> During the Commissioning / Handover site observation review, NHS Scotland Assure queried whether EBB's (Equipotential Bonding Busbars) installed in Group 1 bedrooms complied with the requirements of Regulation 710.415.2.2 and 710.415.2.3 (17th Edition of the IET Wiring Regulations, BS7671 2008 (Amendment 3, 2015)). This was subject to discussion with NHS Highland and the PSCP.	NHS Highland	[Insert Name]		NHS Highland should ensure that light fittings are independently supported to the building structure in escape routes to ensure against premature collapse in accordance with Regulation 521.11 of the 17th Edition of the IET Wiring Regulations, BS7671 2008 (Amendment 3, 2015). As the facility is now operational NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?			

18.6	KSAR Feedback	28.06.23	<p><u>Circuit references label</u></p> <p>NHS Highland advised that the health board required that socket outlets to be labelled this had not been observed during the KSAR visit.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that information relating to the EBB's is included in the handover documentation e.g. compliance with the IET Wiring Regulations (17th Edition, BS7671 2008 (Amendment 3, 2015), test results, test certificates, earthing schematics (including cables sizes), details of appropriate labelling, product data sheets, etc.</p> <p>As the facility is now operational NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?</p>				
18.7	KSAR Feedback	28.06.23	<p><u>Barn Theatre - Evacuation Strategy</u></p> <p>It is noted that the design of Barn theatres has been changed from the original proposal and that the connecting door between theatres will be replaced with a solid wall. There are no documents that support this change to the layout.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that clinical teams are content with patients being evacuated direct from the theatre into a corridor and that patient care can be continued during PHE.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.8	KSAR Feedback	28.06.23	<p><u>Bedroom - Evacuation Management Strategy</u></p> <p>The layout of the bedroom areas is designed to facilitate progressive horizontal evacuation, however, due to the layout, it is essential that the evacuation management is robust and staff are trained on the routes that should be used. E7:E8</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that PHE can be achieved from the bedroom areas in accordance with NHS Firecode. NHS Highland should also ensure that clinical teams are content that patient care can be continued during PHE.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.9	KSAR Feedback	28.06.23	<p><u>Wheelchair Charging Points</u></p> <p>The Fire Strategy Section 5.1.3 states that wheelchair charging point doors will be fitted with a delayed action fire active closer.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure confirmation of the type of door device installed and the length of time of the delay. If these devices are non-standard, NHS Highland should ensure that the device is in accordance with SHTM 81.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.10	KSAR Feedback	28.06.23	<p><u>Fire Alarm Audibility</u></p> <p>The fire strategy states 'The building will be provided with a sounder alarm system in accordance with BS 5839-3 and SHTM-82.'</p> <p>It was verbally indicated by Jonathan Spode (NHS fire safety advisor) that in the event of a fire, operating the fire staff would be alerted via the control panel. However, this procedure could not be demonstrated in order to show its effectiveness, there was limited information passed to NHS SA to confirm how this procedure would work.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that details of the fire alert procedure for staff working in the theatre have been provided.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.11	KSAR Feedback	28.06.23	<p><u>Fire exit signage locations</u></p> <p>Several instances of missing or incorrect signage were observed on site. These items were discussed on site with the Contractor and the NHS Fire Officer.</p>	NHS Highland		<p>NHS Highland should ensure that the Board fire safety advisor is satisfied with the fire safety signage arrangements.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.12	KSAR Feedback	28.06.23	<p><u>Fire alarm panel</u></p> <p>No zone plans were observed accompanying fire alarm panels across the ground floor.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that zone plans are installed adjacent to the fire alarm panels.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				

18.13	KSAR Feedback	28.06.23	<p><u>Ventilation ductwork</u></p> <p>Timber battens were observed on the support fixings to some ventilation ductwork at second-floor plant level. This may have been a temporary measure as part of the construction process.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that the fixing of ventilation ductwork is consistent with the manufacturer's recommended method of fixing.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.14	KSAR Feedback	28.06.23	<p><u>Fire Strategy Alterations</u></p> <p>Clarification required - Have there been any changes to the fire strategy since the previous Key Stage Assurance Review?</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that the fire strategy document forming part of the handover documentation is the most recent version.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.15	KSAR Feedback	28.06.23	<p><u>Pre-occupation fire risk assessment</u></p> <p>NHS Highland have confirmed that at the time of completion of the Handover KSAR, the fire risk assessment and the pre-occupation fire risk assessment had not been completed.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that a copy of the fire risk assessment is completed in accordance with SHTM 86 and is provided as part of the handover documentation.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.16	KSAR Feedback	28.06.23	<p><u>Emergency Fire Evacuation Plan</u></p> <p>NHS Highland have not provided evidence of this for review.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that a copy of the Emergency Fire Evacuation plan is provided as part of the handover documentation.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.17	KSAR Feedback	28.06.23	<p><u>Induction Training</u></p> <p>Evidence provided states 'NTC fire training', however, this is not clear if this is induction training for the building. NHSH should confirm that all staff have received induction training.</p>	NHS Highland	[Insert Name]	<p>NHS Highland should ensure that all staff have received fire safety induction training.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.18	KSAR Feedback	28.06.23	<p><u>Commissioning Documentation</u></p> <p>NHS Highland to confirm commissioning documents are completed for all passive and active fire safety measures.</p>	NHS Highland		<p>NHS Highland should ensure that all commissioning documents are complete and are provided as part of the handover documentation.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				
18.19	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook Ref 1.2</u></p> <p>The UPS gas suppression certification has not been signed by the PSCP, it unclear from the information on the certification if the UPS room on the 2nd floor plant room and main LV room are included within the certification issued, inclusive of no manufacturers information for the following equipment, Small Power accessories, luminaires, PV, Theatre intercom and Vesda.</p>	NHS Highland	[Insert Name]	<p>NHS Highland to ensure that all certification, as fitted drawings & manufacturers information for gas suppression is clear and definitive as to the system and location signed by the PSCP to accurately reflect the installed systems within the building and provide evidence that all residual risks in the form of a Schedule of Residual Risks have been considered and is included within the O&M documentation.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>				

18.20	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook Ref 1.7</u></p> <p>Although a training programme has been submitted for review there is no evidence of attendance at the training sessions</p>	NHS Highland	[Insert Name]	<p>NHS Highland to ensure that attendance records for each training session have been received and fully recorded.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.21	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook Ref 1.10</u></p> <p>The estates management and electrical safety policies have not been ratified by the health and safety committee, the policies are past the review dates of December 2021 [Estates Management] and August 2022 [Electrical safety].</p>	NHS Highland	[Insert Name]	<p>NHS Highland to ensure policies are reviewed and ratified in line with current NHS Highland policy.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.22	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook 1.1</u></p> <p>No action plan detailing outstanding actions from construction KSAR or Commissioning KSAR items to demonstrate close out.</p>	NHS Highland	[Insert Name]	<p>NHS Highland to ensure that the amalgamated list of outstanding actions from the Construction KSAR and Commissioning KSAR have been completed and closed out.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.23	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook 1.3</u></p> <p>NHS Highland to ensure that all relevant information from the Commissioning and Handover phases has been collated, appropriately documented and reviewed prior to handover.</p>	NHS Highland	[Insert Name]	<p>NHS Highland to ensure that the following actions have been completed and suitably filed:</p> <ul style="list-style-type: none"> - Final Commissioning records which demonstrate design conditions and actual commissioned conditions. - O&M information in line with the requirements of guidance, the BCRCs and BSRIA BG 79. - Record drawings. - Health and Safety file. - Digital information exchange in line with Employers Information Requirements (EIRs). (Graphical and non-graphical data, e.g. Federated BIM model, COBie data, asset lists etc.). - Updated access and maintenance strategy. - Derogations from standards have been agreed by the health board and signed-off prior to Handover. - Processes in place to allow stakeholders to review and comment on Handover documentation. - Handover checklists. - Testing commissioning and validation processes are complete, and documentation has been received and reviewed by key stakeholders from the health board (e.g. WSG/NSG/ESG, AEs, IPC etc.) in line with their governance processes. <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.24	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) workbook 1.5</u></p> <p>Evidence of roles and responsibilities has not been updated since the project commencement with no evidence of key maintenance procedures having been carried out since construction/commissioning.</p>	NHS Highland	[Insert Name]	<p>NHS Highland to ensure that the roles and responsibilities document is fully updated including, where applicable, key roles which vacant although they were previously listed with appointments in place. NHS Highland to ensure key roles are updated to reflect current responsibilities.</p> <p>NHS Highland to ensure that maintenance records have been provided which demonstrates that statutory inspections and maintenance have carried out since construction / commissioning has been completed</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			

18.25	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook 1.6</u></p> <p>KSAR resources and key stakeholders list is out of date and no details of IPC or CPs assigned to support the NTC have been presented by NHS Highland.</p> <p>The only information on roles and responsibilities provided by NHS Highland was for the Designated Person.</p>	NHS Highland		<p>NHS Highland AE (HV/LV) listed in documentation has not been in post for several months. NHS Highland to ensure the list of key stakeholders is current and updated on a regular basis.</p> <p>NHS Highland to ensure that the roles and responsibilities of all positions are clearly defined and understood by those occupying each position in line with an updated relevant HBP24 Estates management procedure.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.26	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) workbook 1.8</u></p> <p>No evidence of estates attendance at familiarisation training, evidence of handover of spares or details of planned maintenance carried out.</p>	NHS Highland		<p>NHS Highland to ensure that the following information has been provided:</p> <ul style="list-style-type: none"> - Training records for estates staff including a register of attendance. - Confirmation of the tools & spares to be provided by the contractor including a detailed inventory of spares supplied, location stored and quantity. - Confirmation of maintenance carried out post handover including details of competence of maintenance staff. The project maintenance information to be comprehensive. <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.27	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) workbook 1.9</u></p> <p>Spreadsheet of planned maintenance does not provide sufficient detail of maintenance carried out. No evidence of soft landings review meetings has been provided.</p>	NHS Highland		<p>NHS Highland to ensure that the following information has been provided:</p> <ul style="list-style-type: none"> - Detailed planned maintenance schedules - Copies of soft landings meeting minutes demonstrating appropriate planning and execution of soft landings. <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.28	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) workbook 1.10</u></p> <p>NHS Highland to ensure that there is a process in place for managing Statutory Compliance (including use of the NHS Scotland SCART system)</p> <p>No evidence of appointments, policies and procedures for managing and operating engineering systems or the storing and managing documentation and statutory maintenance records associated with the project.</p>	NHS Highland		<p>NHS Highland to ensure that the following information has been provided:</p> <ul style="list-style-type: none"> - 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. - Evidence of management appointments to support the management process. - Evidence how existing maintenance records by contractor have been incorporated into the boards maintenance systems and are being continued as required. <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			

18.29	KSAR Feedback	28.06.23	<p><u>KSAR (Handover) Workbook Ref 1.2</u></p> <p>No evidence that a verification letter has been issued for the domestic water and above ground drainage systems being installed in line with the specification and guidance.</p> <p>No evidence that independent witnessing for all commissioning activities has taken place.</p>	NHS Highland		<p>NHS Highland to ensure they that confirmation has been provided by the contractor to confirm that the domestic water and above ground drainage systems have been installed in line with the specification and guidance.</p> <p>NHS Highland to ensure that all witnessing of commissioning documentation has been counter signed.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.30	KSAR Feedback	28.06.23	<p><u>HAI-SCRIBE</u></p> <p>No completed Stage 4 HAI-SCRIBE was seen.</p>	NHS Highland		<p>NHS Highland should ensure that:</p> <ul style="list-style-type: none"> - the Stage 4 HAI-SCRIBE is fully completed for all parts of the building by an appropriate multidisciplinary team (i.e. containing subject matter experts in all relevant disciplines). - that a process is in place for noting and ensuring rectification of any issues identified. - that both the HAI-SCRIBE and any follow up are reviewed by the Infection Prevention and Control Committee (IPCC). <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.31	KSAR Feedback	28.06.23	<p><u>IPC Experience KSAR Workbook Ref 2.2</u></p> <p>No evidence was seen of any assurance to the Board that IPC specialists involved in the handover process are appropriately qualified and experienced</p>	NHS Highland		<p>NHS Highland should ensure that IPC specialists who were involved in the handover process are appropriately qualified and experienced and that this was reviewed by the Board, for example at the IPCC.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.32	KSAR Feedback	28.06.23	<p><u>NIPCM KSAR Workbook Ref 2.2</u></p> <p>No evidence was seen that compliance with the National Infection Prevention and Control Manual (NIPCM) had been considered. For example: Plans for environmental and practice audits in a new setting, compliance with the manual has been considered within the final stage HAI-SCRIBE etc.</p>	NHS Highland		<p>NHS Highland should ensure that staff in the unit will be able to meet the requirements of the NIPCM and that there is a process in place by which the Board is satisfied with.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.33	KSAR Feedback	28.06.23	<p><u>National Cleaning Specification KSAR Workbook Ref 2.3</u></p> <p>No evidence was seen that cleaning schedules will meet the National Cleaning Specification, nor was any evidence seen demonstrating how cleaning schedules were developed or who was involved in this process</p>	NHS Highland		<p>NHS Highland should ensure that all cleaning schedules were reviewed and approved by the IPCT before the building was occupied.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.34	KSAR Feedback	28.06.23	<p>No evidence was seen of IPC involvement in the procurement process</p>	NHS Highland		<p>NHS Highland should ensure that there is a formal documented process for engaging IPC representatives in the procurement of new equipment for the unit.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			

18.35	KSAR Feedback	28.06.23	<p><u>Rodding Eyes in Clinical Areas - IPC Risk</u></p> <p>A drain rodding eye is sited within the first-floor recovery area.</p>	NHS Highland		<p>NHS Highland should ensure that a safe system of work is in place for access to the rodding eye in the first floor recovery area to ensure that any risk of contaminating this area is minimised.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.36	KSAR Feedback	28.06.23	<p><u>NIPCM Staff requirements</u></p> <p>No evidence was seen of assurance that staff in the unit will be able to meet the requirements of the National Infection prevention and Control Manual.</p>	NHS Highland		<p>NHS Highland should ensure that staff in the unit will be able to meet the requirements of the NIPCM and that there is a process in place by which the Board is assured of this.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.37	KSAR Feedback	28.06.23	<p><u>Equipment within Window Frames</u></p> <p>Equipment is fixed within the window frames in some rooms, leaving a narrow gap just below the top of the frame that will act as a dust trap</p>	NHS Highland		<p>NHS Highland have provided HAI-SCRIBE, however this is only for theatres and does not include other areas or address the issue of equipment fixed within window frames. Evidenced cleaning schedules e.g. for clinics do not specifically address this issue.</p> <p>NHS Highland should ensure that specific and relevant documentation is provided for cleaning of all areas over and above the theatres including equipment fixed within window frames.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.38	KSAR Feedback	28.06.23	<p><u>Macerator Drainage</u></p> <p>NHS SA noted during the walk round on 23/02/2023 that the macerators installed have an overflow pipe from the tank at the rear which will discharge onto the floor (speeds).</p> <p>Dirt and moisture is likely to collect behind macerators in the unit.</p>	NHS Highland		<p>NHS Highland should ensure that the macerator drainage issue has been resolved. Cleaning schedules should specifically address dust traps.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.39	KSAR Feedback	28.06.23	<p><u>MGPS Safety Group</u></p> <p>NHS Highland have advised that there is no formal construction medical gas group and that matters are discussed/agreed with the project team. Whilst NHS Highland provided evidence of emails/correspondence to demonstrate engagement between parties, it was unclear as to whether the correspondence was shared with all relevant medical gas safety stakeholders.</p>	NHS Highland		<p>NHS Highland should ensure that all relevant parties have been consulted with respect to medical gas commissioning and provide records of this.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.40	KSAR Feedback	28.06.23	<p><u>MGPS VIE Compound</u></p> <p>Main VIE 02 Tank foundation leg support has packers under base plate, there is no assurance that this provides appropriate structural support.</p>	NHS Highland		<p>NHS Highland should ensure the following has been verified with regards to the main VIE tank:</p> <ul style="list-style-type: none"> - the structural detail provides appropriate support. - the height of the packing and the material used are appropriate given the use and environment. - the capacity of the bolts meets the design requirements of the plant / wind loadings in the absence of a thicker steel shims covering the footprint of the baseplate. - the capacity of the baseplate meets design requirements of the plant / wind loadings and takes into account any additional bending/ prying forces that may be induced on the baseplate due to the air gap under the bolt locations. <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			

18.41	KSAR Feedback	28.06.23	<p><u>MGPS Manifold Room</u></p> <p>Medical Air manifold discharge point visibly restricted by manifold bottle bank.</p> <p>SHTM-02-01 (Part A) Sec 5.14 "Medical and surgical air may be vented internally normally terminating 50mm above finished floor level. Warning signs should be posted at the discharge positions; access for inspection should be provided"</p> <p>No lighting installed within MGPS manifold room to date.</p>	NHS Highland		<p>NHS Highland should ensure that they are content with the installation & PSCP response regarding the restricted medical air manifold discharge point.</p> <p>NHS Highland To ensure that appropriate lighting and emergency lighting is provided in the MGPS Manifold Room.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.42	KSAR Feedback	28.06.23	<p><u>MGPS Pipe Work Distances</u></p> <p>MGPS pipework is extremely close to adjacent ductwork and services viewed during site walk rounds.</p> <p>SHTM-02-01 (Part A) Sec 13.7 "Wherever practicable, a clearance of at least 25mm should be maintained between each service".</p>	NHS Highland		<p>The PSCP has confirmed that areas where MGPS pipework is in close proximity to adjacent ductwork and minimum distances have not been achieved is mitigated by MGPS electrical bonding.</p> <p>NHS Highland should review and ensure that with the minimum distances not being achieved, that they are satisfied that adequate bonding has been provided.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.43	KSAR Feedback	28.06.23	<p><u>MGPS Installation passing through concrete slab</u></p> <p>NHS SA observed instances where MGPS pipework penetrated the slab with no pipe work sleeve/collar evident. It is unclear whether the pipework is therefor adequately protected against any structural movement.</p>	NHS Highland		<p>NHS Highland should ensure that sleeves / collars are provided where MGPS pipework penetrates the slab or provide confirmation of acceptance.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observations as a lessons learned to carry forward into following projects?</p>			
18.44	KSAR Feedback	28.06.23	<p>Theatre Ventilation Strategy</p> <p>No further documentation in support of V1 identified in the additional information folders or Governance folders. Email from Ross Southwell of H&K advises that theatre layout is in accordance with air regime in SHTM03-01. This however does not discharge requirement for comprehensive design information and individual drawings for each theatre detailing pressure regimes, pressures and hierarchy of cleanliness. Especially in UCV theatres which will need to be demonstrated operating in dual mode (UCV in conventional). Emails provided identify requirement for terminal HEPA filtration in Sterile gas outlet prep room. This issue does not seem to have been adequately addressed, along with pressure stabilisation issues identified during walk round. The only stakeholder dialogue found in the additional info provided is an email advising that surgical staff intend opening sterile packs under the UCV.</p> <p>NHS SA acknowledges we have received the worksheets, we note several errors such as, forms not signed, errors in the calculations, the flow directions should be stated in the Air Movement Control Sheet should state direction eg. Prep "IN" to Theatre, It is unclear how the Delta P figures are being determined. If there zero leakage through the smoke seals this figure should also be zero.</p>	NHS Highland		<p>Further information was received detailing ventilation strategy and the process undertaken to undertake changes to theatre ventilation system.</p> <p>We acknowledge we have received theatre air sampling results - with no specific concerns</p> <p>NHS Highland to ensure:</p> <ul style="list-style-type: none"> - that the terminal HEPA filter in the Lay Up Prep Room, as advised by Malcolm Thomas, which is required when the UCV theatres are in conventional mode has been installed. - fan speeds are noted and verified on the BMS commissioning records. - that the cause and effect matrix has been tested and verified. - all commissioning and handover certificates are duly signed and witnessed. <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?</p>			
18.45	KSAR Feedback	28.06.23	<p>AHU Borosilicate glass traps</p> <p>Evidence required that trap water depths have been marked on traps.</p>	NHS Highland		<p>NHS Highland to ensure that trap water depths have been marked on traps.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?</p>			

18.46	KSAR Feedback	28.06.23	<p><u>Ventilation Company Competency</u></p> <p>Evidence that the personnel from the Commissioning company have been trained in the requirements of the local ventilation policy and procedures.</p> <p>Evidence that the site induction, with respect to working on ventilation and heating / chilled water systems has been agreed with all stakeholders, including the ventilation safety group.</p> <p>Assurance pertaining to the above was not provided by NHS Highlands as part of their commissioning KSAR response.</p>	NHS Highland		<p>NHS Highland ensure that all ventilation commissioning competencies for personnel have been met.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?</p>			
18.47	KSAR Feedback	28.06.23	<p>Complete Validation documentation</p> <p>Full and comprehensive Validation documentation required as evidence for review.</p>	NHS Highland		<p>Whilst a Validation report has been provided, NHS Highland to ensure that all outstanding BMS issues and non standard SPS air profiles are complete.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?</p>			
18.48	KSAR Feedback	28.06.23	<p>AHU Cleaning</p> <p>Whilst TR19 documentation was in place it was a minor observation that photographs were not labelled with locations to confirm they matched documentation. Follow up visit identified some metal swarf in AHU's which may be a result of removal of HEPA filter frames. Additional clean was not identified on duct cleaning documents provided.</p>	NHS Highland		<p>NHS Highland to ensure that an additional clean of the AHU was carried out including documentation associated with the cleaning works.</p> <p>As the facility is now operational, NHS Highland to acknowledge that they are content with their actions regarding the above, including any associated risks and will consider the observation as a lessons learned to carry forward into following projects?</p>			
18.49	KSAR Feedback	28.06.23	<p><u>Competence of Plumbing Sub-Contractors</u></p> <p>NHS Highland have not provided evidence that the personnel involved in the project have adequate healthcare experience and that all competency checks have been completed and signed off.</p> <p>The evidence does not indicate a clear record of the trade specific and site specific induction process.</p>	NHS Highland		<p>NHS Highland to ensure that they fully review and assess the competency of plumbing sub-contractors, to ensure relevant healthcare qualifications and experience are evident. Ensure that the competency review process is documented.</p> <p>NHS Highland to ensure that there are trade and site specific induction processes in place, (including toolbox talks etc.) and that these processes are appropriately documented.</p>			
18.5	KSAR Feedback	28.06.23	<p><u>Protection of Materials During Storage and Transportation</u></p> <p>The KSAR evidence does not provide assurance that pipework was adequately stored and safely managed to prevent contamination for the duration of the project. This includes the use of tape over pipe ends which is not an acceptable method.</p> <p>There was no evidence provided to show the pipework and other materials were protected prior to arriving on site by the suppliers. There were no records provided as to how the SCP has ensured that pipework has arrived to site in an appropriate condition and subsequently stored in site in accordance with SHTM 04-01 Part A 2014 16.2 which states "The system should be regularly checked during installation to ensure that open pipe, valve ends, cylinder connections etc are sealed to prevent the ingress of dust/debris that could cause problems during commissioning and subsequent operation."</p>	NHS Highland		<p>NHS Highland to ensure that appropriate processes are in place to maintain capped pipework ends, valve ends etc. in line with SHTM 04-01 Part E 2.40 which states "Temporary caps should be fitted to all open pipe ends of the pipework during installation, to protect it from ingress of dirt when it is not being worked on."</p> <p>Where open ends of installed pipework on the above ground drainage or domestic water systems are identified these should be reported to the site supervisor and / or the plumbing contractor for action.</p>			
18.51	KSAR Feedback	28.06.23	<p><u>Testing of Materials</u></p> <p>There is no evidence to show how the Health Board assures itself that all plumbing materials were tested in such a way that would not introduce contamination during the construction.</p>	NHS Highland		<p>NHS Highland to ensure that processes for storage and transportation of plant and materials by the supply chain / manufacturers are in line with the requirements of SHTM 04-01 and documented.</p> <p>This should include the supplier/manufacturer QA testing methodology and the need to dry test plant and equipment. Assurance should be sought in relation to any wet testing of components that may have taken place and about the quality of water that was used.</p>			

18.52	KSAR Feedback	28.06.23	<p><u>KSAR workbook ref no. 3.1</u></p> <p>NHS Highland have advised that there is no formal construction water safety group and that matters are discussed/agreed with the project team. Whilst NHS Highland provided evidence of emails/correspondence to demonstrate engagement between parties, it was unclear as to whether the correspondence was shared with all relevant water safety stakeholders</p>	NHS Highland		<p>NHS Highland to ensure that there is a consolidated register of water safety stakeholders and that documented evidence is made available to demonstrate that all relevant parties have been consulted with respect to domestic water services commissioning.</p> <p>As the facility is now operational: Board to confirm they are content with their commissioning governance, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.53	KSAR Feedback	28.06.23	<p><u>KSAR workbook ref no. 3.2</u></p> <p>Evidence that there are relevant manufacturers reassurance letters confirming that the disinfection methods proposed won't adversely affect their components (outlets and pipework) and will not impact on component warranty. SHTM 04-01 Part A Clause 17.4 states 'Advice should be sought from equipment manufacturers to ensure that proposed disinfection chemicals will not adversely affect performance.' Letters of assurance to be sought from relevant manufacturers for the use of Oxyt-Pro.</p> <p>Assurance pertaining to the above was not provided by NHS Highlands as part of their commissioning KSAR response.</p>	NHS Highland		<p>NHS Highland should ensure that they have reviewed the requirements of the KSAR workbook and identify supporting evidence that they have appropriate assurances in place.</p> <p>As the facility is now operational: Board to acknowledge they are content with their commissioning governance, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.54	KSAR Feedback	28.06.23	<p><u>Inspection of joints</u></p> <p>SHTM 04-01 Part A (Clause 16.0) inspection of joints should be undertaken prior to pressure testing.</p> <p>A document (NTC-H Domestic Water Cut-Out Report) was provided which included pictures of the joints removed, however the report did not provide assurance that the joints have been tested to the manufacturers 6 point installation method.</p>	NHS Highland		<p>NHS Highland to ensure that the PSCP has undertaken the joint testing exercise and that the pipework manufacturers report is fully comprehensive. This should include information of the joint insertion depth, O-ring quality, commentary on cutting technique and crimping tool.</p> <p>As the facility is now operational: Board to acknowledge they are content with their governance, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.55	KSAR Feedback	28.06.23	<p><u>Risk assessor involvement</u></p> <p>NHS SA have been provided evidence of an independent risk assessment for the water system, document titled "Construction Phase / Pre Handover Water System Review". This report highlights several issues in which NHS HA are unclear whether these have been actioned and closed out. Such as (not the exhaustive list):</p> <p>"It may be prudent to contact Scottish Water to determine the upper limits of Total Chlorine permitted in the mains supply water" - Page 2</p> <p>"How the filling of the water systems was carried out, along with disinfectant information for filling and pressure testing should be evidenced." - Page 3</p>	NHS Highland		<p>NHS Highland and the PSCP to ensure they have reviewed the independent risk assessors report, actioned as appropriate and documented evidence of final actions.</p> <p>We note the risk assessment summary comments sheet have noted a few issues, elevated temperatures at two outlets and the café cold supply. NHS H to advise what actions have been undertaken.</p> <p>As the facility is now operational: Board to acknowledge they are content with their actions regarding above, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.56	KSAR Feedback	28.06.23	<p><u>Thermostatic mixing tests</u></p> <p>HTM 04-01 supplement (D08) Annex F F.1.1 states "Six to eight weeks after commissioning, carry out test given in clause 11.2.2" also F.1.2 states "Twelve to fifteen weeks after commissioning, carry out the test given in clause 11.2.2 Clause 11.2.2 "In service test procedure". NHS Highland provided no assurance that this had been considered</p>	NHS Highland		<p>NHS Highland and PSCP to review the commissioning and further testing as listed in HTM 04-01 supplement and discuss with the WSG.</p> <p>As the facility is now operational: Board to acknowledge they are content with their tests, risk and will consider the observation as a lessons learned onto following projects?</p>			

18.57	KSAR Feedback	28.06.23	<p><u>KSAR workbook ref no. 3.4</u></p> <p>Evidence of the design information, validated against the as-installed condition, to confirm the flow rates, pressures, temperatures, etc to be used for commissioning.</p> <p>Evidence of a written agreement from the health board representatives to confirm that they have checked this list of the criteria before commissioning commences.</p> <p>Evidence of the change control processes in place to capture any changes to the systems and/or their design conditions.</p> <p>Evidence that the final commissioning schematics and documents have been signed-off by the design consultants.</p> <p>Assurance pertaining to the above was not provided by NHS Highlands as part of their commissioning KSAR response.</p>	NHS Highland		<p>NHS Highland should ensure that they have reviewed the requirements of the KSAR workbook and identify supporting evidence that they have appropriate assurances in place.</p> <p>As the facility is now operational: Board to acknowledge they are content with their commissioning governance, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.58	KSAR Feedback	28.06.23	<p><u>Above ground drainage - tests for self siphonage and induced</u></p> <p>NHS Highland provided no evidence of self siphonage or induced siphonage tests in branch discharge pipes. BS EN 12056-2 Section NG.3.2.2 "To test for the effect of self siphonage the appliances should be filled to overflowing level and discharged by removing the plug, WC pans should be flushed. The seal remaining in the trap should be measured when the discharge has finished..."</p>	NHS Highland		<p>NHS Highland and the PSCP to review the test for self siphonage and induced siphonage and table with the WSG.</p> <p>As the facility is now operational: Board to acknowledge they are content with their commissioning tests, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.59	KSAR Feedback	28.06.23	<p><u>KSAR workbook ref no. 3.5</u></p> <p>Evidence that adequate pre-commissioning check sheets, in line with the recommendations in SHTM 04-01 Part A (including reference to British Standards for above ground drainage checks) have been prepared and reviewed/accepted by the health board prior to commencing works.</p> <p>Evidence that the pre-commissioning check sheets have been completed and signed-off by the contractor and health board representatives.</p> <p>Evidence of stakeholder engagement in pre-commissioning processes (IPC / WSG / AE / AP etc.)</p> <p>Evidence of ongoing review of protection measures installed in relation to above ground drainage systems including verification that all drains were appropriately capped during Construction until final connection.</p> <p>Evidence of a strategy to ensure drains flow freely and are free from any debris or obstructions (e.g., pre-commissioning CCTV surveys)</p> <p>Assurance pertaining to the above was not provided by NHS Highlands as part of their commissioning KSAR response.</p>	NHS Highland		<p>NHS Highland should ensure that they have reviewed the requirements of the KSAR workbook and identify supporting evidence that they have appropriate assurances in place.</p> <p>As the facility is now operational: Board to acknowledge they are content with their commissioning checks, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.6	KSAR Feedback	28.06.23	<p><u>Commissioning evidence</u></p> <p>The evidence provided for the tank static test (Tank Static Water Test Certificate.pdf) covering all four tanks in the plantroom) does not give the pressure that the test was carried out to and it has not been counter signed by a representative of the health board.</p>	NHS Highland		<p>NHS Highland to review the evidence that the cold water tanks were adequately pressure tested as part of the commissioning process for the health board's assurance.</p> <p>As the facility is now operational: Board to acknowledge they are content with their commissioning tests, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.61	KSAR Feedback	28.06.23	<p><u>End of line flush valve activation</u></p> <p>End of line flush valves have been installed to flush water from the cold water system in six locations across the building. These are activated once the cold water temperature sensors identify 19°C water passing through and they switch off at 17°C. It is unclear whether NHS Highland have considered that if these flushing lines, in the event that the system does not reach 19°C, should have an override to flush to prevent the water within the pipework going stagnant.</p>	NHS Highland		<p>NHS Highland should review whether a secondary control to flush the end of lines should be considered based on a defined time period of no flow.</p> <p>As the facility is now operational: Board to acknowledge they are content with their commissioning tests, risk and will consider the observation as a lessons learned onto following projects?</p>			

18.62	KSAR Feedback	28.06.23	<p><u>Heating quick fill connection</u></p> <p>NHS SA observed onsite (21/02/2023) that the quick fill connection adjacent to the pressurisation unit has a straight length of pipe and flexible disconnected hose. NHS Highland representative confirmed that the quick fill has a DCV.</p> <p>However, SHTM 04-01 Part A (2014) Figure(s) 2 schematic indicate a requirement for an RPZ valve on the heating quick fill point and a IV and DCV on the connection to the heating pressurisation unit.</p>	NHS Highland		<p>NHS Highland should review with the PSCP and their NEC Supervisors the backflow arrangements around the pressurisation unit and quick fill point, as the current installation does not comply with SHTM 04-01 or Water Byelaws.</p> <p>Evidence provided indicates quick fill has been removed.</p> <p>As the facility is now operational: Board to acknowledge they are content with their quick fill removal, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.63	KSAR Feedback	28.06.23	<p><u>Pipe penetrations</u></p> <p>During NHS SA site walk round 22/02/2023, we noted pipework penetrating IPS panels such as within the theatres dirty utility (below worktop). We note no pipework seal/ fill to the IPS, it is industry good practice to seal this gap.</p>	NHS Highland		<p>NHS Highland and the PSCP to review the filling around pipework penetrations of IPS panels/ walls from outlets.</p> <p>As the facility is now operational: Board to acknowledge they are content with the pipe sealing, risk and will consider the observation as a lessons learned onto following projects?</p>			
18.64	KSAR Feedback	28.06.23	<p><u>Drainage from Water Tanks</u></p> <p>During the site walk around 23/02/2023, NHS SA noted the presence of rust on the steel supports within the bund area, suitable protection should be installed to prevent degradation of the support over time.</p> <p>The specification of the size of the drain pipework from the four water tanks should be reviewed to determine if this is suitable for the intended purpose.</p>	NHS Highland		<p>NHS Highland / PSCP to review the design and installation of the support beams within the bund and the cold water tank drains and replace / repair if necessary.</p> <p>As the facility is now operational: Board to acknowledge they are content with the PSCP priming and painting, risk and will consider the observation as a lessons learned onto following projects?</p>			

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Soft Landings, Lessons Learned Register: Section 19.0 Commissioning - Operational

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NHS Scotland Board
Project Name
Register Owner
Version
Date Last Updated
Document Reference Number

NHS Highland
NTC - Highland
Kevin Minnock
v01 Rev N
09.02.2024
2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
19.1	See Section 15. Aftercare			NHS Highland	Balfour Beatty	All	Produce CDMA/PD monthly reports.	2 Months	In Progress	
19.2	Helen Robertson	27.07.23	Swipe Access - unresolved for 2 months in operation. Lesson - Requires focussed activity from one person to co-ordinate, but well in advance of the move and a test to ensure all working.	NHS Highland	Balfour Beatty		NB: Non PSCP issue - otherwise would have been resolved sooner. Larger memory cards were required to work effectively. This is still ongoing		In Progress	
19.3	Helen Robertson	27.07.23	Fire evacuation plan - required the Radio interim fix as you currently you need to be physically next to a screen to know where the alarm has been activated. Not all Fire extinguishers and signage were in place on transition. Fire alarms then brought up issues with the size of the plans on the wall. Potential issue with the front main doors as these will power open and stay open if the fire-alarm is activated in that area. - this has taken a while to finalise with install of bolt-on well after handover. A workaround is in place using radios.	NHS Highland	Balfour Beatty		Lesson - safe, long-term tried and tested solution to be in place before opening. Post Completion add-ons likely to be problematic. Key Lesson Learned to be carried forwards.		In Progress	
19.4	Helen Robertson	27.07.23	E-Health - there were a number of issues with VDI which took time to fix. Ongoing issues with connectivity to OPTOS and OCTs.	NHS Highland			E-health detail required separately for lessons learned, however a longer post-occupancy transition might have helped along with detailed testing of Clinical Ophthalmology systems prior to "go-live"		In Progress	
19.5	Helen Robertson	27.07.23	Telephony - there were a few snagging issues, with some ongoing issues relating to connectivity and sound quality	NHS Highland			Earlier system installation and testing required.		In Progress	
19.6	Helen Robertson	27.07.23	Mobile coverage within the building is poor generally down to the construction of the building.	NHS Highland			Workable solution via IP phones to alert staff in emergency situations instigated. Better solutions to be evaluated as Lesson Learned.		Complete	
19.7	Helen Robertson	27.07.23	Building doors - Ongoing issues with Theatre Doors and the sliding door to the Balcony. The Theatre doors are damaging the flooring opening and closing. The balcony doors open and close randomly when the sun comes out - this may be a real problem in the winter.		Balfour Beatty		Problem relates to reduced commissioning period pre opening as a number of key build components were not fully tested. Commissioning Lesson Learned.		In Progress	
19.8	Helen Robertson	27.07.23	Plant Island - no fence. Health & Safety risk	NHS Highland	Balfour Beatty		This was only apparent once site security fence was removed. Remedial works required to resolve in use security issue. Commissioning Lesson Learned.		Complete	
19.9	Helen Robertson	27.07.23	Green electric external cabinets were found to be unlocked following handover. Contractor locks removed and NHSH locks not installed timeously. Health & Safety risk	NHS Highland	Balfour Beatty		Handover and commissioning action not timeously completed.		Complete	
19.10	Helen Robertson	27.07.23	There is no meeting space within the building.	NHS Highland			Workaround for this is to book rooms out with the building.		Complete	
19.11	Helen Robertson	27.07.23	Value-engineering reduced the footprint of the Ophthalmology recovery area making the space cramped.	NHS Highland			Briefing stage Lesson Learned highlighted In-Use..		In Progress	
19.12	Helen Robertson	27.07.23	Generally, there were a number of complaints regarding rooms that had been signed-off as part of the 1:50 process.	NHS Highland			Users suggest mock up rooms in a large space as part of the sign-off process. Virtual Reviews - value to be further assessed?		Complete	

19.13	Helen Robertson	27.07.23	Blood fridge required on-site - engagement with SNBTS was protracted and challenging. Now lost the use of a room which houses the blood fridge.	NHS Highland			Their needs were very specific and needed to be factored in prior to construction. The recurring costs are excessive and not yet agreed - though advice from SG was taken. Third party inputs need to be understood earlier in the process.		In Progress	
19.14	Helen Robertson	27.07.23	Rompa Room - lack of co-ordination and ownership of this space means it cannot be used.	NHS Highland			Issues need to be resolved with the area to enable it to be used. Departmental ownership through the project development could have been an issue?		In Progress	
19.15	Helen Robertson	27.07.23	Size of changing rooms - too small and lack of lockers.	NHS Highland			New lockers required to be purchased. Briefing stage inputs lacking? Carry forward as Lesson Learned.		Complete	
19.16	Helen Robertson	27.07.23	Theatre Ventilation issues - lost theatre activity. Longer transition period.		Balfour Beatty		Commissioning stage issue.		In Progress	
19.17	Helen Robertson	27.07.23	Air conditioning units - faulty in Injection rooms and minor ops rooms. Contractor back on-site x 3. High risk patient areas. Leakage onto an Injection patient Datix'd		Balfour Beatty		Commissioning issue that could have had severe consequences. Log as priority Lesson Learned for commissioning checks.		In Progress	
19.18	Helen Robertson	27.07.23	Leaking sinks not picked up during commissioning. Lack of time issue.		Balfour Beatty		Commissioning issue that could have had greater consequences - due to leaking. Log as priority Lesson Learned for commissioning checks.		Complete	
19.19	Helen Robertson	27.07.23	Bike shed lock - not fully checked as part of commissioning.		Balfour Beatty		Commissioning Lesson Learned.		Complete	
19.2	Helen Robertson	27.07.23	Temperature control in some areas - reception, theatres inadequate.		Balfour Beatty		Design and specification issue though may be subjective in some respects? Log as design stage Lessons Learned.		Complete	
19.21	Helen Robertson	27.07.23	Noise within the reception area - it can be noisy. Impact on staff ability to function effectively.	NHS Highland			Design and specification issue though may be subjective in some respects? Log as design stage Lessons Learned.		Complete	

Not Started
In Progress
Complete

Soft Landings, Lessons Learned Register: Section 20.3 NHS NTC Wkshp 1

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NHS Scotland Board	NHS Highland
Project Name	NTC - Highland
Register Owner	Kevin Minnock
Version	v01 Rev N
Date Last Updated	09.02.2024
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ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
			NHS Highland Feedback							
20.1.1	NHSH NTC Workshop 1	13.04.23	The programme was too optimistic, collectively as a group not just with the PSCP.	NHS Highland	Balfour Beatty	All	Realistic programming incorporating timescales based on activities from previous projects applied on future projects	Future projects		
20.1.2	NHSH NTC Workshop 1	13.04.23	Timescales were unrealistic for Pre-Construction	NHS Highland	Balfour Beatty		As above	Future projects		
20.1.3	NHSH NTC Workshop 1	13.04.23	Review Approvals with unrealistic timescales for the Design Teams too.	NHS Highland	Balfour Beatty		As above	Future projects		
20.1.4	NHSH NTC Workshop 1	13.04.23	Quality Assurance of Document Control Management, i.e. Drawings and Specifications need to be spot on with the correct references and revisions to ensure that everyone is working on the most relevant and up to date copy of that document. People need trained properly on how to file and store documents.		Balfour Beatty		QA of documentation to be carried out thoroughly and including filing to CDE.	Future projects		
20.1.5	NHSH NTC Workshop 1	13.04.23	Resources need to be understood prior to pre-construction, with a Resource Programme in place.		Balfour Beatty		Aligned with / incorporated into main programme as per above.	Future projects		
20.1.6	NHSH NTC Workshop 1	13.04.23	More early warnings are needed as to when and why we are missing important deadlines with a more proactive management of the programme and the option of making other choices to enable those target deadlines to be met rather than letting them slip.		Balfour Beatty		More interactive and timely assessment of barriers to progress required throughout a project.	Future projects		
20.1.7	NHSH NTC Workshop 1	13.04.23	Programme Management and a Programme of Work		Balfour Beatty		A better focus is needed on Programme Management and a Programme of Work	Future projects		
20.1.8	NHSH NTC Workshop 1	13.04.23	In all future projects an ideal situation is to have a minimum of 16 weeks post handover in order to get the building and NHS teams operationally ready, which in turn will reduce risk on delivery, commissioning etc. NB with larger projects possibly needing longer.	NHS Highland			Aligned with / incorporated into main programme as per above.	Future projects		
20.1.9	NHSH NTC Workshop 1	13.04.23	The design process and relevant deliverables management.	NHS Highland	Balfour Beatty		A Design Quality Plan is required and will develop throughout the project incorporating relevant feedback from all the Lessons Learned Meetings.	Future projects		
20.1.10	NHSH NTC Workshop 1	13.04.23	More understanding of design detail for both the Project Teams and the Designers is needed. A level of detail that in this project there was no sign-off on.	NHS Highland	Balfour Beatty		Development of the Design Quality Plan to support.	Future projects		
20.1.11	NHSH NTC Workshop 1	13.04.23	In this project we moved into Construction prior to sign off, this needs to be avoided in the Lochaber and Calthness Redesign Projects as there is significant risk in doing this.	NHS Highland	Balfour Beatty		Milestones for alignment of the design and associated deliverables sign-offs per stage needs to be built in to overall programme.	Future projects		
20.1.12	NHSH NTC Workshop 1	13.04.23	KSAR and everything associated with this needs to be discussed, however this would be in a future Lessons Learned Meeting.	NHS Highland	Balfour Beatty		Future Lessons Learned to cover more of the KSAR process.	Future projects		
20.1.13	NHSH NTC Workshop 1	13.04.23	Architectural and Structural Elements need to be more fixed before getting into MEP design co-ordination.		Balfour Beatty		Milestones for alignment of the design and associated deliverables per discipline needs to be built in to overall programme.	Future projects		

20.1.14	NHSH NTC Workshop 1	13.04.23	There is a need for Key Design Reviewers to help streamline the user group and RDD processes.	NHS Highland		Key reviewers to be identified early in process and inputs to be supported to ensure continuity through project development.	Future projects		
20.1.15	NHSH NTC Workshop 1	13.04.23	Design Deliverables to be scheduled for incorporation in programming.		Balfour Beatty	Aligned with / incorporated into main programme as per above.	Future projects		
20.1.16	NHSH NTC Workshop 1	13.04.23	Construction Options review		Balfour Beatty	Feasibility of modern methods of construction to be assessed as early in the process as possible.	Future projects		
20.1.17	NHSH NTC Workshop 1	13.04.23	Serious need for more resources, with regular sub-contractor and supply-chain review.		Balfour Beatty	Aligned with / incorporated into main programme and sub programmes as relevant and as per above.	Future projects		
20.1.18	NHSH NTC Workshop 1	13.04.23	More planning required around the working week as there had been approx. 20% of lost time on the NTC.		Balfour Beatty	Optimised shift patterns will be needed on the new projects going forward.	Future projects		
20.1.19	NHSH NTC Workshop 1	13.04.23	Adherence to timescales and planning around these had required some flexibility given the programme delays and compression of NHSH transition activities.		Balfour Beatty	Incorporation of relevant NHSH commissioning activities into programme.	Future projects		
20.1.20	NHSH NTC Workshop 1	13.04.23	Clinical Team understanding their roles in the process is key.	NHS Highland		Key reviewers and responsibility matrix to be developed to support clinical inputs.	Future projects		
20.1.21	NHSH NTC Workshop 1	13.04.23	Regarding Infection Control and H&S there was good feedback and everything went relatively well from these departments perspective.	NHS Highland		Positive Lessons Learned from this - processes and forms of engagement should be replicated in next projects.	Future projects		
20.1.22	NHSH NTC Workshop 1	13.04.23	There is a need for more targeted meetings for the projects going forward along with planning and structuring how key documents will be stored prior to those meetings.		Balfour Beatty	Structured meetings and including clarity in respect of key documentation access / distribution to be reviewed.	Future projects		
20.1.23	NHSH NTC Workshop 1	13.04.23	Concerns around who will be leading on the resourcing aspect.		Balfour Beatty	Regular meetings for resource review.	Future projects		
20.1.24	NHSH NTC Workshop 1	13.04.23	This project was trying to move and transfer an existing service along with a new model. Given some time once the facility is up and running it would be good to reflect and discuss this at a future Lessons Learned workshop.	NHS Highland	Balfour Beatty	Service transfer issues to be reviewed as part of lessons Learned.	Future projects		
20.1.25	NHSH NTC Workshop 1	13.04.23	Infection Control feedback - the room layout/design reviews and sign offs should be done in collaboration with the other key stakeholders e.g., H&S. Ceiling layout and specification information should also be included.	NHS Highland		Infection Control reviews and HAI Scribe process should be as inclusive as possible to the range of key stakeholders.	Future projects		
			Balfour Beatty Feedback						
20.1.26	NHSH NTC Workshop 1	13.04.23	Much of the NHS Highland feedback had already been picked up by the Balfour Beatty team as part of the planning for the Lochaber and Caithness Redesign projects.		Balfour Beatty	Refer to Balfour Beatty planning for Lochaber and Caithness and feedback Lessons learned as a regular part of project development.	Future projects		
20.1.27	NHSH NTC Workshop 1	13.04.23	Senior Management above Site Level was needed.		Balfour Beatty	Actioned with the introduction of George Young. George brings with him experience as a Healthcare Project Manager and will be available throughout the next projects.	Future projects		

20.1.28	NHSH NTC Workshop 1	13.04.23	Honest and accurate progress reporting was needed going forwards and at more regular intervals.		Balfour Beatty	Reporting to be refined in line with development of more comprehensive programming.	Future projects		
20.1.29	NHSH NTC Workshop 1	13.04.23	Project management and local presence.		Balfour Beatty	By the end of September Balfour Beatty are hoping to have an office in Inverness, which will be used as a base for both projects.	Future projects		
20.1.30	NHSH NTC Workshop 1	13.04.23	Targets being set for both new projects.		Balfour Beatty	In line with programme development.	Future projects		
20.1.31	NHSH NTC Workshop 1	13.04.23	Looking at resourcing generally based on feedback received.		Balfour Beatty	Aligned and integrated as part of programme development.	Future projects		
20.1.32	NHSH NTC Workshop 1	13.04.23	A better working pattern for sub- contractors will be evaluated.		Balfour Beatty	Aligned and integrated as part of programme development to maximise the potential of the working week.	Future projects		
20.1.33	NHSH NTC Workshop 1	13.04.23	Arranging a session with the team on the NTC in Ayrshire, which has been a successful project.		Balfour Beatty	Lessons Learned session - arrangements tbc.	Future projects		
20.1.34	NHSH NTC Workshop 1	13.04.23	Design programme drill down		Balfour Beatty	Integration of design development and activity streams including all design co-ordination requirements to be incorporated in detail programming.	Future projects		
20.1.35	NHSH NTC Workshop 1	13.04.23	Already addressing feedback on Document Control and associated QA particularly in respect of KSAR and are implementing measures around this.		Balfour Beatty	Relevant Lessons Learned being actioned.	Future projects		
20.1.36	NHSH NTC Workshop 1	13.04.23	Management of documentation, stakeholder engagement, meetings, etc.	NHS Highland	Balfour Beatty	CDE to be used as an active management tool for the project.	Future projects		
20.1.37	NHSH NTC Workshop 1	13.04.23	BIM - inputs and outputs.		Balfour Beatty	BIM docs application on project and proposed support from David Philp and team in set up and planning.	Future projects		
20.1.38	NHSH NTC Workshop 1	13.04.23	MEP package development and coordination		Balfour Beatty	Continued good input from BBK required.	Future projects		
20.1.39	NHSH NTC Workshop 1	13.04.23	Agreement and programming of RDD.	NHS Highland	Balfour Beatty	Incorporate relevant RDD timescales into master programme.	Future projects		
20.1.40	NHSH NTC Workshop 1	13.04.23	Stakeholder engagement through the project development stages.	NHS Highland		Stakeholder identification and including key reviewers essential to streamline the review process. They also need tried and tested workflows with the right people reviewing the right information, rather than having everyone involved. In the future it will be sent to target people/groups.	Future projects		
20.1.41	NHSH NTC Workshop 1	13.04.23	Programmed milestones for design stage completion didn't always allow enough time for M+E integration.		Balfour Beatty	Incorporation of relevant design activities into programme allowing for all discipline interfaces.	Future projects		
20.1.42	NHSH NTC Workshop 1	13.04.23	The Revit model discipline design integration needed Architectural and Structural engineering inputs to be suitable "frozen" at each stage to allow for full M+E services co-ordination.		Balfour Beatty	This sequencing issue is particularly important through RIBA design Stages 3 and 4 and programmes should acknowledge this.	Future projects		

Soft Landings, Lessons Learned Register: Section 20.2 NHS-NTC BB

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NHS Scotland Board
Project Name
Register Owner
Version
Date Last Updated
Document Reference Number

NHS Highland
NTC - Highland
Kevin Minnock
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2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
20.2.1	Balfour Beatty Review	15.05.23	Insufficient senior leadership presence locally and on-site		Balfour Beatty		New company office will be opened in Inverness during preconstruction with Area Director and regional team. New Healthcare Project Director, experienced in north Scotland healthcare delivery and based in Inverness.	Future projects		
20.2.2	Balfour Beatty Review	15.05.23	Lack of zonal completion		Balfour Beatty		Focused zonal completions and close out as part of completion plan.	Future projects		
20.2.3	Balfour Beatty Review	15.05.23	Dedicated consistent planning resource		Balfour Beatty		We have engaged a new healthcare planning manager with over £200m of delivered healthcare experience ringfenced to deliver both Caithness and Lochaber. He will report directly to George whilst undertaking fortnightly rolling programme reviews of fully resourced programmes.	Future projects		
20.2.4	Balfour Beatty Review	15.05.23	Programme monitoring		Balfour Beatty		Command Centre (as demonstrated during our NTC Inverness innovation showcase) on-site enabling review of live project data to drive productivity and efficiencies, also provided online for 24/7 live remote access.	Future projects		
20.2.5	Balfour Beatty Review	15.05.23	RIBA 4 incomplete at financial close		Balfour Beatty		RIBA 4 completion on critical path. Included in Perfect Landings methodology and risk register.	Future projects		
20.2.6	Balfour Beatty Review	15.05.23	Some 1:50 room layouts had not completed review/approval at financial close.		Balfour Beatty		1:50s on critical path for RIBA 4. Included in Perfect Landings methodology and risk register.	Future projects		
20.2.7	Balfour Beatty Review	15.05.23	Inconsistent NEC4 application		Balfour Beatty		NEC4 workshop through our PSCM partner Mott MacDonald's NEC4 experts, who were part of the NEC4 drafting team. NEC External Programme Auditor each quarter to assess our processes. All Balfour Beatty project team members will be fully NEC4 trained. Free collaborative NEC4 training and workshops provided to wider stakeholders including customer team and SCsPs.	Future projects		
20.2.8	Balfour Beatty Review	15.05.23	Realising full potential of technology assistance including 4D planning		Balfour Beatty		Refreshed and tested digital strategy guided by Alan Duffy includes 4D planning to aid reporting and programme benchmarking as well as further integration of OpenSpace, BIM360 Field, automated (robodog and drone) as-built laser scanning and command centre as above.	Future projects		

20.2.9	Balfour Beatty Review	15.05.23	Reduced productivity from travelling supply chain partner (SCP) inefficient working patterns.	Balfour Beatty	Maximised local SCPs engaged early focused on critical and key trades. Deploy high quality residential cabins on-site to provide accommodation certainty for travelling SCPs. Accommodation strategy agreed during preconstruction mix of local accommodation through GMR Henderson (Caithness), residential site cabins/Loch caravan park long term chalet/caravan lets (Lochaber). Work/shift patterns for travelling SCPs, taking lessons learned from Balfour Hospital Orkney exploring 10/4 working patterns.	Future projects		
20.2.10	Balfour Beatty Review	15.05.23	Productivity monitoring	Balfour Beatty	During construction we will also have a dedicated productivity site manager who will report weekly based on real live data collected via openspace and presented in a smart sheet linked to the project command centre as demonstrated during the Inverness Innovation Showcase in 2022	Future projects		
20.2.11	Balfour Beatty Review	15.05.23	Resource monitoring	Balfour Beatty	Programmes fully resourced with planned vs actual recorded on-site and recorded via biometric gate, monitored weekly with mitigation plan if numbers fall below specification. Refreshed Short Interval Control includes daily collaborative stand-ups and task control to ensure we are working on-site to the sequence of the programme. SCPs required to provide resourcing and shift pattern working commitments at procurement.	Future projects		
20.2.12	Balfour Beatty Review	15.05.23	Introduction of KSAR mid construction delayed some key dates	Balfour Beatty	KSAR requirements included within our programmes. Applying lessons learned from NHS projects at Highland, Ayrshire & Arran and Tayside.	Future projects		
20.2.13	Balfour Beatty Review	15.05.23	Building warrant fire strategy approval changes	Balfour Beatty	Early Building Warrant submission for Fire Strategy included in programme. Internal specialist fire expert Andrew Smith review to ensure fire strategy meets the most up to date requirements of the local authority.	Future projects		
20.2.14	Balfour Beatty Review	15.05.23	Inefficient change control and RDD process	Balfour Beatty	Refreshed and tested change control and RDD process as described on Page 13.	Future projects		
20.2.15	Balfour Beatty Review	15.05.23	Inefficient RDD sign-off impacted wider programme	Balfour Beatty	Clear advance communication and confirmation of RDD periods to enable resource allocation.	Future projects		
20.2.16	Balfour Beatty Review	15.05.23	Ringfenced commissioning period	Balfour Beatty	Required testing and approval periods interrogated and refreshed. Included in Perfect Landings and risk register. Ring-fenced 16 weeks commissioning programme.	Future projects		
20.2.17	Balfour Beatty Review	15.05.23	Design and procurement status reporting	Balfour Beatty	Fully logic-linked programmes including design and procurement, with information release requirements and dates. Integrated with design responsibility matrix and programmed procurement critical path.	Future projects		

20.2.18	Balfour Beatty Review	15.05.23	Common Data Environment		Balfour Beatty	Refreshed our CDE to BIM Docs 360, information management and documentation control approach, including full time document controller resource and seamless alignment with NHS Digital Aims including a workshop that will be articulated during a CDE workshop facilitated by David Philp of Cohesive.	Future projects		
20.2.19	Balfour Beatty Review	15.05.23	Covid illness impact and working restrictions		Balfour Beatty	Rigorous protocols for infectious disease response established and built on productivity data benchmarking.	Future projects		
20.2.20	Balfour Beatty Review	15.05.23	Fire compliance additional design added during construction		Balfour Beatty	Fire Compliance checks will include during the RIBA stages and approved before construction on-site. Independent reviewer will be brought in to ensure Fire Compliance requirements are met. Balfour Beatty specialist fire expert Andrews myth integrated into design reviews alongside OFR fire engineering.	Future projects		

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Soft Landings, Lessons Learned Register: Section 20.3 NHSH-NTC NHS H

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NHS Scotland Board
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NHS Highland
 NTC - Highland
 Kevin Minnock
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 09.02.2024
 2140_NTC-H_Lessons Learned_Register



ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
20.3.1	NHS Highland Project Team Lessons Learned Workshop	20.11.23	A better understanding of business case management is required by all those involved in project delivery, in particular capital and revenue funding aspects for the project.	NHS Highland			Detailed work force planning and development of the target operating model are critical factors to a successful outcome for the business case and alignment to business case development timescales is essential to avoid delays. Adequate resource must be applied in these areas if contractual programmes are to be met.	Future projects		
20.3.2	NHS Highland Project Team Lessons Learned Workshop	20.11.23	The programme is a key document under the NEC form of contract. It is a project control document with specific contractual importance under the NEC contract.	NHS Highland			The correct use of a compliant NEC fully resourced and costed programme is an essential tool for effective project management under this form of contract. It is linked to NEC early warning and compensation event notifications required for management of time and cost on a project.	Future projects		
20.3.3	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Exemplary design is required if the healthcare facility is to function as intended.	NHS Highland			A robust process for design management is therefore a pre-requisite pre-construction activity. The production, review and approval of the design drawings, specifications and associated technical information is a key deliverable for project success. Design management must be sufficiently resourced and managed by experienced and appropriately qualified technical personnel.	Future projects		
20.3.4	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Quality Assurance and Quality Control aspects in construction are a key consideration	NHS Highland			and the Contractor and their team need to be monitored carefully by those suitably experienced in Quality Management to identify and enforce the timely rectification of defects	Future projects		
20.3.5	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Commissioning and equipping were key areas affected by a challenging programme to achieve handover and completion by the April 2024 opening date. Clinical occupation, staff familiarisation and training commenced on the 9th December 2022 and this ran concurrently with the commissioning, completion and handover activities.	NHS Highland			For all future projects, clinical occupation, equipping, staff familiarisation and training should be programmed to follow project completion and handover.	Future projects		
20.5.6	NHS Highland Project Team Lessons Learned Workshop	20.11.23	The requirements for Post Occupancy Evaluation (POE) on capital projects are detailed with SCIM guidance and are mandatory on publicly funded Scottish Healthcare projects.	NHS Highland			Projects must be able to sufficiently plan, resource and report on this aspect of the project.	Future projects		
20.3.7	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Clinical staff requiring some assistance in navigating through the stakeholder engagement process for the business case development of a project. This process takes up a lot of time. Some staff will be working outside of their working hours to complete their inputs.	NHS Highland			Everyone should try to assist clinical colleagues in this respect.	Future projects		

20.3.8	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Challenges keeping to the project programme.	NHS Highland			How that programme references to each of the stages and make sure we can deliver it on time and have relevant resources in place.	Future projects		
20.3.9	NHS Highland Project Team Lessons Learned Workshop	20.11.23	The KSAR process introduced additional challenges with its introduction through the project and has highlighted that project teams need to be aware of what information is required to be evidenced to illustrate the decision making on projects.	NHS Highland			An understanding of the requirements of these processes will be key on the next projects.	Future projects		
20.3.10	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Issues with validation of ventilation systems. Critical that that there is a validation engineer on board at the very early stages of the design.	NHS Highland			Early appointment of validation engineer. NB: This capability is limited and therefore needs to be focussed on as early in the project as possible.	Future projects		
20.3.11	NHS Highland Project Team Lessons Learned Workshop	20.11.23	At design stage, we didn't focus on ventilation and fire compartmentation – cause and effect - at the early stages and the impact it has on critical ventilation systems.	NHS Highland			Early engagement in ventilation strategy is required. At design stage include the involvement of Building Control, Scottish Fire & Rescue service, NHS technical team. Test that there is clear access to fire dampers as required for maintenance. Ensure that there is adequate design coordination and monitoring to prevent clashes.	Future projects		
20.3.12	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Fire damper access was an issue as this was not adequately illustrated in room layouts and including any equipment that may prevent access to them.	NHS Highland			Incorporate access requirements in relevant design drawings for coordination and review. Revit modelling should assist in this co-ordination.	Future projects		
20.2.13	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Key dates for deliverables not met including for Cobie drops which resulted in a significant delay in the development of maintenance schedules, draft O&Ms, draft drawings, etc.	NHS Highland			Earlier issue of these documents rather than at handover would greatly assist the estates teams for future project development.	Future projects		
20.3.14	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Roles and responsibilities of those involved in the process was not clear.	NHS Highland			Roles and responsibilities of those involved to highlight who does what and when in the process required and including RACI.	Future projects		
20.3.15	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Although there were detailed training plans in place, there were issues with training planning and attendance.	NHS Highland			Ensure that there is a detailed plan for maintenance training and including access to information on Maximo and that relevant staff are made aware and attend as required.	Future projects		
20.3.16	NHS Highland Project Team Lessons Learned Workshop	20.11.23	First responder on call – there were a lot of teething problems and repeated faults on nurse call for example and often in the middle of the night when maintenance call out was required.	NHS Highland	[Insert Name]		Ensure that there are processes in place to adequately deal with this and including support from contractor / supply chain through the defects period in particular to reduce operational and financial impacts on the NHS team. In terms of managing call-out issues, all should have been detailed at handover stage. There were a number of workshops where all FM services were covered and this process was assisted by Turner and Townsend. The correct early engagement is required and on call requirements should be clearly defined.	Future projects		
20.3.17	NHS Highland Project Team Lessons Learned Workshop	20.11.23	The BMS link to Raigmore was problematic and required support from the relevant sub contractor that had to be chased through.	NHS Highland	[Insert Name]		Ensure that support from key sub contractors through the defects and subsequent maintenance periods for timeous attendance on site are in place.	Future projects		

20.3.18	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Suiting of door locks was an issue. There was a water leak and the issues with door locking and how they were suited was a frustration for the plumber who was called out through the night. The access was extremely time consuming and problematic. It is a defects management issue that should be reported back. There had also been similar swipe card access issues too.	NHS Highland	[Insert Name]	The security strategy needs early discussion. Key suiting requires input from the key stakeholders including design team with Estates to feed in as early as possible. Specifying the right point in the project for review should be a more effective discussion along with technical specialists if required.	Future projects		
20.3.19	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Some of the issues encountered were linked to the fact that that the equipping period and clinical commissioning periods were compressed. The building wasn't complete at the time it was occupied and the NHSH Facilities team took over some of the cleaning etc. NTC H never received the final clean from the contractor that was included under the contract.	NHS Highland	[Insert Name]	The timescales for technical commissioning, handover and operational commissioning need to be adhered to and the programme adjusted if there are slippages.	Future projects		
20.3.20	NHS Highland Project Team Lessons Learned Workshop	20.11.23	After care and defects period issues arising generally.	NHS Highland	[Insert Name]	Recommended that the NEC Supervisor remains on site for a period post handover.	Future projects		
20.3.21	NHS Highland Project Team Lessons Learned Workshop	20.11.23	Relevant apportionment of capital cost and revenue finance requirements need to be better integrated into the business case process.	NHS Highland		Ensure that all revenue items for project delivery and operation are included in to the original business case and refined at each stage. The data / information from lessons learning should be used to schedule / cost for what is required.	Future projects		

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20.4.1+812:133	PSCP and Supply Chain Workshop	20.11.23	There were issues with design stage programmes which were too onerous relative to the actual design development and co-ordination progress, design changes and value engineering.		Balfour Beatty		Realistic programme task periods are required together with closer discussion with relevant team members before being presented for agreement.	Future projects		
20.4.2	PSCP and Supply Chain Workshop	20.11.23	There was a significant amount of value engineering undertaken at advanced design stages which impacted on design co-ordination and procurement.		Balfour Beatty		Value engineering should be carried out at appropriate stages in project development and also relative to relevant design stage sign-offs / freezes.	Future projects		
20.4.3	PSCP and Supply Chain Workshop	20.11.23	VE set the project out of sequence well into Stage 4 (25% complete). 25% was very significant at that time. A lot of the complexity ended up coming through the design coordination and construction on site initiated from that decision to VE at that relatively late stage.		Balfour Beatty		Closer attention and focus on costs in relation to design development and scope with checks at design freeze / sign-off stages.	Future projects		
20.4.4	PSCP and Supply Chain Workshop	20.11.23	The programme wasn't a linear path, and even in the pre-construction program itself, the design effectively went through 4 variations due to changed briefing and VE requirements that also led to out of sequence project development.		Balfour Beatty		Robust Programme with design freeze - keeping to the clinical and technical briefs and having robust documents at an early stage for design development and monitoring relative to the Programme. Design freezes at RIBA Plan of Work stages.	Future projects		
20.4.5	PSCP and Supply Chain Workshop	20.11.23	There were a lot of packages that were CDP which created a lot of information being distributed back and forth throughout the stages. Even in the construction stage where it was required to ensure that any updates to those specialist designs were captured within the mechanical infrastructure.		Balfour Beatty		Agreement of scope and extent of CDP packages on site. Early agreement on those areas would smooth a lot of design and construction at that stage. Push for more and earlier engagement on those areas of CDP.	Future projects		
20.4.6	PSCP and Supply Chain Workshop	20.11.23	The provision of an emergency hydrant tank on site. The Scottish Building regulations state that if there is not sufficient pressure or flow in the mains, there needs to be provision of an alternative form of supply, meaning a large static hydrant tank was required.		Balfour Beatty		There should be early discussions with those representative members to try and get closed off before detailed design stage as it does have quite significant implications on the site.	Future projects		
20.4.7	PSCP and Supply Chain Workshop	20.11.23	Non-standard theatre arrangements. The team responded to the KSAR process and satisfied the issues raised to ensure that there was enough information and supporting calculations to allow for non-standard theatre layout in the NTC. There was a shared scrub room which was the main cause of concern. A lot of effort was needed by everyone in the team to get that closed out. It got verified commissioned and validated.	NHS Highland	Balfour Beatty		NB: As part of that NTC program there was a desire from HFS for innovation in theatre design, inpatient design, and to respond to sustainability issues. The approach to elective centres was different, there was a discussion on taking out anaesthetic rooms as that was something that was being achieved at the eye clinic at the Golden Jubilee. Golden Jubilee was the first to come off the drawing board with the NTC being the second. Early agreement of any derogations or innovative solutions is required.	Future projects		
20.4.8	PSCP and Supply Chain Workshop	20.11.23	Optimism Bias build up and ensuring that potential additional requirements further through the project can be covered.	NHS Highland			Carrying more of that approach into the FBC budget as during the construction phase if the project is on site for 2-3 years additional requirements can get added in.	Future projects		

20.4.9	PSCP and Supply Chain Workshop	20.11.23	Equipment costs build up - On a new build that they are not considered revenue at all whereas on the refurb, there is an element that is revenue.	NHS Highland			Understanding how equipment costs are dealt with and how they are split between capital and revenue depending on whether the project is new build or refurb.	Future projects		
20.4.10	PSCP and Supply Chain Workshop	20.11.23	In terms of design and specification, act with caution if replicating anything because a lot of what was achieved and produced at the NTC was because it was for elective patients. There were patients that were very explicitly excluded from the category of entry into that hospital.	NHS Highland			A distinction should be made between the elective program versus a general hospital theatre department design.	Future projects		
20.4.11	PSCP and Supply Chain Workshop	20.11.23	Supply and installation of theatre equipment – there were issues encountered from specifying the equipment, trying to get the cost value and then trying to get it to fit in space available.	NHS Highland	Balfour Beatty		Going forward, information should be gathered as early as feasible to coordinate it better and particularly in areas such as ceiling voids.	Future projects		
20.4.12	PSCP and Supply Chain Workshop	20.11.23	NHS Assure and KSAR – for NTC there was no KSAR pre-construction and it felt like we were always trying to catch up. It took up a lot of time and impacted on the commissioning period at the end.	NHS Highland	Balfour Beatty		For NHS Assure and KSAR, to engage earlier so issues are closed out if they become apparent.	Future projects		
20.4.13	PSCP and Supply Chain Workshop	20.11.23	The structural grid was well thought out and made the structure efficient, straightforward, rational and repeated, so that worked well and this then followed through into the cost and efficiency of the erection.		Balfour Beatty		Carry forwards this good practice / design into future projects.	Future projects		
20.4.14	PSCP and Supply Chain Workshop	20.11.23	Internal secondary steelwork issues were unforeseen due to fire regulations changing and not knowing what the impact was on the British Gypsum requirements for secondary steelwork. Secondary steelwork affecting theatres was a particular issue and lot of openings for dampers had to be changed.		Balfour Beatty		Assess the impacts of regulation and specification requirements and potential changes in conjunction with value engineering and design sign-offs, statutory submission etc.	Future projects		
20.4.15	PSCP and Supply Chain Workshop	20.11.23	The theatre pendants were affected by not having that structural information up front and the requirements that they put on the vibration sensitivity of equipment was significant and that made it difficult to effectively retro measure the building to confirm the vibration was not an issue.		Balfour Beatty		Ensure that vibration related issues are assessed with any design and specification changes.	Future projects		
20.4.16	PSCP and Supply Chain Workshop	20.11.23	Resilience - Switch room layout was developed through engagement with NHS. Lessons Learned relates to where the dual supplies terminate and creating a single point of failure. In the switch room, there was an A and the B supply coming into the single switch room.		Balfour Beatty		Now taken that on board for Lochaber and there are separate switch rooms scheduled. That's a lesson learned that has been taken into a new design.	Future projects		
20.4.17	PSCP and Supply Chain Workshop	20.11.23	There was an issue with the multiple voids created in the ceilings. Many compartments were created which meant when installing an L1 system fire alarm system this included a lot of detectors in that void. One example was a room that had steelwork crossing perpendicular to each other which meant four voids were created and therefore four smoke heads required.		Balfour Beatty		Detail design development should carefully consider the overall coordination of ceiling voids and any proposed VE should take the relevant outcomes into consideration.	Future projects		
20.4.18	PSCP and Supply Chain Workshop	20.11.23	For room layout review, there was a lot of indecision regarding how many sockets, adding more then taking them away during design and construction stages. The number of sockets can affect the number of circuits and the circuit design which in turn affects the size of the distribution boards, so it's not as easy to just add in two sockets later in the project.	NHS Highland			Early agreement of room layouts will prevent these ramifications. The technical brief and the clinical briefs and including clinical output specifications need to be tied down as early as possible.	Future projects		
20.4.19	PSCP and Supply Chain Workshop	20.11.23	There were significant impacts on the project through its development - Grenfell happened not long after it got awarded, then Covid, Ukraine and associated further impacts. and in addition to that, the decision from Highland Council regarding the interpretation of fire regulations around the internal lifts.				Contingency arrangements required to manage significant and unforeseen circumstances that may affect projects.	Future projects		

20.4.20	PSCP and Supply Chain Workshop	20.11.23	The extent and challenges around planning requirements before site and on site. The challenging aspects of planning was due to the uniqueness of the campus site and historical aspects associated with that. All parties really pulled together through a number of meetings with planning and the transport teams. A massive effort and something to be proud of.	NHS Highland	Balfour Beatty	Good example of integrated team work that should be carried forward into future projects.	Future projects		
20.4.21	PSCP and Supply Chain Workshop	20.11.23	There were some teething issues with stakeholders understanding that Supervisor inputs were to help deliver a defect free completion. A good working relationship was established and was fully appreciated.	NHS Highland		Ensure that there is engagement from all key stakeholder to address all aspects of project development and delivery from the outset.	Future projects		
20.4.22	PSCP and Supply Chain Workshop	20.11.23	Early stakeholder engagement is vitally important. Various stakeholder groups visited site as completion approached and were slightly surprised about whether they had or hadn't seen a design drawing previously. They also weren't expecting to see some things even though that was in the Works Information.	NHS Highland		Lessons were learned from CSU and a stakeholder engagement and communications plan was developed and under the direction of Deborah Jones, a 3P liaison session was carried out. This approach should ideally be taken forwards in future projects.	Future projects		
20.4.23	PSCP and Supply Chain Workshop	20.11.23	The stakeholder groups were challenging. This was not only due to the extreme factors affecting the project but there was a change in working practices, personnel, people who retired and knowledge lost. That has to be recognised as much as the issues encountered towards completion and handover.	NHS Highland		Stakeholder engagement planning including resilience to cover potential loss of stakeholders should be carried forward into future projects.	Future projects		
20.4.24	PSCP and Supply Chain Workshop	20.11.23	The 3P process was very worthwhile on the project. Clinical outputs and function and flow is directly attributable to that and worth every penny and paid itself back within the first 3 months of operation. In terms of ADB – there was a complete turnover and changes outside of design and construction that took people away from the project. If the 3P can continue into developing the ADB's - then a project would be in very good state earlier as a result of that.	NHS Highland		See 20.4.22 above.	Future projects		
20.4.25	PSCP and Supply Chain Workshop	20.11.23	There were issues in getting the theatres ventilation validated timeously.	NHS Highland	Balfour Beatty	There is a need for early engagement of the validation engineer. Consultation and early engagement to agree the ventilation strategy is crucial.	Future projects		
20.4.26	PSCP and Supply Chain Workshop	20.11.23	KSAR as a process came along as an interim process by NHS Assure during the latter stages of the project. NHS Highland fully supported the intent of NHS Assure's efforts to overcome issues on previous jobs with defects in the design and the build. KSAR was embraced as best as it could be with the resources available to discharge the requirements. Cooperation from PSCP was superb. Every effort was made in getting KSAR supported status through pre-construction with assistance from the PSCP and supply chain.	NHS Highland		Good example of integrated team work that should be carried forward into future projects.	Future projects		
20.4.27	PSCP and Supply Chain Workshop	20.11.23	KSAR was the NHS review process that the project went through. In relation to this project, it did come in at a later stage. What was reassuring was there was nothing that KSAR raised that hadn't been reviewed previously.	NHS Highland		As a lesson learned, NHS assure needs to better define the stages and associated requirements. Information required at one stage shouldn't go into the next stage if it's already been provided. Preconstruction issues should be dealt with at preconstruction and likewise with construction, etc.	Future projects		
20.4.28	PSCP and Supply Chain Workshop	20.11.23	Anything that got taken back into the design as a result of the KSAR review had actually come out because of the value engineering. It was definitely the catalyst for many of the challenges that the project underwent.	NHS Highland		Better management of the project development gateways for KSAR should be incorporated in planning for future projects.	Future projects		

20.4.29	PSCP and Supply Chain Workshop	20.11.23	The KSAR review process being required in the construction period when trying to get everything across the line, including validating theatres and trying to get all outstanding items closed off was quite a challenge. Everyone came together to support one another and assisted in processing each issue one at a time.	NHS Highland			There is a lot to learn such as early evidence tracking and discussions to allow for a smoother transition is something already being done for Lochaber.	Future projects		
20.4.30	PSCP and Supply Chain Workshop	20.11.23	There were items that were closed off in NDaP and then reopened in KSAR even though the supported status was given. That was a stressful period when about to Commission a system and having to backtrack through design elements and not have that affect handover.	NHS Highland			Better management of the project development gateways for KSAR should be incorporated in planning for future projects.	Future projects		
20.4.31	PSCP and Supply Chain Workshop	20.11.23	Communication channels and project governance continued to be refined throughout the project.	NHS Highland	Bellfour Beatty		Follow the contract, and inform through the governance process, the project board, the health board and above that Government and NHS Assure. The team has come a very long way learning lessons and that shouldn't be underestimated. That will serve Lochaber and Caithness well going forward. Design quality plans have been developed which hopefully, if administered correctly, will aid that process with clarity of information requirements through each of the RIBA stages.	Future projects		

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NTCH - PD Health and Safety		LESSONS LEARNED		Date 03/07/23	Author K Minnock						
Ref	Item	Reason	Corrective Action	Lesson learned	Category						
20.5.1.1	Pump chambers - deep excavations	Emergency evacuation procedure	Include as appendix in RAMs	Consider emergency procedures	H&S						
20.5.1.2	Pumps to de-silting equipment	Excessive fumes from desilting pumps. Environmental NCR	maintenance / replacement	Check equipment is suitable for use.	H&S						
20.5.1.3	Use access steps /gates not ladders	Safe access and egress, especially if handling materials	Used for operative access only. Materials loaded separately	Consider when construction planning	H&S						
20.5.1.4	Use of cuplock scaffolding	Heavy to handle.	Consider alternatives	Consider use of PERI scaffolding. Half the weight of cuplock. Quicker to install and cost effective.	H&S						
20.5.1.5	Guards to block cutter	Guards removed/ H&S hazard.	Reinstate guards	Monitor and check equipment. Include requirement for guards in RAMS.	H&S						
20.5.1.6	Loading Gantry Gates	Installed from cuplock. Heavy /costly	Consider Peri specific products or equal for future projects	Consider alternatives.	H&S						
20.5.1.7	Keep access routes clear	Material placed in access routes	materials required removal	Designated material placement areas. Especial at high level	H&S						
20.5.1.8	Edge protection at high level	Gaps in edge protection	Gaps closed	Monitor and check edge protection. Include requirement in RAMS.	H&S						

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Ref	NTCH - PD D&T Technical	LESSONS LEARNED	Date 03/07/23	Author K Minnock								
	Item	Reason	Corrective Action	Lesson learned	Category							
20.5.2.1	Building repositioned on plot	North end of plot unsuitable for building. Piling depth excessive and costly.	Building repositioned due south	Coordinate Design with available Geotec information	Design							
20.5.2.2	Ponding between topsoil storage bunds	Lack of drainage provision	Obtain SEPA permissions. Form drainage ditch and silt drain for discharge to local watercourse	Consider drainage in design	Design							
20.5.2.3	Concrete Slabs	Surface Cracking. Lack of construction & expansion joints.	Remedial concrete repairs. Engineers report required	QA/QC on design. Ensure adequate provision of joints. Pre-pour checks to be carried out.	Design							
20.5.2.4	Cast in bolts to theatre soffit	Pendant support design incomplete	Multiple bolts installed	Finalise design of pendant support prior to slab pours	Design							
20.5.2.5	Wind bracing / SDS design	Wind bracing restricted vertical support.	Design solution required. Delays as a result	Carry out design co-ordination	Design							
20.5.2.6	Internal temporary festoon lighting	some areas of poor lighting levels for operatives	Additional baton lights provided	Consider in temporary lighting design. Modern high lux level lighting alternatives	Design / Temporary works							
20.5.2.7	Theatre Equipment / BMS	Technical issues aligning equipment controls with BMS	BMS technical support required to resolve issues	Ensure compliance at design stage. BMS controls and Theatre equipment	Design							
20.5.2.8	IPS Units	Divergence from Architects performance specification	QA/QC remedial work required to product	Ensure PSCP procurement adheres to Architects performance specification	Design/Procurement QA/QC							
20.5.2.9	Corridor signage/lighting to ward bedroom	Sight line visibility issues when viewing from corridor end	None taken - staff informed and aware	Consider reposition signage and lights to obtain clear sight lines - for future projects	Design							
20.5.2.10	Patient hoists	Ensuite doors/clash	Ensuite doors required alteration	Ensure design accommodates and door schedule reflects requirement	Design							
20.5.2.11	External Paving colour (black/white/grey)	Paving did not adhere to NTCH colour scheme or campus guidelines	none	Ensure external consultant work is checked for early compliance.	Design							
20.5.2.12	Topsoil	Plants and landscaping dependent on quality of soil	QA/QC remedial work required to product									
20.5.2.13	Horticultural products	Subjected to cold weather conditions outside during storage pre planting. Were conditions suitable for all plants /trees?	Damaged products replaced	Ensure deliveries are planned just prior to planting to ensure potential damage plants.	Landscaping							
20.5.2.14	Paving levels and falls	Area outside of sprinkler pump house. Levels and cross falls etc	none	Simplify design to enable buildability.	Design							
20.5.2.15	VIE Tank (NHS responsibility)	Tanks size change and appears to be second hand and refurbished	Check supplier contract and ensure new equipment is provided. No late changes	The late change require plinths to be broken out. Original layout changed at late notice.	Design / Procurement							
20.5.2.16	Tree Pits / Streeting lighting cables	Clash between tree pits and external car park lighting	Trees repositioned	Ensure design coordination of component elements	Design							
20.5.2.17	Sloping tops to cupboards	Metal tops originally supplied	Change to same finish as furniture	Ensure specification reflects NHS requirements	Design							
20.5.2.18	Sockets - Numbers	Appears to be too many sockets outlets on certain walls	None	Ensure design reflect clinical need for functional use.	Design							
20.5.2.19	Feature wall	TV and sockets placed on feature walls	None	MEP Designers to be aware of feature walls and plan accordingly to minimise	Design							
20.5.2.20	Scrub sink IPS backboard	Joint in backboard - IPC issue	Fill gap	For future projects -Theatre scrub sink backboards to be single length- no joints permitted.	Design							
20.5.2.21	Fire Strategy	Post Handover request by Fire Safety advisor to amend front door operational sequence in event of fire alarm out of hours	PM reviewing. Change to Fire strategy. Requires PSCP/Building Standard /Fire Safety Engineer.(Mott Macdonald)/SFRS review and approval	Review Fire Strategy meets NHS operation aspirations.	Design							
20.5.2.22	Pendants /Microscope Positioning on ceiling.	Difficulty in achieving correct fixing position.	Alternations /repairs to ceiling.	Fixing templates to be used. PSCP to liaise with supplier.	Design							
20.5.2.23	Phone signal in facility poor	Signal strength	Solution via provider	Design measures to provide adequate service	Design							
20.5.2.24	Ophthalmic test rooms - black walls	Clinical requirement	Walls painted black on request	Include requirement in design	Design							
20.5.2.25	Corridor walls -tape joint detail at junction	Detail not robust. Clinical risk .	Remedial work to joint. Cleaning and adhesion	Provide a different detail for future projects	Design							
20.5.2.26	En Suite Bath room. Emergency pull cord	Clash with patient hoist	Reposition pull cords	Ensure design coordination of component elements	Design							
20.5.2.27	Low ceilings in pod rooms	Design	None	Avoid in future designs	Design							
20.5.2.28	Pendant hoses to articulated joint	Hoses crushed	Replacement hoses and new configuration	Ensure future designs note and correct	Design							
20.5.2.29	Lifting point holes on AHU Base skids	Prevent potential access for animals	Fit plugs/caps	Include in future specifications	Design							
20.5.2.30	Plant room ductwork supports - exposed bolts.	Health & Safety.	Fit safety caps to exposed bolts	Include in specification	Design							

bar internal plus external handle (air well side or door) introduced	Ensure Ironmongery schedule reflects Fireman's access strategy	Design		
	Consider NHS requirements and affordability at design stage.	Design		
change under CE. Work carried out most handover /completion due ocurrence period	Consider NHS requirements and affordability at design stage.	Design		
assessment and management	Consider NHS requirements and affordability at design stage.	Design		
currently being utilised	Discuss requirement at design and ensure appropriate covers are selected.	Design		
cable tied back / consider ing signage.	Consider placement / protective measures / designated walkways	Design		
able caps fitted	Lockable caps to be included in specification	Design		
ired services introduced to final ion	Agree location and requirements early in design	Design		
ew of ventilation to area.	Design	Design		

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20.5.3.36	Holes in slabs	Falling objects H&S hazard	Covers installed	Robust monitoring arrangements. Include requirement to provide covers after drilling in RAMS	Construction														
20.5.3.37	Site car parking	Capacity issues	UHI car parks used by agreement as overflow	Plan for anticipated vehicle numbers. Plot 5 was available.	Construction planning														
20.5.3.38	Resin Paving	Installation weather dependent	Completion delayed due to weather. Completed post handover	Ensure product selection suits local condition. When consider contingency alternatives in event of delays.	Procurement /Construction														
20.5.3.39	Storing of materials on finished paving	Damage to paving	Paving jet blasted to ensure clean and draining. (drains stormwater to attenuation). Joints need to be clean	Avoid storing materials on finished work	Construction														
20.5.3.40	Clinical Occupation	Clinical Occupation took place pre-handover. (09/12/22) due to construction delays to meet opening date (17/04/23)	Completion of project works undertaken at same time as clinical commissioning.	Monitor PSCP programme to ensure dates are met. In event of delays implement mitigation. Ring fence clinical occupation period and commence post handover.	Construction														
20.5.3.41	Chiller Plant deck	Rust staining to deck covering as the result of angle grinding in area. Swarf arisings	Clean decking	Prohibit cutting of metal on roof decks. Include in specification.	Construction														
20.5.3.42	Above ceiling approvals	Progress approval prior to grid. Aim for minimal approvals following grid installation.	Additional resources required to close out multiple areas at same time.	Programme to sequence inspection requirements	Construction														
20.5.3.43	Sample Colour	Finalising interior colour scheme	Multiple samples submitted. Some walls repainted various times	Agree approval process using RAL system.	Construction														
20.5.3.44	Theatre floor protection	Protection removed too early resulting in damage	Remedial repairs	Protection to be removed only on completion of all works in theatres.	Construction														
20.5.3.45	Finishing foremen	Avoid poor quality in finishing and close out	Remedial works to install SHTM and quality compliant installation	Ensure experiences healthcare finishing foremen are employed by PSCP	Construction														
20.5.3.46	Window manifestations	Some manifestations installed upside down. Fade out at bottom not at top of window.	Re-work	Instruct subcontractor and include in RAMS	Construction														
20.5.3.47	Material storage plant room	Left it late in removing materials to complete area	Materials removed	Phase and sequence work to complete areas to programme allowing sufficient time for snagging and defects.	Construction														
20.5.3.48	X Ray	X Ray installation to SHTM Compliance. Some coordination issues.	Site alterations required to proposed installation	Ensure coordination between PSCP & contractor fit out contractor Provide evidence of SHTM compliant installation. Particularly shielding, automation of door locking & signage etc.	Construction														
20.5.3.49	Use of corridor zip protection screens	Poorly managed	Agree and monitor correct use by PSCP	Dust management procedures, particularly in Theatre suite areas need to be understood by workforce and rigidly administered by PSCP	Construction														
20.5.3.50	Temporary macadam to pavement trip hazards	Inappropriate material used (10mm bitmac). Poor finish.	Some repairs carried out	Ensure appropriate materials are used for temporary works.	Construction														
20.5.3.51	Building clean	Builders clean / sparkle clean not fully completed due to delays	NHSH took over cleaning activities	Keep to programme and ensure adequate for PSCP to discharge cleaning activities.	Construction														
QA / QC Issues																			
20.5.3.52	Bolts missed during steelwork erection	QA/QC checking and monitoring issue	Bolts installed. Required revisit by steelwork subcontractor	Ensure QA/QC checks are carried out and recorded. Record bolt torque records	Quality														
20.5.3.53	Flooring.	Large quantity of flooring defects	Flooring remedials repairs/replacement	Subcontractor selection and approval. QA/QC monitoring of works. Adherence to manufacturers product data installation guidance. QA/QC checks on substrate.	QA/QC														
20.5.3.54	Screeding	Relative Humidity compliance of substrate prior to screeding	Screeding remedials repairs/replacement	Subcontractor selection and approval. QA/QC monitoring of works. Adherence to manufacturers product data installation guidance. QA/QC checks on substrate.	QA/QC														

20.5.3.55	Temporary protection to floor	Subsequent damage to flooring	Flooring remedials repairs/replacement	PSCP to manage temporary protection and ensure floors are protected at all times	QA/QC														
20.5.3.56	Ditto Finished work	Subsequent damage to finished work	Remedials repairs/replacement	PSCP to manage temporary protection and ensure finished works are protected at all times	QA/QC														
20.5.3.57	IPS Units	Divergence from Architects performance specification	QA/QC remedial work required to product	Ensure PSCP procurement adheres to Architects performance specification	Design/Procurement QA/QC														
20.5.3.58	Damage to Theatre doors	Storage and handling issue. Door facing blown due to water damage	Replacement door ordered and installed	Ensure suitable storage and handling	QA/QC														
20.5.3.59	Theatre Canopy installation issues	Difficulty achieving validation compliance. Air leaks	Additional visits by Interfurn. Remedial works	QA/QC monitoring during first second and third fix Commissioning and pre commissioning checks prior to validation	QA/QC														
20.5.3.60	Water tank	Leaks to tanks	Remedial repairs. Retorquing bolts	QA/QC Monitoring during installing. Use calibrated torque wrench and record results	QA/QC														
20.5.3.61	Stair treads facings	Damage to facing bars	Remedial repairs and cleaning of scuff marks	Provide protection	QA/QC														
20.5.3.62	Kick plates	Overtightening results in deformation of plate around screw holes	Replacement of defective plates	Advise subcontractor. Do not overtighten. Monitor on completion QA/QC	QA/QC														
Equipping and Procurement																			
20.5.3.63	IPS Units	Divergence from Architects performance specification	QA/QC remedial work required to product	Ensure PSCP procurement adheres to Architects performance specification	Design/Procurement QA/QC														
20.5.3.64	Resin Paving	Installation weather dependent	Completion delayed due to weather. Completed post handover	Ensure product selection suits local condition. When consider contingency alternatives in event of delays.	Procurement /Construction														
20.5.3.65	VIE Tank (NHS responsibility)	Tanks size change and appears to be second hand and refurbished	Check supplier contract and ensure new equipment is provided. No late changes	The late change require plinths to be broken out. Original layout changed at late notice.	Design / Procurement														
20.5.3.66	Doors & Doorsets	Two types supplied. Rounded edge and square edge. Former preferred	None	PSCP to supply uniform product	Procurement														
20.5.3.67	Highland Table -CAFÉ	Non compliant Installation	Remedial works to install SHTM compliant installation	Avoid direct contracts in the future. Advise that any future such work is instructed via PSCP. PSCP to control. Fully developed drawings and specifications. SHTM compliance mandatory.	NHSH Procurement														
20.5.3.68	Equipping	Equipping took place pre handover.	Completion of project works undertaken at same time as equipping.	Suggest equipping takes place post handover during operational commissioning period	Equipping														
20.5.3.69	Unlipped edges to IPS	Water ingress issue / clinical risk	Remedial works to reclip	Ensure PSCP compliance with Architects performance specification prior to sub contract order placement.	Procurement														
20.5.3.70	Management of NHS Deliveries	Security /Quality of delivered products. Some deliveries left in car park / gatehouse	NHS Supervisor delivered to building	Ensure suppliers deliver to building and suppliers are received and signed for by authorised NHSH personnel	Procurement														
20.5.3.71	Hobart Dishwashers	Problems with units	Replacement OC. Alternative supplier	Problems had been previously reported with Hobart dishwashers. Equipping selection issue	Equipping														
20.5.3.72	NHSH Group supplied equipment	Design coordination	None	Architects to review product data for selected equipment	Equipping														

Soft Landings, Lessons Learned Register: Section 21.1 eHealth

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NHS Scotland Board
Project Name
Register Owner
Version
Date Last Updated
Document Reference Number

NHS Highland
NTC - Highland
Kevin Minnock
v01 Rev N
09.02.2024
2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
21.1.1	eHealth Lessons Learned Workshop	10.11.22	Dedicated eHealth resource to project manage relevant requirements with clarity in respect of relevant responsibilities	Iain Ross (IR)	N/A	IR and Deb Jones (SRO)	Dedicated resource - Alister McNicholl provided by eHealth paid through project budget. Also addressed in subsequent projects coming on stream.	Completed albeit well into project programme.	Complete	Monitor on new projects
21.1.2	eHealth Lessons Learned Workshop	10.11.22	Strategic requirements and priorities - SG - impact on project.	Deb Jones (DJ)	N/A	DJ and AMCN (PM)	Maintain flexibility for as long as possible to deal with potential changed requirements.	Completed with final close out of requirements	Complete	No further action
21.1.3	eHealth Lessons Learned Workshop	10.11.22	Lack of engagement and continuity in business case process by eHealth	Iain Ross (IR)	N/A	IR	Dedicated resource now allied to all new projects coming from forwards and from earliest business case stages.	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.4	eHealth Lessons Learned Workshop	10.11.22	National context has not provided enough support and lessons learned that are more specifically eHealth focussed.	Iain Ross (IR)	N/A	eHealth team	Progress is being made in joining up relevant NHSS teams for lesson learning / shared expertise but at a national level there needs to be a more appropriate forum for eHealth.	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.5	eHealth Lessons Learned Workshop	10.11.22	Need to be briefed by Capital Planning, FM, medical physics, clinical teams inc patient interfaces.	Iain Ross (IR) and delegate on a project specific basis	N/A	eHealth team	Being implemented on all new projects	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.6	eHealth Lessons Learned Workshop	10.11.22	Specialist technical input	Iain Ross (IR) and delegate on a project specific basis	N/A	eHealth team	Seek and commission specialist technical input at an appropriate stage in project development	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.7	eHealth Lessons Learned Workshop	10.11.22	Flexibility to cater for new technology developments	Iain Ross (IR) and delegate on a project specific basis	N/A	eHealth team	Build in flexibility on projects to deal with evolving requirements and new technology	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.8	eHealth Lessons Learned Workshop	10.11.22	Financial / budgeting issues highlighted relating to business case development	Iain Ross (IR)	N/A	eHealth team	Establishing costs at start-up At IA/OBC Stages - need to be less conservative with costing. Digital strategy to be driven by requirements from the clinical strategy Must improve at a corporate level - accept that there is a 'business as usual' cost, and an additional cost for investing in the new building - albeit should be a relatively small proportion.	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.9	eHealth Lessons Learned Workshop	10.11.22	Corporate Governance in Business Case Process - Governance up to Project Boards is there, but above that governance is lacking.	NHS H Board	N/A	NHS Board	Ensure that appropriate corporate governance is in place for all stages of project development	Ongoing for current and future projects.	In Progress	Monitor on new projects

21.1.10	eHealth Lessons Learned Workshop	10.11.22	Financial Planning - and including Project costs inc. in Business Case	Project Teams	N/A	Project Teams	Costs within the business cases need to be robust and cover the full requirements – capital and revenue over the life cycle. Ensure integrated involvement in the financial planning aspects of the project.	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.11	eHealth Lessons Learned Workshop	10.11.22	Clinical Leads and clinical input	Project Teams	N/A	Project Teams	Clinical Leads need to be identified as early in the process as possible and ensure continuity of input.	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.12	eHealth Lessons Learned Workshop	10.11.22	eHealth involvement in stakeholder engagement	Project Teams	N/A	Project Teams	eHealth team needs to be involved in the stakeholder engagement process throughout the project development and delivery.	Ongoing for current and future projects.	In Progress	Monitor on new projects
21.1.13	eHealth Lessons Learned Workshop	10.11.22	Risk register development	Project Teams	N/A	Project Teams	Ensure integrated involvement in the risk register development and management aspects of the project.	Ongoing for current and future projects.	In Progress	Monitor on new projects

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Appendix 2:

PP Past Projects PP1 NHH Badenoch and Strathspey and Skye LL Workshop Outputs

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Soft Landings: Lessons Learned Register



NHS Scotland Board	NHS Highland
Project Name	NTC - Highland
Register Owner	Kevin Minnock
Version	v01 Rev K 06.10.2023 Appendices
Date Last Updated	06.10.2023
Document Reference Number	2140_NTC-H_Lessons Learned_Register

Code:	Category:	Tab:	Inputs to date	NHS Scotland Board Owner	PSCP Owner
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APPENDICES

PP	Past Projects	Appendices	See below	[Insert Name]	[Insert Name]
PP1	NHSH Badenoch and Strathspey and Skye	PP1	Workshop outputs	[Insert Name]	[Insert Name]

NHSScotland	Soft Landings Champions Group	Appendices	See below	[Insert Name]	[Insert Name]
SLC1	Theatres - NHSScotland Soft Landings Group	SLC1	NHSScotland SL Group	[Insert Name]	[Insert Name]
SLC2	Endoscopy and Decontamination - NHSScotland Soft Landings Group	SLC2	NHSScotland SL Group	[Insert Name]	[Insert Name]

It is vital, as part of the soft landings process that lessons learned from previous projects are identified [or wider knowledge], captured and ameliorated.

As part of the post occupancy evaluation process actual performance against that required in the brief should be assessed and lessons captured and feedback to inform future projects.

This document should be owned by the Project Director or Soft Landings Champion and reviewed and updated at each Soft Landings meeting.

Soft Landings, Lessons Learned Register: Section 20.1 Badenoch and Strathspey and Skye

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NHS Scotland Board
Project Name
Register Owner
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NHS Highland
NTC - Highland
Kevin Minnock
v01 Rev K 06.10.2023 Appendices
06.10.2023
2140_NTC-H_Lessons Learned_Register

ID Reference	Forum Raised	Date Added	Description	Principal Owner		Input	Action	Time Scale	Status of Action	Closeout
				NHS Scotland Board	PSCP					
			Appointments and Project Initiation							
PP1.1	B+S and Ske Lessons Learned Forum		NHSH to be involved with HNSL on the selection of Project Director and Project Manager roles.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.2	B+S and Ske Lessons Learned Forum		HNSL to seek clarification from prospective PM's that they are fully available and resourced for the project prior to appointment.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.3	B+S and Ske Lessons Learned Forum		An Organogram and Roles + Responsibilities Matrix must be developed and agreed to illustrate both HNSL and NHSH key personnel, their roles and responsibilities and inter-relationships.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.4	B+S and Ske Lessons Learned Forum		Approvals processes for design, appointments, surveys etc., must be developed aligned to the Organogram and R+R Matrix.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.5	B+S and Ske Lessons Learned Forum		HNSL to 'look ahead' and ensure access to necessary sub consultants e.g. ecology, archaeology etc., is in place within the HNSL Consultant Supply Chain	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.6	B+S and Ske Lessons Learned Forum		Establish membership and frequency of all design team meetings (involving NHSH representatives) from the outset.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.7	B+S and Ske Lessons Learned Forum		HNSL and their advisors to create a project specific Project Execution Plan (PEP) to ensure formats for reports and recording (including tracker docs) is established and agreed.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
			Programme							
PP1.8	B+S and Ske Lessons Learned Forum		Realistic programme to be developed by HNSL (and their advisors) for review and agreement with NHSH to encompass;	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.9	B+S and Ske Lessons Learned Forum		Achievable Client approval periods	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.10	B+S and Ske Lessons Learned Forum		Cascading nature of the work of the design team – Architect – MEP + C&S Engineer. It is sequential and not parallel.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.11	B+S and Ske Lessons Learned Forum		Management of cost and cost review as a regular activity.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes

PP1.12	B+S and Ske Lessons Learned Forum		Completion of the Project Brief by NHSH (and their advisors) – see note on extent of Project Briefing information set out below.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.13	B+S and Ske Lessons Learned Forum		Detailed review periods for clinical requirements (including RDS, COS and Environmental Matrix) between NHSH, Architect and MEP Engineer as early as possible in the process.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
			Commissioning and handover	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.14	B+S and Ske Lessons Learned Forum		Recognition that the Programme is a 'live' document and should be reviewed and updated on a regular basis to reflect the reality of project progress.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
			Project Brief							
PP1.15	B+S and Ske Lessons Learned Forum		Wherever practical, NHSH to complete project brief information (which was largely done on these projects) before engaging with design teams. The project brief as a minimum should include; Clinical Output Specs (COS), Authorities Construction Requirements (ACR's) or equivalent, SoA, RDS and Environmental Matrix. Noting that HNSL will support NHSH on the preparation of the project brief using the Strategic Partnering Services route where desired.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.16	B+S and Ske Lessons Learned Forum		Recognition that ACR's are a live document through the life of the project. Important to maintain accurate and timeous record of derogations and version control. <i>Note: Need to be aware that the ACR's are a contractual document and will need to be recorded as such at Financial Close.</i>	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.17	B+S and Ske Lessons Learned Forum		Recommend that ACR's are made available to all relevant parties and located on a shared drive (SharePoint or equivalent).	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.18	B+S and Ske Lessons Learned Forum		Recommend that ACR's are reviewed regularly at Design team meetings and any ambiguities reported back to NHSH.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.19	B+S and Ske Lessons Learned Forum		NHSH and their advisors to establish and advise design team on Energy Targets	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.20	B+S and Ske Lessons Learned Forum		Format of information – NHSH to set out in their brief the required format (2D / 3D), type and quality of the information that they require to review and at what stage. Important that the design team note the Client's requirements in this regard and plan accordingly.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.21	B+S and Ske Lessons Learned Forum		Utilise SharePoint or equivalent to share and store all project information.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
			Change Control Management							

PP1.22	B+S and Ske Lessons Learned Forum		HNSL to review the format of the SFT contract in related to Change Control in the context of potential simplification of the process. Ideally this would align with the NEC3 format which NHSH are familiar with	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.23	B+S and Ske Lessons Learned Forum		Each item of change to be logged separately (to avoid minimising impact by recording 2 or more items on the same Change Order).	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.24	B+S and Ske Lessons Learned Forum		HNSL to create and maintain a Change Order Tracker throughout the life of the project.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.25	B+S and Ske Lessons Learned Forum		For each Change Order, the need for consequential design work by Architect, MEP and C&S Engineers and others to be identified and monitored.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
Cost Management										
PP1.26	B+S and Ske Lessons Learned Forum		Ensure that 'cost' is a standing item on all project and design team agendas.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.27	B+S and Ske Lessons Learned Forum		Manage cost proactively throughout hub Stage 1 + 2 to avoid uncertainty leading to FC. Noting that NHSH and hNSL are keen to promote a culture of 'no surprises'. Any cost concerns should be shared, discussed and a way forward agreed in an open manner.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.28	B+S and Ske Lessons Learned Forum		Ensure that all parties are aware at all times of 'design to cost' issues (Including area savings)	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.29	B+S and Ske Lessons Learned Forum		Manage VE throughout the project.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
Pre-FC Approvals										
PP1.30	B+S and Ske Lessons Learned Forum		Obtain as much approval as possible on all design matters pre-FC to avoid 'shunting' issues in to contract and hence reduce information that needs to be dealt with as Reviewable Design Data (RDD).	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.31	B+S and Ske Lessons Learned Forum		Where RDD is necessary, all parties are to ensure that there is clarity on what is to be provided, subject matter, form of information (drawings, schedules etc.), timing and what level of detailed approval the client is expected to provide (to align with the Contract).	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.32	B+S and Ske Lessons Learned Forum		Ensure that there is clarity on all 'Design Approval' requirements (from NHSH) through all stages of the project up to FC. These are to be agreed at the project outset. Ensure that all Client feedback on design approvals is communicated to the design team timeously and sufficient time is programmed for the design team to make any necessary changes.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
Consultants Fees										
PP1.33	B+S and Ske Lessons Learned Forum		HNSL to monitor consultants fees in relation to FC prime costs.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
Legal Title and Boundaries										

PP1.34	B+S and Ske Lessons Learned Forum		HNSL to work closely with NHSH to obtain clarity on project specific redline boundaries and that this is communicated clearly within the team	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.35	B+S and Ske Lessons Learned Forum		All members of the team to regularly review the redline boundaries and the consequent impact on any site restrictions including live hospital operations.	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
			Performance Reviews							
PP1.36	B+S and Ske Lessons Learned Forum		HNSL and NHSH to monitor performance of consultants + advisors (as per HNSL KPI process for supplier performance).	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes
PP1.37	B+S and Ske Lessons Learned Forum		HNSL and NHSH to monitor performance of consultants + advisors (as per HNSL KPI process for supplier performance).	Project Director	N/A	Review at Lessons Learned workshops	Lessons learned feedback into future projects	N/A	Complete	Yes

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Appendix 3:

NHSScotland Soft Landings Champions Group

SLC1 Theatres

SLC2 Endoscopy and Decontamination

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NTCP Soft Landings - Lessons Learned Register: Section 21.1 Theatres

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ID Reference	Forum Raised	Date Added	Description
SLC1.1	NTCP Soft Landings Champions Catch up	18.11.22	Automatic doors from theatres risk being damaged from staff in a hurry. This can lead to malfunction. Consideration should be given to this potential issue at briefing/design stage to ensure, for example, that sensors pick up the correct areas. There will also be a requirement in the operational stage for staff to be aware of the correct use (and be reminded of this).
SLC1.2	NTCP Soft Landings Champions Catch up	18.11.22	Ventilation systems, particularly in laminar flow theatres, will require low level extracts for the ventilation to function as designed. These low level extracts therefore need to be kept clear. Consideration to be given to some form of demarcation at these low level extracts so that staff are aware that the area needs to be kept clear.
SLC1.3	NTCP Soft Landings Champions Catch up	18.11.22	Sockets for essential power in theatres should be a different colour, e.g. red. Staff should be made aware of this so that they are used appropriately.
SLC1.4	NTCP Soft Landings Champions Catch up	18.11.22	Where integral blinds are used in theatre windows, consideration should be given, during the design stage, to the safe operation and maintenance requirements, e.g. how would a damaged blind be removed/replaced.
SLC1.5	NTCP Soft Landings Champions Catch up	18.11.22	Blind controls should be easy to use, e.g. manual wand type (Golden Jubilee example) and consideration should be given to the risk of (electronic) controls being lost if they are not fixed in position.
SLC1.6	NTCP Soft Landings Champions Catch up	18.11.22	Safe access for cleaning of the inside of theatre windows is critical.
SLC1.7	NTCP Soft Landings Champions Catch up	18.11.22	Design should allow for the HVAC controls to link to the BMS. This allows for switching HVAC off when not in use.
SLC1.8	NTCP Soft Landings Champions Catch up	18.11.22	Project Managers, PSCPs and Design Teams should be aware that many of the stakeholders will not previously have been involved in the design of new theatre facilities. It is important that this is taken into consideration in the design process and that there is good communication to illicit the brief and continuously confirm that the design is developing in accordance with this.
SLC1.9	NTCP Soft Landings Champions Catch up	18.11.22	The way that clinical services are delivered is likely to change over the lifetime of a theatre, it is therefore important that there is sufficient flexibility built in to designs, e.g. storage space (or other space) adjacent to a theatre may be identified as a potential expansion zone.
SLC1.10	NTCP Soft Landings Champions Catch up	18.11.22	Care should be taken to ensure that there is clarity around definitions/descriptions as sometimes stakeholders can have a different understanding, e.g. pop-up theatres could mean different things to different stakeholder groups/project teams as could the reference to and use of anaesthetic rooms.
SLC1.11	NTCP Soft Landings Champions Catch up	18.11.22	When referring to commissioning, e.g. durations, it is important to distinguish between technical commissioning (within the PSCP contract) and functional commissioning post handover and before occupation.
SLC1.12	NTCP Soft Landings Champions Catch up	18.11.22	It is important for staff wellbeing that there is natural daylight coming into the theatre suite area. This does not necessarily mean that every theatre has to have a window. This could be difficult to achieve and could lead to compromises in some areas. There is a balance to be struck! Where possible, there should be windows in staff rest areas and light coming into corridors/circulation areas. For privacy and dignity purposes, glass in some areas may have to be frosted, however, this still achieves the benefit of natural light. It is important that the project team/stakeholder rational/decision making for the agreed strategy is well documented.
SLC1.13	NTCP Soft Landings Champions Catch up	18.11.22	The floor below roof level can be the best location for theatres as there is direct access to roof top plant.
SLC1.14	NTCP Soft Landings Champions Catch up	18.11.22	There should be no drainage /or water services routes above theatres in order to eliminate the risk of leaks.
SLC1.15	NTCP Soft Landings Champions Catch up	18.11.22	It is important that project teams give due consideration to long lead in times for items of plant (e.g. fan coil units/AHUs) and for specialist equipment (e.g. pendants). This is particularly relevant in the current uncertain global markets.
SLC1.16	NTCP Soft Landings Champions Catch up	18.11.22	It is recognised that, in certain areas, guidance may be out of date and not reflect current practice, e.g. lay up prep rooms within theatres are a recent inclusion. It is therefore important that key decisions and particularly those requiring derogations are clearly documented and that all relevant stakeholders, e.g. technical, clinical and IPCT have been consulted.

SLC1.17	NTCP Soft Landings Champions Catch up	18.11.22	It is important that there is a planned maintenance programme for theatres and that this is implemented. Lessons learned from previous backlog maintenance projects has highlighted that this has historically been an issue.
SLC1.18	GS	29.11.2022	Green Theatres Programme - there is no requirement for piped Nitrous oxide (except as required in Maternity and paediatric theatres) - manifolds are being actively decommissioned - any requirement would require a strong justification.
SLC1.19	GS	29.11.2023	Green Theatres Programme - consider the number of items of equipment which require piped pressurised air and whether there are alternative solutions to providing the built infrastructure.
SLC1.20	GS	29.11.2024	Ensure that the Group 1 equipment is included in the main contract - there is significant coordination of the separate elements and systems which can only realistically be undertaken by the Main Contractor (surgeons panel, setback, canopy, pressure regimes, AHUs).
SLC1.21	GS	29.11.2025	Requirement of Anaesthetic rooms should be carefully considered - is it necessary?
SLC1.22	GS	29.11.2026	Flooring demarcation of laminar air flow extent to be incorporated into flooring design.
SLC1.22	GS	29.11.2027	Consider provision for closed system suction machine (such as Stryker Neptune suction) where appropriate - docking station including power and drainage are required.
SLC1.23	GS	29.11.2028	Adequate waste processing storage space to be incorporated for the future proofing of recycling many more materials. Consult with HFS/Assure Sustainability team and SG Circular economy contacts.
SLC1.24	GS	29.11.2029	Consider requirement for provision of scrub up facilities - increasingly rubbing alcohol is regarded as an alternative to scrubbing up for each procedure - this could result in fewer scrub sinks being required in a Theatre suite - refer to the Green Theatre Programme.
SLC1.25	GS	29.11.2030	Consider digital pressure gauges (such as a Nequis system) which are able to record pressures 24/7 including during set-back and demonstrate when pressure regimes return to the correct steady state after switch-on. The recordable function has proved extremely useful during technical commissioning. There is a potential that funding may be available via sustainability budgets.
SLC1.26	GS	29.11.2031	Use of sliding doors causes less disruption to the sensitive air-flows and pressure cascades within Theatres and Theatre suites and they do not require as large a free floor area for a door swing. Sliding doors to require free wall space and must not open over ventilation grilles or if ventilation grilles. To create the correct airtightness when closed - a high specification of sliding doors and seals must be specified.
SLC1.27	GS	29.11.2032	Provision of a lay-up prep room could be considered - this is potentially a more efficient way to improve throughput in the theatre. The ventilation cascade regime is crucial if this is the case and suitable ventilation grilles that must remain unobstructed must be incorporated.
SLC1.28	GS	29.11.2033	Provision requirement for anaesthetic gas scavenging systems are a subject of considered discussion as to their requirement as part of the Green Theatres Programme - latest developments should in this discussion should be considered when developing Theatre strategy.
SLC1.29	GS	29.11.2034	Green Theatre Programme - ensure adequate storage is provided as per SHTM guidance for the amount of instrument trays to be stacked safely one per shelf (do not stack trays on top of one another)

NTCP Soft Landings - Lessons Learned Register: Section 21.2 Endoscope/Decontamination

[illegible]

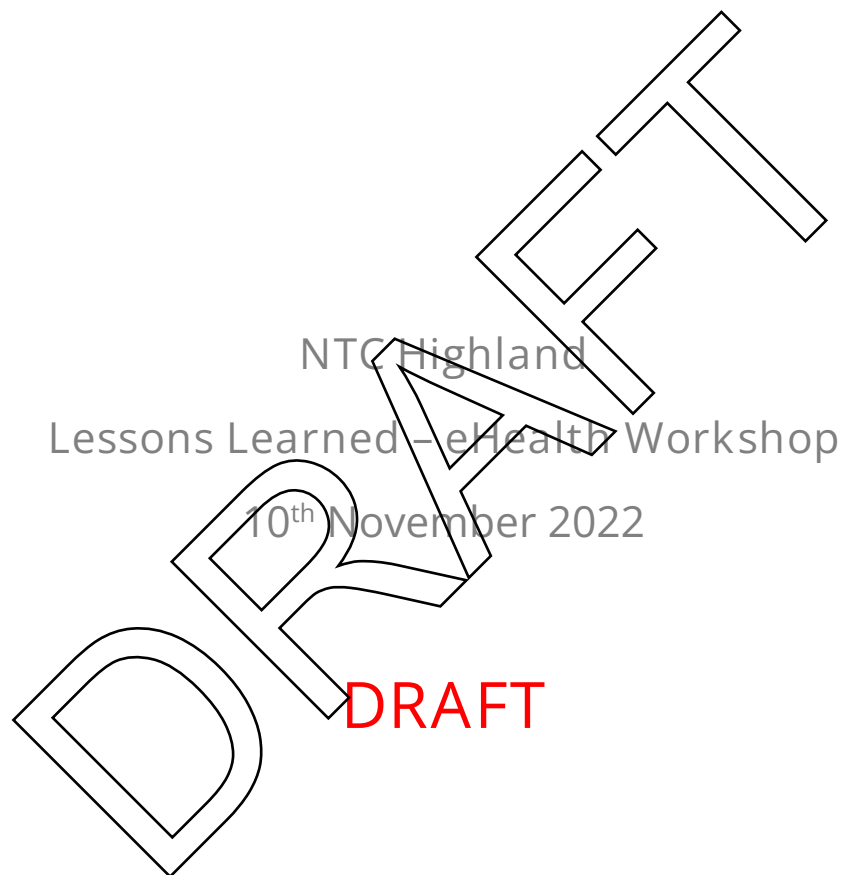
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Appendix 4

eHealth Workshop Report Reference: 2140 02 02 eHealth
Lessons learned workshop report_281122

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Attendees

Alison Gorham (AG)	Project Delivery Team Manager
Deb Jones (DJ)	SRO and Executive Lead
Ian Laidlaw (IL)	HFS Equipping Services
Stephen Maticera (SM)	eHealth Senior Project Manager
Alister McNicoll (AMcN)	Deputy Head of eHealth
Kevin Minnock (KM)	Project Director
Kevin Richard (KR)	Commissioning Manager
Iain Ross (IR)	Head of eHealth
Norry Thom (NT)	eHealth Technical Lead
Tony Watson (TW)	Network & Telecommunications Manager
Philip Wilson (PW)	NHSH Projects Manager
Laurence Casserly (LC)	Project Manager, Thomson Gray
David Mason (DM)	Soft Landings Lead, Thomson Gray

All present – both in the room and joining via Teams – introduced themselves and explained their roles generally and on the project as relevant.

Introduction - Why are Lessons Learned Important – Background and Context



Lessons Learned is an important part of the Government Soft Landings (GSL) process
(as adopted and made more bespoke for NHSScotland)

What is Soft Landings?

- Government Construction Strategy May 2011 set objective;
- “Aligning the interests of those who design and construct an asset with those who subsequently use it”
- Aligned to BIM and links all project stages - Design, Construct & Operate
- Soft Landings is about making buildings perform better from day one by bringing together best practices at all stages of a project.

Soft Landings (GSL) is a process designed to assist the construction industry and its clients to deliver better, more operationally effective buildings. It involves those that use and maintain the facility at the outset and in the design, requires extended aftercare, and mandates feedback / Lessons Learned.

NHS Scotland has mandated the use of both Soft Landings and BIM Level 2 as an integrated approach for new build projects over £3m construction value and this was effective from April 2017. A range of guidance refers to relevant technical and procedural requirements.

Learning Lessons from previous experience and practice is an integral part of the Soft Landings Process.

- A lesson learned can be defined as experience of good work practice or an innovative approach that is captured and shared to promote repeat or future application.

Innovative approaches and good work practices should be shared with others.

- Lessons learned should be used to improve future projects and future stages of current projects.
- It is not necessary to wait until the end of the project for the learning to occur.
- Lessons can be identified at any point during the project.

The Lessons Learned session with eHealth had been convened to capture the key issues from the project to date and particularly to include inputs from two key personnel who were retiring imminently to ensure that their relevant lessons learned and associated feedback was not lost.

An agenda had been issued in advance of the session and covered:

Introductions/ Apologies

The role of NHS eHealth team generally and how they have supported the NTC project. – eHealth to present.

Overview of:

Structure

Resourcing

Roles and responsibilities

Reporting

What Lessons have you learned from other projects that you have been able to bring to the benefit of the NTC – Highland project?

What would you do again and what would you do differently on the next project?

References / prompts in relation to above:

Project planning - Business Case stage inputs / actions

Briefing / scoping / specifying including budgets, procurement and contractual arrangements / requirements

Key interfaces/ Comms – internal and external stakeholders:

Finance (Capital and Revenue budgets) Infrastructure, Contractor / subs,

Equipping – clinical and non-clinical, FM

Operational phase – maintenance, replacement / upgrades, resilience, redundancy and future proofing

Discussion around feedback on Lessons Learned

Next steps and reporting

AOB

This Lessons Learned session is the first of three to four workshops planned as part of the Soft Landings process to gather feedback across a broad range of themes including business case development, project design development, technical workstreams, together with construction, commissioning and handover work stages.

The role of the NHS Highland eHealth Team - Overview

Iain Ross as head of eHealth provided an overview of the role of the NHSH eHealth team generally and how they have supported the NTC project.

The overview included the structure of the department, the services provided to relevant stakeholders and resourcing including roles and responsibilities and budgeting.

IR highlighted that the department is not simply fulfilling an IT / Digital role, but also provides wide ranging staff and patient support which also includes care in the community and with a great deal of that stakeholder support managed through a service desk at the front end dealing with repair and maintenance issues. This coverage being for facilities over the widest geographic reach of any NHSScotland Board from Caithness to Campbeltown.

Inputs by a team of project managers includes support for telephony – fixed and mobile, business intelligence analytics, clinical technical requirements, facilitation to

agree requirements, interactions with contractors and preferred suppliers, infrastructure including networks and servers, links, devices, network connectivity and online services.

Alister McNicoll provided a more project specific overview. He confirmed that he joined the project a year ago with a focus on 2 key parts:

1. Infrastructure (working with Andy Griffen (now retired), inc. network, kit)
2. Digital pathways (with the clinical services)

This following on from the delivery of the Community Hospital facilities for Skye and Aviemore from which some valuable lessons were learned.

Scope of the clinical team support includes Orthopaedics and Ophthalmology. Ophthalmology is being fully transferred and the service has been redesigned for the new facility.

AMcN highlighted that some questions had arisen in the context of the services being provided by eHealth - e.g., Digital - tv services - where did this sit? – which had to be resolved.

A key aspect was the emphasis on supporting teams to work differently digitally as well as the 'business as usual' systems. The new patient management system interfaces with the roll out of the national pre-op assessment tool with the NTC Highland effectively now leading this for NHSScotland. New processes and associated systems are also required to support the management of referrals from other NHS Boards to the NTC.

In respect of reporting, AMcN confirmed that there were different eHealth reporting lines:

- For Scottish Government (SG) on performance
- For NHSH - dashboard
- Service Operations – planning and managing the service (NB: From a new facility and location for NTC-H)

In terms of finance issues, AMcN highlighted that the NTC was splitting from acute services with the NTC paying for their element of service. Understanding and effectively managing that split was therefore important.

IR highlighted that lessons had been learned from other projects to bring to the benefit of the NTC – Highland project and addition a number of valuable lessons had been learned on the project specifically in both its planning and development.

Lessons Learned

The eHealth overviews provided by IR and AMcN flowed into a wide-ranging discussion regarding Lessons Learned from relevant experience of the project development through into construction and commissioning stages.

DJ provided comments to help set context by highlighting that the project has been 8-9 years in progress, so it should be no surprise to anyone that the requirement is to make the building function supported by digital systems together with appropriate technical support resource.

DJ emphasised that earlier in the project lifecycle, any request to eHealth seemed to have come as a 'surprise' and it had taken some time for appropriate project inputs and support from eHealth to be provided.

AMcN time is being paid for through the project budget to ring fence support otherwise there was concern that suitable resources were not going to be allocated.

DJ also highlighted that from a service perspective the evolving strategic requirements of SG had impacts on the ability of eHealth to fully support effectively. It was highlighted that having a named person (AMcN) is hugely important and that had benefited the project significantly.

KM stated that the situation with eHealth support is much better now but highlighted that early lessons had been learned through the Business Case stages of project development.

There had not been enough engagement through the business case process and particularly in the early stages and this had affected brief development particularly as there had not been enough briefing inputs to scope requirements accurately and robustly. There had also been a lack of continuity from the eHealth team through the process and this had contributed to a lack of understanding of required resources and ownership of relevant requirements to support the project.

For all projects now going forward there was greater emphasis on the correct teams being allocated at project initiation stage and the developing work on Lochaber was cited as a good recent example of this.

IR stated that he generally agreed with points raised by DJ and KM and confirmed that lessons had been learned from the three most recent new builds – Skye, Aviemore and the NTC. Starting any new project would now involve a very different approach.

IR highlighted that there had been a lack of detailed understanding of the project development process but this had been addressed through the lessons learned already. Resources have been allocated at IA stage for the Lochaber and Caithness projects to provide early inputs.

The project should be viewed as a transformation of the service, not simply a construction project.

A ring-fenced project team with a named key person involved to support relevant project development is essential to help influence and shape the relevant components of the project.

The service was provided through the core team, who have responsibility to prioritise and manage the existing services across the estate.

Specialist network and digital design resources are required and the eHealth team were getting support from NHS Lanarkshire who have done this on the Monklands Replacement project. This was a good example of wider lesson learning that IR confirmed was now happening more so across NHS Scotland eHealth teams.

Design brief development involved more specialist inputs through outsourcing design work to support the briefing including system resilience, cable runs, A/C, room sizes, alcoves for access to technology. All of this will influence the design brief and including agreement of relevant standards upfront.

Dedicated technical staff have been allocated for Lochaber and Caithness projects development and are working with clinical staff, considering future services e.g., robotics, AI as part of the services transformation process.

DJ confirmed that she was supportive of this approach in recognising the process improvements that could be made.

In respect of the NHS Lanarkshire support example, it was highlighted that this was a good example of the horizon scanning that should be done nationally and including the corporate level and technical expert engagement that is required to prove the “Art of the possible”.

Electronic Patient Records (EPR) was highlighted as a key issue that could not be carried through with full rigour and from the outset of facility operation. Relevant systems would not be in place so filing cabinets are required in the interim (with limited space for them as it was never anticipated that they would be required). Operationally the supporting technology is not there yet for paperless records.

IR confirmed that strategic support and interfaces are with the SG Digital Health and Care directorate. (Jonathan Cameron – Deputy Director). There is, though, no national working group for IT / digital systems similar to the National Infrastructure Group.

AMcN stated that dealing with change was an ongoing issue as some things may not have been known a few weeks/months ago but then need to be incorporated into the project. There needs to be a consistency at national level to support the planning and development process and this has been highlighted in the three recent build projects that have been delivered close together and with another now being implemented.

DJ confirmed that the Target Operation Model (TOM) was the business model that essentially incorporates the clinical pathways and service transformation requirements to support them. The service transformation is gradual and requires a structure to support the process and allow for flex.

As part of the financial model relevant Capital and Revenue costs have to be established. The project is now £600k+ over the agreed budget (from £16.5m operating budget).

Key issues that were highlighted in respect of the budgeting for the project:

- Not good at establishing costs at start-up
- At IA/OBC Stages - need to be less conservative with costing.
- Digital strategy to be driven by requirements from the clinical strategy
- Must improve at a corporate level - accept that there is a 'business as usual' cost, and an additional cost for investing in the new building - albeit should be a relatively small proportion.

It became clear from the discussion that eHealth was not familiar enough with the SCIM requirements for business case development and subsequent project delivery and that this potentially needed to be addressed through further training and support.

IL confirmed that he had been involved in the project since 2018/19 and eHealth were involved at that time and had confirmed that they would control all IT equipment etc.

IT equipment budgets were therefore set to £0 within HFS Equipping list. Nothing further happened from an equipment list perspective from that point until Alister got involved in 2021.

IL highlighted that there should be a good understanding of relevant requirements at an early stage. Clinicians usually know what they want and can give an initial steer. eHealth can establish AV and network requirements.

There was discussion regarding clinical input to equipment and system briefing and selection. The NTC project (and those recently completed - Skye and Aviemore) didn't have designated Clinical Leads – this is a corporate issue that requires to be addressed.

KR stated that it was important to identify key stakeholders that could input to the digital requirements and also integrate eHealth into relevant workstreams including user groups, etc.

IR added that specifications should be developed by technical experts for incorporation as part of briefing as more specialist knowledge is critical.

Corporate Governance:

There was discussion regarding the levels of governance and how issues can be escalated if required. Governance up to Project Boards is there, but above that governance is often lacking.

There are also resource issues generally on projects of the scale of the NTC.

It was also highlighted through discussion that there is not always enough internal scrutiny of business cases when going through board governance.

It was confirmed that there is a new structure for Operations / Estates and Capital Planning which has been presented by Alan Wilson and Eric Green.

Risk Management:

There was discussion regarding risk management on projects and this included in the context of finance related issues also highlighted.

- Was eHealth noted as a project risk on the NTC? ie design of eHealth infrastructure.
- Corporate mitigation measures for what's not in place?
- Project costs v wider corporate costs under eHealth budget?
 - Corporate strategy and implementation on projects
- Caithness redesign - roll out of Morse (software application) is assumed, but this may not be the corporate approach. This is a briefing and specification issue.
- Funding requirement to be clear in OBC for each element of the service/transformation
- SRO to flag risks to delivering the plan.

Finance:

There were a number of issues raised relating to finance and this included detailed discussion – some of which requires follow up in the context of Lesson Learning for future projects.

Requirements for the operational phase of project was discussed and including relevant financial aspects:

- Operational resource allocated to NTC-H
- Change in developing the wi-fi network
- Replacement of kit in 5 years' time.
- Device replacement programme to be implemented.
- Firmware updates.
- Reliability – resilience planning.

Other non-pay costs were also highlighted:

- Reasonably close and reflected in GEM model development.
- Some capital cost could be in revenue budget
- Forensic scrutiny required on revenue costs - what will it cost to run the facility over its operating life?
- Known costs and assumed costs are required at OBC stage

Equipment issues were discussed further in the context of finance:

- HFS provided a costed consolidated equipment list equipment list 2019
- Who was responsible for changing this going forward?
- eHealth equipment removed going forward
- Need to understand how this has happened.
- eHealth costs excluded yet the business case was signed off.

Business Case:

- Should go to AMG for approval. Responsibility for this sits with the members of the AMG. Responsibilities to be clearly set out.
- Costs within the business cases need to be robust and cover the full requirements.

As the session needed to conclude, DM reviewed agenda items to check off that relevant issues had been covered and also summarised next steps in reporting.

Key Issues from Lessons Learned

1. Evidence of lessons learned already being acted on to the benefit of new projects was presented in the workshop.
2. eHealth remit now being actioned:
 1. Need to be briefed by capital planning, FM, med physics, patient interfaces, clinical,
 2. Clarity on responsibilities
 3. eHealth brief needs to incorporate and coordinate requirements from the above and others
 4. Dedicated staff (named individuals) to projects now, with input from external specialists as required.
 5. Specialist technical support being sought when required.
3. For all projects now going forward there was greater emphasis on the correct teams being allocated at project initiation stage and the developing work on Lochaber was cited as a good recent example of this.
4. Build in flexibility to deal with evolving requirements and new technology.
5. At a national level there needs to be a more appropriate working group / forum for the scope of eHealth inputs and outputs.
6. More support / training required for eHealth in respect of understanding the business case process and key inputs required – particularly financial.
7. Lack of clarity in respect of budget shortfalls associated with eHealth requirements and relevant decision making.

What was included originally?

When was it changed?

Why was it changed?

Who was involved and including at sign-offs / business case approvals?

Where is the funding coming from if not in the project costs included in business case?

8. Key issues that were highlighted in respect of the budgeting for the project:
 1. Not good at establishing costs at start-up
 2. At IA/OBC Stages - need to be less conservative with costing.
 3. Digital strategy to be driven by requirements from the clinical strategy
 4. Must improve at a corporate level - accept that there is a 'business as usual' cost, and an additional cost for investing in the new building – albeit should be a relatively small proportion.
9. Corporate Governance - Governance up to Project Boards is there, but above that governance is lacking.
10. Not always enough internal scrutiny of business cases when going through board governance.
11. Business Cases should go to AMG for approval. Responsibility for this sits with the members of the AMG. Responsibilities to be clearly set out.
12. Costs within the business cases need to be robust and cover the full requirements – capital and revenue over the life cycle.
13. Resource issues generally on projects of the scale of the NTC should be addressed as part of project planning.
14. Clinical Leads need to be identified as early in the process as possible and ensure continuity of input.
15. Involvement in stakeholder engagement process and including user groups.
16. Ensure integrated involvement in the risk register development and management aspects of the project.
17. Ensure integrated involvement in the financial planning aspects of the project.

In Conclusion:

- Good participation from those present at workshop – NB: Mix of both live and virtual attendance.
- The workshop didn't quite get into the detail anticipated.
- Corporate and strategic lessons learned were generally well covered.
- Plenty of Lessons Learned and planning for actioning these on future projects.
- Key issues identified including some that relate to wider context – both for NHS Highland and nationally.

Appendix 5:

NTC Lessons Learned Workshop Notes from 13.04.23

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NTC Lessons Learned

Thursday 13th April 2023 11:30 - 13:00 – Teams Meeting

In attendance – John Bowman (JB), Laurence Casserly (LC), Gary Crossan (GC), Natalie Duthie (ND), Rebekah Garrett (RG) Eric Green (EG), Fiona Grist (FG), Hunter IP (HI), Brian Johnstone (BJ), David Mason (DM), Kevin Minnock (KM), Robert MacDonald (RM), Wilma MacKenzie (WM), Gordon MacLeay (GM), Michael O'Donnell (MOD), Michael Riach (MR), Kevin Richard (KR), Helen Robertson (HR), John Segrott (JS), Martin Sim (MS), Ross Southwell (RS), Colin Telfer (CT), George Young (GY).

Apologies - Deborah Jones (DJ), Nicola Orr (NO). Catherine Stokoe (CS).

Please note that this meeting reporting has been structured to support the key Lessons Learned process requirements and for ease of reference some meeting inputs have been added within relevant sections below and therefore may be out of sequence with the flow of some of the discussion that took place within the workshop on the day.

1.0 Overview and Context

EG provided an overview for the Lessons Learned discussions with some strategic context in respect of the NTC Highland project and what was relevant to the planning of the Lochaber and Caithness bundled Frameworks Scotland project.

EG highlighted that there had been issues with over optimistic programming and associated management operationally on the NTC project from which lessons could be learned and that the introduction of George Young as Project Director had helped the process.

2.0 Lessons Learned Process

KM introduced the Lessons Learned review and confirmed that David Mason (DM) from Core Associates was acting as an Independent Facilitator appointed through Thompson Gray to run these Lessons Learned meetings.

DM confirmed the Agenda as issued and introduced everyone to the Lessons Learned Workbook which was issued to the group via email the previous day (Wednesday 12th April). This is for everyone in the group to review and complete the section/s relevant to them. Slides for the Lessons Learned Workshop were also shared with the group which outlined some Key Issues in respect of project planning and programming (The fuller presentation that was prepared is included as Appendix A):

Lessons Learned Workshop

Contract requirements RIBA Stages 2,3,4
Business Case Stage alignment – OBC – FBC

Key requirements:

Project Planning – Design process, deliverables including required processes for outputs, programming, reporting, key milestones, risk management, cost management, etc

Design development and key interfaces with:

SDaC
KSAR
NDAP inc. AEDET
BIM and Soft Landings
HAI Scribe
Statutory Approvals inc. community engagement

core associates
aligned thinking

Lessons Learned Workshop

Stakeholder mapping and engagement – user group meetings and expectation management

Programme Management

Incorporation of all key requirements – SDaC, KSAR, NDAP, BIM and Soft Landings, user groups, key project meetings, Design Stage reporting, NHS reporting requirements to board and SG, etc.

Resources

Monitoring and Reporting

Change Control Management

core associates
aligned thinking

3.0 NHS Highland Feedback

3.1 EG kicked this part of the discussion off by highlighting the main issues from an NHS Highland perspective:

- The programme was too optimistic, collectively as a group not just with the PSCP.
- Timescales were unrealistic for Pre-Construction
- Review Approvals with unrealistic timescales for the Design Teams too.
- Quality Assurance of Document Control Management, i.e. Drawings and Specifications need to be spot on with the correct references and revisions to ensure that everyone is working on the most relevant and up to date copy of that document. People need trained properly on how to file and store documents.
- Resources need to be understood prior to pre-construction, with a Resource Programme in place.
- More early warnings are needed as to when and why we are missing important deadlines with a more proactive management of the programme and the option of making other choices to enable those target deadlines to be met rather than letting them slip.
- A better focus is needed on Programme Management and a Programme of Work
- In all future projects an ideal situation is to have a minimum of 16 weeks post handover in order to get the building and NHS teams operationally ready, which in turn will reduce risk on delivery, commissioning etc. NB: With larger projects possibly needing longer.

3.2 KR added these additional points:

- A Design Quality Plan is required and will develop throughout the project incorporating relevant feedback from all the Lessons Learned Meetings.
- More understanding of design detail for both the Project Teams and the Designers is needed. A level of detail that in this project there was no set guidance on.
- In this Project we moved into Construction prior to sign off, this needs to be avoided in the Lochaber and Caithness Redesign Projects as there is significant risk in doing this.
- KSAR and everything associated with this needs to be discussed, however this would be in a future Lessons Learned Meeting.
- Architectural and Structural Elements need to be more fixed before getting into MEP design co-ordination.

NB: See also H+K comments below which this statement responds to.

- PSCP Needs an understanding of the Stakeholder's on both Projects and who all needs to be involved with what inputs at each stage of the process.
- Access to the design development information and including the Revit models can support the review of ventilation ductwork for example and how it fits in with the other systems and build components with the right areas for maintenance access, etc.
- Development of the MIDP with robust task information is required at an early stage for project delivery.

3.3 KM confirmed his agreement with the issues raised above and adding:

- That there was a need for Key Design Reviewers to help streamline the user group and RDD processes.
- Design Deliverables to be scheduled for incorporation in programming.
- Feasibility of modern methods of construction to be assessed as early in the process as possible.
- Serious need for more resources, with regular sub-contractor and supply-chain review.
- More planning required around the working week as there had been approx. 20% of lost time on the NTC.
- Optimised shift patterns will be needed on the new projects going forward.

3.4 GM – Led feedback on Clinical and operational commissioning with inputs from HR and FG

- Adherence to timescales and planning around these had required some flexibility given the programme delays and compression of NHSH transition activities.
- Clinical Team understanding their roles in the process is key.
- Regarding Infection Control and H&S there was good feedback and everything went relatively well from these departments perspective.
- There is a need for more targeted meetings for the projects going forward along with planning and structuring how key documents will be stored prior to those meetings.
- Concerns around who will be leading on the resourcing aspect. EG agreed and suggested regular meetings for resource review.
- HR added this project was trying to move and transfer an existing service along with a new model. Given some time once the facility is up and running it would be good to reflect and discuss this at a future Lessons Learned workshop.
- Infection Control feedback - the room layout/design reviews and sign offs and making should be done in collaboration with the other key stakeholders e.g., H&S.
- Ceiling layout and specification information should also be included.
- GM, HR, FG confirmed that they had many lessons learned to schedule and it was agreed that more specific workbook tabs were required to support this.
- GM suggested that there should a responsibility matrix included for clarity around inputs to the LL process and completion of relevant worksheets.

4.0 Balfour Beatty Feedback

4.1 MS confirmed that much of the NHS Highland feedback had already been picked up by the Balfour Beatty team as part of the planning for the Lochaber and Caithness Redesign projects.

- More Management above Site Level is needed and this has been actioned with the introduction of George Young. George brings with him experience as a Healthcare Project Manager and will be available throughout the project.
- Honest and accurate progress reporting was needed going forwards and at more regular intervals.
- By the end of September Balfour Beatty are hoping to have an office in Inverness, which will be used as a base for both projects.
- Targets being set for both new projects.
- Looking at resourcing generally based on feedback received.
- GY - A better working pattern for sub- contractors will be evaluated.
- Arranging a session with the team on the NTC in Ayrshire, which has been a successful project.
- ND responded to issues raised around the design process and task information delivery.
- Design programme drill down
- Already addressing feedback on Document Control and associated QA particularly in respect of KSAP and are implementing measures around this.
- CDE to be used as an active management tool for the project.
- BIM docs application on project and proposed support from David Philp and team in set up and planning
- Continued good input from BBK required.
- Agreement and programming of RDD
- Stakeholder identification and including key reviewers essential to streamline the review process.
- They also need tried and tested workflows with the right people reviewing the right information, rather than having everyone involved. In the future it will be sent to target people/groups.

4.2 Design Team Feedback – H+K perspective

MO'D highlighted some key issues from a design perspective but particularly in respect of MEP inputs:

- Programmed milestones for design stage completion didn't always allow enough time for M+E integration.
- The Revit model discipline design integration needed Architectural and Structural engineering inputs to be suitable "frozen" at each stage to allow for full M+E services co-ordination.
- This sequencing issue is particularly important through RIBA design Stages 3 and 4.

5.0 Conclusion and Next Steps

KM summed up with stating that these 2 new Projects are very different to each other with one being a complete new build and the other a redesign, each of which will come with their own challenges. Everyone involved needs to realise the size of these projects and all that is involved.

EG thanked everyone for their participation and requested confirmation of proposals regarding any future workshops and populating of the workbooks.

KM proposed that in the first instance, the Worksheets are populated by those most appropriate to canvass relevant feedback from those involved in relevant workstreams, etc. and then take a view on any further workshops that may be required.

It was agreed that the Workbook / Worksheets will be issued, with everyone to complete their relevant section/s as per the responsibility matrix that is to be developed.

DM shared the workbook on the screen with a quick explanation on how to complete it. It was highlighted that many of the “Lessons Learned” were more prompts than anything to stimulate thinking.

Following discussion regarding the formatting of the workbook, DM /KM confirmed that they would do further work on populating relevant worksheets as worked examples.

It was also noted that the workbook is designed to be a dynamic tool to be used as part of regular project meetings to capture lessons learned in real time whenever possible.

Access to workbook(s) to be confirmed following relevant discussion at the meeting.

DM and VM to ensure that the populating of the workbooks is completed in a timely manner and any further workshops arranged.

Appendix 6:

NTC Lessons Learned Report Workshop Notes from 14.09.23

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WORKSHOP NOTES

Project : NTC Highland, UHI Inverness Campus, Inverness

Purpose : Lessons Learned Report Review

Location : Teams Online

Date : 14th September 2023

Present :

Kevin Minnock	KM	NHSH - Project Director NTC-H.
Diane Forsyth	DF	NHSH - Programme Manager for Caithness Redesign
John Bowman	JB	NHSH - Senior Mechanical Engineer.
Robert MacDonald	RMd	NHSH - Senior Water Engineer
Ryan Muffat	RM	NHSH - Estates Manager
Kevin Richard	KR	NHSH - NTC Commissioning & Change Manager
Katie Webster	KW	NHSH - Clinical Advisor Caithness and North Coast Project
Ryan Nelson	RN	NHSH - Project Manager
Sharon Kelly	SK	NHSH - Team Leader Estates Department
Gordon MacLeay	GM	NHSH - Healthcare Planner / Clinical Manager
Catherine Stokoe	CS	NHSH - Infection Control Manager
Helen Robertson	HR	NHSH - NTC- H Manager
David Mason	DM	Core Associates - Soft Landings external consultants
Julie Jones	JJ	Core Associates - Administrator - Workshop notes

Distribution : As present plus original invitees.
NB: 12 no of the original 24 No. NHS Highland invitees were in attendance.

Notes By : Julie Jones – Core Associates

Prepared By: Julie Jones

Checked by: David Mason

1. Introductions/ Apologies

All present introduced themselves.

NB: A copy of the presentation is appended to these workshop notes.

2. NTC Highland Lessons Learned Report Overview

2.1. DM provided a brief overview of the structure of the NTC-H Lessons Learned report including reference to the two formal workshops previously held with eHealth in Inverness and with the PSCP Balfour Beatty and the wider project team on MS Teams.

- eHealth L/L Workshop
In person on site and with Teams for those who couldn't travel – 10th November 2022
Participants as per workshop notes.
- PSCP - Balfour Beatty (BB) and NHSH Project Team L/L Workshop
Teams meeting - 13th April 2023
Participants as per workshop notes.

NB: Reports from these workshops have been included within the appendix of the NTC-H Lessons Learned Report.

2.2. There was general discussion regarding eHealth. KM confirmed that eHealth had done a very good job overall on the NTC-H project. The lessons learned workshop focused on issues around e health engagement during early stages of the project, e health resourcing, briefing and budget. During the later stages of the project the level of detail provided in e health project reports was very good. Lessons Learned had been acted on and understood to be carried into the Lochaber and Caithness projects.

2.3. DM highlighted that a lot of good lesson learning had been compiled. KM providing feedback on the design, construction, procurement and equipping aspects of the project.

NHS Highland has been engaged in sharing lessons learned with other NHS Boards for their projects through the forums established by HFS. (i.e. Technical forum, NTC Project Director and Soft Landings forums)

2.4. KM stated that there is greater dialogue now between NHS Highland and other Scottish Health Boards, with more sharing of findings from the NTC-H lessons learned process.

2.5. KM confirmed his 6 top lessons learned as:

- **Business Case Management**
A better understanding of business case management is required by all those involved in project delivery, in particular capital and revenue funding aspects for the project. Detailed work force planning and development of the target operating model are critical factors to a successful outcome for the business case and alignment to business case development timescales is essential to avoid delays. Adequate resource must be applied in these areas if contractual programmes are to be met.
- **Programme Management**
The programme is a key document under the NEC form of contract. It is a project control document with specific contractual importance under the NEC contract. The correct use of a compliant NEC fully resourced and costed programme is an essential tool for effective project management under this form of contract. It is linked to NEC early warning and compensation event notifications required for management of time and cost on a project.
- **Design Management**
Exemplary design is required if the healthcare facility is to function as intended. A robust process for design management is therefore a pre-requisite pre-construction activity. The production, review and approval of the design drawings, specifications and associated technical information is a key deliverable for project success. Design management must be sufficiently resourced and managed by experienced and appropriately qualified technical personnel.
- **Quality Management.**
Quality Assurance and Quality Control aspects in construction are a key consideration and the Contractor and their team need to be monitored carefully by those suitably experienced in Quality Management to identify and enforce the timely rectification of defects.
- **Commissioning and Equipping**
Commissioning and Equipping were key areas affected by a challenging programme to achieve handover and completion by the April 2023 opening date.

Clinical occupation, staff familiarisation and training commenced on the 9th December 2022 and this ran concurrently with the commissioning, completion and handover activities.

For all future projects, clinical occupation, equipping, staff familiarisation and training should be programmed to follow project completion and handover.

- Post Occupancy Evaluation

The requirements for Post Occupancy Evaluation (POE) on capital projects are detailed with SCIM guidance and are mandatory on publicly funded Scottish Healthcare projects. Projects must be able to sufficiently plan, resource and report on this aspect of the project.

2.6. JB commented on discussions held in soft landing forums nationally about the need for dedicated purpose-built anaesthetic rooms in theatre suites (Reference Lessons Learned Register Workbook Revision J - Theatres tab 21.1 item 21.1.21.).

JB stated that any decision taken by a Health Board to omit anaesthetic rooms from theatre suites would require a derogation as this would be a departure from national Scottish Healthcare guidance. KM stated it will be for Health Boards to assess their own specific requirements for individual projects in line with the current guidance.

KM stated the NTC-H lessons learned report had been structured to include all feedback provided from various sources and it will be up to individual Boards to decide on what they will move ahead.

KR stated that we should be taking a look at items locally as well as nationally. It is good to have cognisance of other national groups, however being specific to our project is important as well.

DM stated there was input from a number of Boards as trying to garner various level of feedback that can be carried forward to the benefit of other projects. It was questioned whether more text from clarification would be needed. KM stated perhaps it could be an addendum to the report.

DM agreed and stated we don't want to lose sight of innovation. With the green theatres programme, there is a lot of innovative work going on nationally and internationally.

NB: There was discussion regarding the relevant source of lessons learned as recorded at this point and also later in the workshop.

It was agreed that anything that didn't directly result from Lessons Learned from NTC Highland project should be added as an Appendix to the report rather than be included in the main body. This applies particularly to the Lessons Learned Workbook. e.g. Skye and Aviemore project tabs.

2.7. KM noted that clinical staff may need some assistance in navigating through the stakeholder engagement process for the business case development of a project. This process takes up a lot of time. Some staff will be working outside of their working hours to complete their inputs. Everyone should try to assist clinical colleagues in this respect.

2.8. KM – Recognises the varying reasons for the low attendance at this workshop (12/24 attended 50%), however, to achieve the best outcomes we would like to have 80% attendance at workshops in the future.

It was agreed that the report will be updated and redistributed. KM stated in the absence of comments, the report will be deemed accepted.

There was general discussion about the report and what the intention was for the meeting, to have read the whole report and comment?

KM stated he would have expected attendees to at least have read the parts of the report in relation to their own disciplines in preparation of this meeting.

KR stated we need to act on lessons learned and create an action plan based on the outcomes of lessons learned.

DM also highlighted that we need to apply lessons learned as early as we can.

3. Discussion regarding Key Lessons Learned

3.1. KR highlighted top lessons learned on the project from his perspective.

1. Programme is the top one. How that programme references to each of the stages and make sure we can deliver it on time and have relevant resources in place.
2. KSAR – We need to be aware of what we will come up against in the next project. Things we are expecting to see.

DM asked where we are sitting with KSAR on Lochaber and Caithness projects. KR stated that an IA review had been done and no other principal meetings programmed until we get to OBC.

DM stated that SDaC will be applicable on these next projects.

KR confirmed that an understanding of the requirements of these processes will be key on the next projects.

3.2.JB highlighted top lessons learned on the project from his perspective.

1. Ventilation, that we get a validation engineer on board at the very early stages of the design.
2. Design stage, we have to look at the early stage of ventilation and fire compartmentation – cause and effect - at the early stages and the impact it has on critical ventilation.
3. Fire damper access. One thing we don't see is the layout and any equipment layout that may prevent access to them.

KM agreed early engagement in ventilation strategy is required. At design stage, to include Building Control, Scottish Fire & Rescue service, NHS technical team. Clear access to fire dampers is required for maintenance, Adequate design coordination and monitoring is essential to prevent clashes.

Question – can Revit modelling assist in the co-ordination?

3.3.RMc highlighted that there were issues on all previously referenced projects - CSU, B&S, Skye due to the classification of in-patient rooms and in the associated ensuite heights of wash hand basins vary, e.g., able bodied – standard height, assisted - lower height, and some rise and fall. Height of WHB in ensuite can be a different height for across the design. This needs to be clear in the briefing and project development.

3.4.SK highlighted key lessons learned from her perspective.

1. Key dates for deliverables. Key dates missed for Cobie drops resulted in a significant delay in the development of maintenance schedules, draft O&Ms, draft drawings – an earlier issue of these documents rather than at handover would greatly assist the estates teams.
2. Roles and responsibilities of who does what and when would also assist.
3. Training – Asset information is held in Maximo but there needs to be detailed training for planned maintenance.
4. First responder on call – a lot of teething problems and repeated faults on nurse call for example often in the middle of the night – if it's a contractor fault they should pick up relevant costs within defects period as this is a revenue cost - staff that are called out in the middle of the night still have to work in the morning.
5. Anything we have to do as a change of result of something – anything that costs us money – we end up spending money to fix something - should be included in the cost of project.

BMS link to Raigmore was an issue that was highlighted.

RM and KR highlighted that there had been issues that required chasing the sub-contractor dealing with the BMS.

- 3.5. There was general discussion regarding Cobie dates on the programme being missed. SK asked if there are penalties in the contract for not making key dates?

KM confirmed there are penalties and the extension of time is subject to ongoing review regarding cause and effect.

- 3.6. KM addressed SK's other points – there was a draft commissioning training schedule and focus on all staff training. What went wrong, as training was scheduled, will have to be reviewed.

In terms of managing call-out issues, all should have been detailed at handover stage. There were a number of workshops where all FM services were covered and this process was assisted by Turner and Townsend. The correct early engagement is required and on call requirements should be clearly defined.

Cost and revenue – needs to be a better understood by the accountants as to what revenue items are for project delivery – i.e. what goes in to the original business case. We should be using the data / information from lessons learning to schedule / cost for what is required.

- 3.7. SK – Its key to make sure that we don't end up in the same position as for Skye as there was no managed defects period. Staff had to purchase tools to maintain the equipment. It is lessons learned and working collaboratively.

Do we have an opportunity to feedback any further comments after today?

KM requested that any further feedback is e mailed to David Mason who will include any relevant material in the final report.

DM confirmed that he was happy to continue to get feedback via email and within the chat here as relevant.

- 3.8. SK – General comment. B&S hospital – We took the hit to pick up faults.

- 3.9. KR asked how can we capture things that are positive and went well? How can we pick up the positive and take that forward? Things that we have done positively should be looked at to take forward and continue to keep doing them.

SK agreed saying encouraging the positives ensure we keep doing them.

DM highlighted that we do tend to dwell on the things that go wrong but should reflect more on the positive. Innovative practice is what we do well to do the job, and as well, if not better, the next time. We should reflect more on the positives. With lessons learned it is an ongoing process. There will be lessons learned from the project through in-use that we have to keep capturing as well.

4. Lessons Learned that should still be captured for the benefit of Lochaber and Caithness projects

- 4.1. SK highlighted that leaks have been problematic at B & S hospital. The roof has required a few repairs in the defects period that won't give NHSH the lifespan of product.

- 4.2. Locking suites are an issue. At NTC there was a leak and the issues with door locking and how they were suited was a frustration for the plumber who was called out through the night. The access was extremely time consuming and problematic.

KM- That had definitely been picked up. It is a defects management issue to be reported back.

KR – Keys – need to emphasise security strategy needs early discussion. KR confirmed that there had also been swipe card access issues too.

KM- Key suiting requires input from design team with Estates to feed in as early as possible.

KR – Specifying the right point in the project for review should be a more effective discussion.

DF – It is worth saying locking suites and security needs to be picked up on earlier. Trying to get the right people and expertise together proves a challenge and we need to look to see how we can do that now. Requires involvement from all relevant users. DF also asked if the plan is to distribute this further?

- 4.3. DF queried as to whether the issued report was final or a draft?

DM – A good point – what are time limitations around these things – we are trying to get to a point of conclusion on the lessons learning part of the reporting at the end of the 3 month Aftercare period and then moving on to PoE reviews.

Part of all of this is planning for the longer term.

KM recommended that David Rich remained on site as NEC Supervisor for a period post handover. Reporting can be looked at in more detail with the benefit of wider feedback.

- 4.4. Some of the issues were linked to the fact that that the equipping period and clinical commissioning periods were compressed. The building wasn't complete at the time it was occupied – the NHSH Facilities team

took over some of the cleaning etc. NHS-H never got the sparkle finish from the contractor included under the contract.

DF – Confirm the report with everybody who was involved. It would be useful if an executive summary includes what are the important things we need to focus on. What impacts time, cost, and quality. Pull out relevant to each stage of the project.

Agreed with KR re positive points and adding them to the Executive Summary.

KM highlighted that project teams are tied to the format prescribed and the requirement is that we populate the template. Further detail can be included within the Executive Summary.

All the requirements and data reported on is as requested by Scottish Government is part of the Business Case process.

An understanding of what the government is requesting is lesson learning that we need to take forward.

DF – Understand that we are constrained by the template.

DM – Agree with DF – when you read the report cold there perhaps isn't enough background and context. Will take on board those comments and can refresh the report.

5. Project Monitoring – Business Case requirements – OBC Stage

5.1. DM highlighted the guidance relating to Project monitoring which is a requirement of the Business Case process and applicable on the Lochaber and Caithness projects.

A monthly forum, chaired by Gordon Stewart of Scottish Government is looking at monitoring and PoE in more detail. The process tracks project development through the business case stages, construction and in-use and involves a cycle of planning, monitoring, evaluating, and learning.

DM highlighted that the process diagrams in the document of relevant requirements stage to stage needs to be updated as it doesn't include KSAR and SDaC for example.

DF reflected that the diagrams highlight the sheer number of hoops project teams have to jump through with processes required and relevant information that has to be produced. Not sure we fully grasp the resource requirements on a project.

Catherine Stokoe added this comment to the meeting chat – “Completely agree. I’d like to share some of the slides with the HAI Exec Lead to strength their knowledge of what is expected.”

6. Post Occupancy Monitoring – NTC Highland

- 6.1. DM confirmed that the published Post Occupancy Evaluation (PoE) Template did not reflect the full monitoring and reporting requirements as stipulated in the SG SCIM Project Monitoring process as there are other requirements through the NDAP, KSAR, SDaC processes, for example, that go beyond that.

NTC Highland is now into the Post Occupancy Monitoring phase and a plan was needed for how we deal with project monitoring and evaluation In-Use over the first three years.

DM confirmed that this included Benefits Realisation, NDAP (Design Statement and AEDET) and financial aspects too.

- 6.2. DF highlighted that there is a distinction between benefits realisation for the service and PoE.

DM understood that Benefits realisation and PoE do overlap. The key dates for monitoring and reporting that need to be met within a project need to be mapped out and included in a programme.

KM confirmed that relevant aspects of a project are captured and how we measure it, when we measure it, what are the outcomes and have we achieved what we set out to are reflected in reporting. Although different they are linked. PoE is allocating responsibility for who will carry this out, how and when.

DM asked if it was ok to issue the Post Occupancy Monitoring Template to the team.

KM – Yes, anything to assist people of the overall process.

7. Any other Business and Next Steps

7.1. DF highlighted that there was a huge amount of information in the reporting that made it hard to fully disseminate.

KM appreciated what DF said as it is a big report.

BIM 360 reports as included should perhaps be a separate appendix and maybe some other parts could be seen that way too.

It has been a process - there have been workshops, feedback from the workshops has been incorporated into the report. Hopefully the report will be in a position where it can be finalised following feedback from this workshop.

7.2. GM confirmed that it had been a very useful meeting and huge amount of information to digest.

GM asked if this an NHS Highland document? GM requested that we move to page 50 and down the column to 20.1.23. Reference Skye and Badenoch and Strathspey projects Lessons Learned.

Should be more of an action and not a criticism of a PM? Actions should not be an allocation of specific blame.

It was confirmed that the source document had been compiled by hub North on behalf of NHS Highland.

Further review to be carried out based on this feedback.

GM highlighted though that there were a lot of good things included within the reporting.

7.3. GM requested of CS that the team review the documentation and confirm any feedback to DM and including from an infection control point of view and also touch base with David McKay and team?

CS agreed.

- 7.4. KR stated that actions should be clear and have tangible lessons we have learned from then we have actions to take forward.
- 7.5. DF asked why B&S is referenced within this report? Has information been pulled from another report?
- 7.6. KM stated we were asked to capture feedback from other projects but could put them in as appendices.
- 7.7. DM confirmed that all relevant lessons learned from NTC-H, other NHS Highland projects and reported via the national Soft Landings Champions network had been compiled into one document as issued.
- 7.8. GM highlighted the anaesthetic room comment in respect of Theatres Lessons Learned. Lochaber may be able to do without, however, NHS Assure have given contradictory steers previously. With NYC there was disparity from 3 NHS Assure teams – the NHS Highland team were given 3 different answers.
- 7.9. KM said NHS Assure's remit, processes and relevant requirements have been developing. NHS Highland have fed back through forums to Jackie Kilcoyne and her (Frameworks Scotland) team and to the NHS Assure KSAR team. There needs to be further refinement work but different people may give a different opinion if something isn't formally prescribed.
- 7.10. KM confirmed that he will have another follow up meeting with DM and re-tabulate the report.
- 7.11. All agreed meeting was helpful.
- 7.12. KM confirmed that the target date for end of October/beginning November to finalise.

Appendix 7:

NTC Lessons Learned PSCP Workshop 2 Notes from 24.10.23

DRAFT

WORKSHOP NOTES

Project : NTC Highland, UHI Inverness Campus, Inverness

Purpose : Lessons Learned Report Review

Location : Teams Online

Date : 24th October 2023

Present :

Gavin McNeill	GMcN	NHS Highland
Kevin Minnock	KM	NHSH - Project Director for the NTC Frameworks Contract Consultant Lochaber & Caithness
Catherine Stokoe	CS	NHSH - Infection Control Manager. Linked into NTC Project and will be linking into Caithness and Lochaber.
Jacqueline Kilcoyne	JK	NHS Scotland Assure - Capital Projects Manager FS3
Douglas Anderson	DA	Electrical Design Manager at NTC Highland Electrical Design Manager Lochaber & Caithness
Paul Carberry	PC	Balfour Beatty. Framework Commercial Manager Lochaber & Caithness
Gary Crossan	GC	Balfour Beatty. Contracts Manager. Project Lead MEP delivery NTC. Preconstruction for Lochaber & Caithness
David Downie	DD	Balfour Beatty. Mechanical Design Manager for NTC Highland and both Caithness & Lochaber
Natalie Duthie	ND	Balfour Beatty - Healthcare Design Lead for Lochaber and Caithness
Martin Sim	MS	Balfour Beatty - Preconstruction Director. Healthcare and Account Lead for FS3
Steven Standing	SS	Balfour Beatty – QS / Preconstruction Management Role - NTC Highland Preconstruction Manager Caithness
Aiden Teague	AT	Balfour Beatty – Project Lead, NTC Highland Project Lead for Caithness General Hospital
George Young	GY	Balfour Beatty - Area Director

Ester Coma	EC	Keppie Design. Assisting with Lochaber
Samuel Hay	SH	Keppie Design – Architectural Lead for Caithness.
David Morrison	DM	Keppie Design - Architectural Lead for Lochaber
Duncan Ford	DF	Hulley and Kirkwood – Electrical for Caithness
Chris Madden	CM	Hulley & Kirkwood - Electrical Design Engineer for NTC and Lochaber.
Ross Southwell	RS	Hulley & Kirkwood. Mechanical Design Consultant on NTC and Lochaber
John Segrott	JS	Mott MacDonald. Civil and Structural engineering for NTC and for Lochaber and Caithness
David Sutherland	DS	Mott MacDonald – Structural Designer for NTC & Structural Lead for Lochaber
Mark Coffey	MC	Oberlanders Architects – Partner. NTC Architect Lead from initial stages to completion. Lead Advisor Technical support for Caithness & Lochaber
Paul Gilligan	PG	Oberlanders Architects – Partner. Assisting Thomson Gray Lead Advisor Team for Caithness
Melanie Fecker	MF	Thomson Gray – Project Manager for Lochaber
Joe Ferguson	JF	Thomson Gray – Senior Project Manager. NEC PM for Lochaber
Rebekah Garrett	RG	Thomson Gray - Associate Project Manager. Lead on Caithness redesign project.
Ged Gowans	GG	Thomson Gray – Supervisor Team for NTC. Leading Supervisor team for Lochaber & Caithness
Hannah Greenwell	HG	Thomson Gray. Senior Project Manager Caithness Hub – Caithness Redesign
Shazia Ibrahim	SI	Thomson Gray. Project Manager Assisting on Caithness
Brian Prentice	BP	Thomson Gray - Senior Surveyor. QS lead for Lochaber
Micheal Steel	MST	Thomson Gray Cost Advisor on NTC and for Caithness
Julie Jones	JJ	Core Associates – Administrator - Workshop notes
David Mason	DM	Core Associates - Soft Landings external consultants

Distribution : As present plus original invitees.
Notes By : Julie Jones – Core Associates
Prepared By: Julie Jones
Checked by: David Mason

1. Introductions/ Apologies

- 1.1 All present introduced themselves.
- 1.2 KM confirmed that Lawrence Casserly sent apologies.
- 1.3 KM clarified that Ged Gowans Thomson Gray team provided not only NEC technical support for the NEC supervisor role, but they also carried out the CDMA advised service to the NTC project and will provide the same CDMA service to both Lochaber and Caithness projects.

NB: A copy of the presentation is appended to these workshop notes.

2. NTC Highland Lessons Learned Overview

- 2.1 DM provided a general overview of where reporting was in respect of Lessons Learned for the NTC project and also highlighted requirements for project monitoring, particularly as that will be required for Lochaber and Caithness projects through the business case stages and confirmed that NTC Highland was now into post occupancy monitoring.
- 2.2 The project team were currently in the process of concluding reporting on NTC Highland to be shared across NHS Scotland. NHS Highland is committed to sharing these lessons learned outputs with boards across Scotland. The draft report that we've prepared includes the lessons learned workbooks which are an integral part of the soft landings guidance.
- 2.3 The focus in this workshop is on lessons learned from NTC Highland and how to implement these on the Lochaber and Caithness projects. It was highlighted that many of the consultants have been involved in this process already and will continue to be involved. It is hoped that the knowledge shared will be for the benefit of projects being delivered in the future.
- 2.4 DM stated this is the fourth formal workshop to be held. There was an eHealth workshop early in the process to capture valuable lessons learned at that time followed by a joint session with the PSCP team and NHS Highland and then a more recent session with the NHS Highland Project Team.
- 2.5 All reporting is based on Lessons Learned Workbook Rev H. which has been further refined following feedback from the most recent workshop with the NHS Project Team.
- 2.6 Lessons learned have been gathered through NTC Highland, also through the national Soft Landings forum and from previous projects which included Skye and Badenoch and Strathspey.

- 2.7 KM confirmed that any feedback from this workshop will be compiled for input into the report. Feedback has been gathered from the PSCP and NHS Highland, but not so much from external consultants. The target was to conclude reporting in early November.

3. Discussion regarding Key Lessons Learned

- 3.1 DM provided an overview on Lessons Learned and highlighted that a great deal of progress had been made on the NTC Highland project in being able to identify lessons learned throughout the project development and delivery stages.
- 3.2 This is a fantastic learning opportunity with many of the same team members from B&S, Skye and NTC Highland being involved in the Lochaber and Caithness projects. From the last session that we did, it was clear that new processes and procedures have already been put in place for the key aspects of project development, design and delivery.
- 3.3 This priority for the session was about focusing on those lessons learned from NTC Highland.
- 3.4 Prior to the workshop, everyone had been requested to think of their top three lessons learned from NTC Highland.
- 3.5 Steven Standring (SS) opened discussions by highlighting:
- 3.5.1 Realistic programme task periods were required and perhaps closer discussion with relevant team members before things were presented for agreement.
- 3.5.2 Avoiding mammoth VE exercises post costing.
- 3.5.3 Closer attention and focus on costs in relation to design development and scope. So, we don't end up with a huge disjoint.
- 3.5.4 DM - So in terms of the VE exercise you're referring to was that when things were well advanced from a detailed design perspective.
- 3.5.5 SS - Well into RIBA 3 and almost starting RIBA 4 and identifying cost related issues before that stage is prudent.
- 3.5.6 DM - In terms of next time from your perspective, how do you think that could be better addressed?
- 3.5.7 SS - More attention to that detail. A number of aspects lead into that - timescale, more joined up as a team, more open with the design team in terms of their understanding of what impacts costs and how things are looking because if they don't know then they can't make decisions that help.
- 3.6 Mark Coffey (MC):
- 3.6.1 VE set the project out of sequence well into Stage 4 (25% complete). 25% was very significant at that time. A lot of the complexity ended up coming through

the design coordination and construction on site initiated from that decision to VE at that stage.

- 3.6.2 DM – Presumably that led into critical programme concurrency in terms of design and further detail design coordination?
- 3.6.3 MC – The programme wasn't a linear path, and even in the pre-construction program itself, the building was effectively designed four times. Looking back on the programme, it could appear that there was more than sufficient time given to the pre-construction programme but that wasn't the case in practice.
- 3.6.4 MC - The latest design was from stage 2 to an advanced stage 3 in about 8-12 weeks, so the rapid acceleration made it very difficult to keep up and was a greater challenge for the contractor to maintain progress on site. It created an out of sequence process and almost became construction design rather than a methodical and coordinated process.
- 3.7 George Young (GY):
 - 3.7.1 Confirmed that he had come late to the NTC to assist the team nearer the end of NTC to get the project over the line and agreed with what Steven and Mark highlighted.
 - 3.7.2 GY – Programme and design freeze - keeping to the clinical and technical briefs and having robust documents at an early stage for design development and monitoring relative to the Programme. Design freeze at Stage 2 before moving on to Stage 3 and another freeze to close the design off at applicable stages. Things can change for different reasons or requirements, but they all have an impact on the programme. A Lessons Learned now being applied on Lochaber and Caithness.
- 3.8 KM – NTC has been a fabulous job - it has been well delivered, with a brilliant design team and progressed through the covid period which cannot be underestimated. Difficulties have been highlighted with the design process. Key project partners dropped out part way through and a large value engineering exercise was also required. There was a very ambitious timescale to try to meet for operational in service. Everything considered, none of that could have been achieved without a one team ethos and supporting the weakest member of the team. NTC proved that that was possible.
 - 3.8.1 KM – Understand the ups and downs of major construction projects and everything that goes on in the background with others involved in bringing it together. It can be difficult to manage. The Lessons Learned puts the team in a much better position to get to a fixed design for stages 2, 3 and 4 going forward (on the next projects).
 - 3.8.2 Programme and cost the project robustly so everyone knows and understands the complexity. These lessons learned create a betterment going forward so that everyone is treated more fairly and equitably to get the right result for the service provided to the patients of Scotland. Maximise the lesson learning process and shared with NHS Assure. Lessons learned should be seen as trying to continually improve.
 - 3.8.3 GY – fully support that.

3.9 Ross Southwell (RS):

3.9.1 Started halfway through stage 4 and into the heart of the construction period so limited experience from the early part of the project. Three lessons learned points are from a mechanical engineering perspective.

3.9.2 Agreement of scope and extent of CDP packages on site. With NTC, there were a lot of packages that were CDP which created a lot of information being distributed back and forth throughout the stages. Even in the construction stage where it was required to ensure that any updates to those specialist designs were captured within the mechanical infrastructure. Early agreement on those areas would smooth a lot of design and construction at that stage. Push for more and earlier engagement on those areas of CDP.

3.9.3 The provision of an emergency hydrant tank on site. The Scottish Building regulations state that if there is not sufficient pressure or flow in the mains, there needs to be provision of an alternative form of supply, meaning a huge static hydrant tank was required.

Regarding this provision there was dialogue regarding what the flow and pressure would be. It took quite a while to talk to the Highland Council and Scottish Fire and Rescue.

For Lochaber going forward there should be early discussions with those representative members to try and get that closed off before detailed design stage as it does have quite large implications on the site.

3.9.4 Non-standard theatre arrangements – something that has been raised multiple times. The team responded to the review process and satisfied the issues raised to ensure that there was enough information and supporting calculations to allow for non-standard theatre layout in the NTC. There was a shared scrub room which was the main cause of concern. A lot of effort was needed by everyone in the team to get that closed out. It got verified commissioned and validated. It is a feature that should not be recommended for Lochaber and Caithness theatres.

3.10 Aiden Teague (AT):

Agreed with KM that everyone worked well as a team and got there in the end.

3.10.1 Early involvement on MEP design highlighted by RS. Taking that on board and H+K are on board already for the two upcoming projects.

3.10.2 Important to get design to more advanced stage before commencing Stage 4.

3.10.3 MEP issues were also affected by what happened in Ukraine, supply chains and the markets generally.

3.11 Michael Steel (MST):

3.11.1 From a Cost Advisor point of view looking to do optimism bias workshops in the future on these projects.

MST outlined the requirements for Optimism Bias build up and ensuring that potential additional requirements down the line can be covered. Carrying

- more of that approach into the FBC budget as during the construction phase if the project is on site for 2-3 years additional requirements can get added in.
- 3.11.2 Having done CSU at Raigmore previously which was all refurb and then NTC was all new build there is further lessons learning on how equipment costs are dealt with and how they are split between capital and revenue. On a new build that they are not considered revenue at all whereas on the CSU, there was an element that is revenue.
- 3.11.3 DM – Comment re the equipment costs - that will obviously affect Lochaber and Caithness.
- 3.12 MC – Can support and respond to other peoples' comments including Ross's comment on the non-standard theatre arrangement.
- 3.12.1 This project started in 2016/2017 - the elective centres were a new program. As part of that program there was a desire from HFS for innovation in theatre design, how we responded to inpatient design and they were also trying to figure out how they wanted to develop and respond to sustainability issues. The approach to elective centres was different, there was a discussion on taking out anaesthetic rooms as that was something that was being achieved at the eye clinic at the Golden Jubilee. Golden Jubilee was the first to come off the drawing board with the NTC being the second.
- 3.12.2 MC – The shared scrub area came from originally wanting a barn theatre design that would assist with education particularly being linked with UHI. Only one of those theatres ended up without an anaesthetic room which was theatre one on the ground floor. Finally, the natural ventilation of the inpatient bedrooms, which post covid would be reviewed entirely differently. Taking things as innovation into an elective centre because it is for elective patients only and is not for general patients.
- 3.12.3 MC - Act with caution if replicating anything because a lot of what was achieved and produced at the NTC was because it was for elective patients. There were patients that were very explicitly excluded from the category of entry into that hospital.
At the Commissioning KSAR review, it had to be explained how we ended up with a non-standard layout which was an unusual situation when the majority of the information demonstrated that it was designed to HBN 26 and all the other relevant compliance documents. Innovation was sought because the value engineering was so high so there was a lot of input that went into that piece of design. It was justifiable as an elective process, but it wouldn't be justifiable in other general facilities.
- 3.12.4 DM - The anaesthetic rooms came up in the session held with the NHS Highland project team but that was in the context of would it be included in the lessons learned. The point was made that some of these features, as noted in lessons learned, do have to be handled with care for many of the same reasons highlighted. It's a good point in terms of being cautious with what is brought forward into the other projects.

- 3.12.5 TO KM: there probably isn't an adequate distinction being made between the elective program versus a general hospital theatre department design.
KM – This issue warrants a review of the reporting executive summary to include a statement at the front highlighting that this is an elective care facility and not an acute hospital or a regional general and all the design information and the lessons learned should be treated with caution in that respect.
- 3.13 Gary Crossan (GC):`
- 3.13.1 Supply and installation of theatre equipment – specifying the equipment, trying to get the cost value and then trying to get it to fit in space available. Going forward, information should be gathered as early as feasible to coordinate it better as the ceiling voids were jam packed above the theatres.
- 3.13.2 NHS Assure and KSAR – for NTC there was no KSAR pre-construction and it felt like we were always trying to catch up. It took up a lot of time and impacted on the commissioning period at the end. For NHS Assure and KSAR, to get it in earlier so issues are closed out if they become apparent.
- 3.14 John Segrott (JS):
- 3.14.1 From the outset, the structural grid was well thought out and made the structure efficient, straightforward, rational and repeated, so that worked well and this then followed through into the cost and efficiency of the erection.
- 3.14.2 The internal secondary steelwork issues were unforeseen due to fire regulations changing and not knowing what the impact was on the British Gypsum requirements for secondary steelwork. It was a lot to work through.
- 3.14.3 The theatre pendants were affected by not having that information up front and the requirements that they put on the vibration sensitivity of equipment which was eye watering and that made it difficult to effectively retro measure the building to confirm the vibration was not an issue.
- 3.14.4 The Energy Centre became its own work package because there just wasn't the information earlier to fully develop it.
- 3.15 AT:
- 3.15.1 Secondary steelwork affecting theatres was an issue because of the complexity of some of the fire regulations and associated requirements. A lot of openings for dampers had to be changed.
Regarding the point about the energy centre, there was a similar problem in Badenoch and Strathspey hospital, so there were early workshops to go through the Energy Centre week after week. It needs more focus earlier on to get the energy centres right for new builds and refurbs and earlier engagement with third parties like SSE.
- 3.16 Chris Madden (CM): The key points for the electrical design at NTC –
- 3.16.1 Switch room was developed through engagement with NHS. Lessons Learned relates to where the dual supplies terminate and creating a single point of failure. In the switch room, there was an A and the B supply coming into the

single switch room. Now taken that on board for Lochaber and there are separate switch rooms scheduled. That's a lesson learned that has been taken into a new design.

- 3.16.2 The second point was there was an issue with the multiple voids created in the ceilings. Many compartments were created which meant when installing an L1 system fire alarm system this included a lot of detectors in that void. One example was a room that had steelwork crossing perpendicular to each other which meant four voids were created and therefore four smoke heads required.
- 3.16.3 Early agreement on the ADB room layouts - There was a lot of indecision regarding how many sockets, adding more then taking them away during design and construction stages. The number of sockets can affect the number of circuits and the circuit design which in turn, affects the size of the distribution boards, so it's not as easy to just add in two sockets later in the project. Early agreement of room layouts will prevent these ramifications.
- 3.16.4 KM - To come back to the point about the resilience and the issues KSAR raised regarding switch rooms It was impossible to accommodate two switch rooms on a fixed grid in the design at that stage, which is what was argued. Ending up with two switch zones in one room was still a resilience issue. It highlights the need for these decisions to be made earlier and all decisions need to be taken with the backup clinical risk assessments that inform what has to be designed.
- 3.16.5 KM - The technical brief and the clinical briefs and including clinical output specifications need to be tied down as early as possible.
- 3.16.6 MC- It all stemmed back to the VE process with 200mm taken off the floor to floor which created so many different aspects of change. Downstands were being squashed into the ceiling voids. It had a massive knock on throughout the entire process.
- 3.16.7 MC- It seemed inconsequential at the time as just a figure in a spreadsheet. However, had it been more fully analysed by the full team regarding what the cause and effect might have been, potentially the saving wouldn't have been taken at all because the potential risks and outcomes would have been realised. The man hours in re design were very high. This is a huge Lesson Learned.
- 3.16.8 MC - noted that this project lived through:
Grenfell happened not long after it got awarded, then Covid, Ukraine and associated further impacts. So much change happened in the construction industry in such a short space of time.
- 3.16.9 KM - In addition to that, the decision from Highland Council regarding the interpretation of fire regulations around the internal lifts. We had to revisit the CSU into ensure that that was a correctly applied on there and that they were satisfied. Also, all the issues that came out of Aviemore and Skye, affected this project as well.

- 3.16.10 DM- A good point regarding the unintended consequences of those strategic value engineering decisions. We see that quite often, but probably not quite significantly as it seems as though it's has been on NTC.
- 3.17 SS:
- 3.17.1 The extent and challenges around planning requirements as well before site and on site. The challenging aspects of planning was due to the uniqueness of the campus site and historical aspects associated with that. All parties really pulled together through a number of meetings with planning and the transport teams. A massive effort and something to be proud of.
- 3.18 Ged Gowans (GG): Came in as a team to support Highland halfway through the construction process and it took a bit of time to bed in and get those involved to understand that inputs were to help deliver a defect free completion. That good relationship as established will be taken forward - it was fully appreciated.
- 3.18.1 The underpinning theme here of all the lessons learned is that early stakeholder engagement is vitally important. Various stakeholder groups visited site as completion approached and were slightly surprised about whether they had or hadn't seen a design drawing previously. They also weren't expecting to see some things that were pointed out and were asked if they were happy to accept these, as what was being delivered was in the Works Information. That upfront engagement is key and if the design can be 100% complete before starting on site that would be great, wouldn't it? Unfortunately that doesn't always happen.
- 3.18.2 DM -In terms of the stakeholder inputs that are being referred to, was that because of a lack of involvement at the key stages previously?
- 3.18.3 KM - Lessons were learned from CSU and stakeholder engagement and a communications plan was developed, a stakeholder engagement plan and under the direction of Deborah Jones, a 3P liaison session was carried out.
- 3.18.4 Some input from the contractor and designers on how they felt that went? This was a great starting point for stakeholder engagement, bringing the necessary clinicians to the table with the designers and with the PSCP to inform the brief including the clinical adjacencies and how it's needs to be operated and serviced.
- 3.18.5 GG- The stakeholder groups were challenging. This was not only due to the extreme factors affecting the project MC highlighted, but there was a change in working practices, personnel, people who retired and knowledge lost. Hopefully it is more straight forward on the delivery of Lochaber and Caithness. That has to be recognised as much as the issues encountered towards completion and handover.
- 3.18.6 MC - Everything highlighted is meant as a positive and just pointing out the facts of what happened. 3P was phenomenal and should be replicated on projects of suitable scale to do so.

- 3.18.7 It could be halved in time as it was quite intensive. Clinical outputs and function and flow is directly attributable to that and worth every penny and paid itself back within the first 3 months of operation. In terms of ADB – there was a complete turnover and changes outside of design and construction that took people away from the project. If the 3P can continue into developing what is seen to be the less exciting part of the design briefing - the ADB's - then a project would be in very good state earlier as a result of that.
- 3.19 DM – Would anyone else like to add anything to the points that have already being raised?
- 3.19.1 KM – Highlighted the need for early engagement of the validation engineer. Consultation and early engagement to agree the ventilation strategy is crucial.
- 3.19.2 This was done on CSU but unable to use the same engineer(s) on NTC because of availability and suffered as a result of that. Eventually between the fire officer, the ventilation engineers, technical compliance and with the assistance of PSCP issues were resolved. Going forward, Malcolm Thomas is no longer available as a validation engineer and therefore need to be looking further afield. John McEwan is taking over his role but may not directly take over full validation services. Certified validation engineers need to be identified to support projects going forward.
- 3.19.3 DM – My understanding of KSAR was that it came along well into the project and there was a lot of back tracking to evidence various requirements. The switch rooms issue and resilience has been mentioned however, any other headlines from the involvement of the KSAR process?
- 3.19.4 KM - It was an enormous task. We had been through NDAP, then KSAR process came along as an interim process by NHS Assure. NHS Highland fully supported the intent of NHS Assure's efforts to overcome issues on previous jobs with defects in the design and the build. KSAR was embraced as best as it could be with the resources available to discharge the requirements. Cooperation from PSCP was superb. Every effort was made in getting KSAR supported status through pre-construction with assistance from the PSCP and supply chain.
- 3.19.5 KM - Kevin Richard took over as Commissioning Manager and managed the Construction stage KSAR and through to the end of the project. A separate lessons learned session on KSAR has been conducted and fed into the reporting. The process was a very big ask and there was a lot of documentation that had to be provided.
- 3.19.6 As a lesson learned, NHS assure needs to better define the stages and associated requirements. Information required at one stage shouldn't go into the next stage if it's already been provided. Preconstruction issues should be dealt with at preconstruction and likewise with construction, etc.
- 3.19.7 MC – KSAR was the fifth process that this project went through. In relation to this project, it did come in at a later stage. What was reassuring was there was nothing that KSAR raised that hadn't been reviewed.

There was probably not anything added from the KSAR review that hadn't been recorded and there was definitely evidence that it had gone under review, and it had been part of the design conversation. While there may not have been agreement with the decision, the whole team had actually been through the process, and was covered as far as compliance went.

What was interesting is anything that got taken back into the design as a result of the KSAR review had actually come out because of the value engineering. It was definitely the catalyst for many of the challenges that the project underwent.

Most of the things that got challenged were through innovation and that was one of the lessons learned. Not innovating would have made the review process simpler!

- 3.19.8 RS – Hitting the KSAR review process in the construction period when trying to get everything across the line and including validating theatres and trying to get all outstanding items closed off was quite a challenge. Everyone came together to support one another and assisted in processing each issue one at a time. It was very stressful but good to come into Lochaber with that experience. There is a lot to learn such as early evidence tracking and discussions to allow for a smoother transition is something already being done for Lochaber.

Regarding overlaps, there were items that were closed off in NDAP and then reopened in KSAR even though the supported status was given. That was a stressful period when about to Commission a system and having to backtrack through design elements and not have that affect handover.

- 3.19.9 KM – We should continue to improve communication and governance. Follow the contract, and inform through the governance process, the project board, the health board and above that Government and NHS Assure. The team has come a very long way learning lessons and that shouldn't be underestimated. That will serve Lochaber and Caithness well going forward. Design quality plans have been developed which hopefully, if administered correctly, will aid that process with clarity of information requirements through each of the RIBA stages.

4. New Lessons Learned that are being captured on Lochaber and Caithness projects and how they are being logged.

- 4.1 DM - Lochaber and Caithness. It is quite rare that there is such good continuity of teams in projects going forwards and formalising the associated lessons learned process. It is good to hear that so much good work has been done and lessons learned are being translated effectively moving forward. It is still a relatively early stage on Lochaber and Caithness, but the message is that lessons learned from NTC and other projects are being carried forward. What are new and key lessons that are being learned from those projects that may not have been logged in other forums?

- 4.1.1 KM – Confirmed that he provides a support service to the programme managers – Gordon MacLeay, standing in for Heather Cameron, and Diane Forsyth for Lochaber and Caithness redesign respectively. The PSCP has taken great steps to implement the lessons learned from the NTC in terms of information management, communication, authorisation using CMAR correctly, supported by a very good design manager in Natalie. If these lessons can be taken forward and there is better contract administration in terms of programme and the Early warning notices and compensation event process, that will ensure that the positions of both the PSCP and NHS Highland are as they should be, and everyone is getting correct entitlement for their efforts as the programme is moving along as robustly as possible. The scope on Caithness is difficult to finalise as there are a lot of surveys required.
- 4.1.2 KM - If that can be done while keeping an eye on affordability, the projects have a good chance of success. This is a difficult period in terms of the commercial and financial climate that we're now in entering in to. It will be projects that take these lessons forward and by keeping on programme and on top of cost and affordability, they will have a chance of success in getting through the to the completion. Take the lessons forward to Lochaber and Caithness which are in good hands with the people who have the experience.
- 4.1.3 GY – There is the construction tracker from NTC that has about 80 items which will be split up, so that there is visibility of the items raised relative to the Pre-construction stages and so that there is a live monitor that can be introduced in to Lochaber progress report. A lot of things Kevin addressed about programme management, have been reviewed and are now being managed in a different way. Early warnings – Working through differently with Thomson Gray.
Back to basics, follow the contract, it reflects both parties and in turn all the consultants as well and keep the communication channels clear and this should be a good way forward.
- 4.1.4 GY - Affordability is what will make or break this job. The team is in place with the lessons learned. Mark Coffey is still involved as technical support to the Lochaber and Caithness NHS Team. If the tracker is monitored and reviewed, colour code up what has been discussed today and what is being done going forward by further adding to it with the outcome of this whole process as well.
- 4.1.5 KM – There will be a concerted effort, following this workshop, to finalise the report and ensure that it goes to NHS board for approval. Once it's approved, prepare for sharing the publication across other NHS Boards involved in trying to deliver an NTC or other projects but as long as they take cognisance of the fact that this is an elective care centre (noting previous comments).

- 4.1.6 KM – There was a cost report for Stage 4. Need to ensure that during the Preconstruction stages there are regular cost estimate updates. Also, the actual cost and cashflows need to be regularly produced and put through the project governance. That is a lesson learned that is being picked up and will help keep projects on track financially.

5. Project Monitoring – Business Case requirements – OBC Stage

- 5.1 DM - One of the things the Scottish Government are really pushing for, and more so through the business case and process, is project monitoring and being able to back track project development through the business case stages, construction and in to use and KSAR supports this process too. This documentation was based on an earlier Department of Health in England business case guidance was first published in Scotland in 2012 and then it was refreshed in 2017.
- 5.2 This requirement is being highlighted because it is something that the wider team will probably be asked to input through the Caithness and Lochaber projects and it follows that cycle of planning, monitoring, evaluation, learning.
- 5.3 At OBC stage for Lochaber and Caithness, the project team are required to develop an outline monitoring and evaluation plan, at a relatively high level only, identifying the aspects of the project that will be monitored and evaluated, when it is to be carried out and key milestone dates and how it will be done.
- 5.4 Please also refer to presentation slides.

6. Post Occupancy Monitoring – NTC Highland

- 6.1 DM - For NTC Highland, the project is now at post occupancy monitoring stage therefore the team is still evaluating the performance outcomes against the relevant benchmarks, looking at the realisation of the benefits as well from a service delivery perspective.
- 6.2 Helen Robertson, has recently highlighted the scale of data returns that Scottish Government are expecting from the NTC programme. There is already a huge amount of data available that can start being fed into the monitoring and evaluation planning that's being done.
- 6.3 KM - It has been agreed that the In-Use programme will be refined with the key deliverables and timescales and the resource allocations for each of the requirements under the POE monitoring.
- 6.4 DM - When there's a post occupancy evaluation template that exists, everyone tends to look at that as the only part of post occupancy that's prescribed, but there are wider performance requirements defined via NDaP,

through the design statement and AEDET. Sustainability and environmental performance will now be evaluated via SDaC and energy modelling. There is also a post occupancy review template and process for KSAR being developed.

- 6.5 DM - The things that will be evaluated and measured on NTC Highland are functional and effectiveness and that will include the measurement of the relevant benchmarks within the design statement. An AEDET post occupancy evaluation stage review is also required. Benefits realisation also includes Stakeholder engagement through the business case development, then ongoing and into use as well. Commercially, cost plan development through the business case stages and project development at RIBA plan of work stages.

7. Any other Business and Next Steps

- 7.1 KM – When the report is issued it will include:
- An executive summary,
 - The workbook with worksheets broken down into the various tabs for governance, IT, eHealth, Mechanical, Electrical, etc.
 - There will also be a section on construction too.
 - The feedback from each of the disciplines is fed into the relative tabs.
 - There will also be several appendices for supporting information from other projects.
- 7.2 DM – highlighted that the majority of participants had probably seen the previous version of the workbook though anything not NTC Highland has been put into appendices at the request of the NHS Highland Project team.
- 7.3 DM – Feedback from today will be captured and the meetings notes issued. If there is anything anyone wants to comment on, or any other contributions, they will be gratefully received. That will form part of the full reporting that will be shared more widely.
- 7.4 Thank you to everybody who has taken time out of their busy schedules to attend this today. Thank you for all your efforts and inputs on NTC Highland and the future jobs that you'll be working on.

APPENDIX B – Stakeholder Involvement

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Stakeholder Involvement

The table below sets out the teams involved in the preparation of this report.

Team	Involvement
Capital Projects and Planning Team	Report Production, Data Collection
Gordon MacLeay	Data Gathering
Henry Smith	POE Workshop
Susan Stewart	POE Workshop
Tina Monaghan	Report Owner/ POE Workshop/ Data Gathering
Fraser Wallace	POE Workshop/ Data Gathering
Julie Riach	POE Workshop/ Data Gathering
Carrie Lonnen	POE Workshop
Micheal Riach	POE Workshop
Christina Lloyd	POE Workshop
Heather Cameron	Reviewer
Kevin Richard	Reviewer
Kevin Minnock	Report Production
Laurence Casserly	Report Production
David Mason	Report Production
Anna McInally	Finance Support

APPENDIX C – Implemented Compensation Events

DRAFT

Implemented Compensation Events

Ref	Title
CE-001	Planning Condition 10 - Active Travel Route - Design Updates
CE-002	BB CE002 Flooring Matrix Updates
CE-003	Design of road section for Planning Condition 9: Public Transport
CE-004	Theatre Equipment to Group 1S
CE-005	UPS to Laser Room
CE-006	IPS ATICS Provision
CE-007	Fuel Polishing Connections
CE-008	Nurse Call System
CE-009	Remote Monitoring
CE-010	Revised Access Point Locations
CE-011	Covid Costs Apr 16th 21 to July 16th 21
CE-012	Change Cafe door CW03.01 to fixed pane
CE-013	Nurse Call System
CE-014	Covid Costs Jul 16th 21 to Oct 16th 21
CE-015	Bird Spikes to external lights per RDD063 response 23/07/21
CE-017	Vehicle Barrier Removal
CE-018	BMS Monitoring of end of line dump valves
CE-019	Security covers and isolators to battery cables to generator
CE-020	Cardiac call not shown on ADBs
CE-021	Additional Pullcords to Ensuites (x 24)
CE-022	Covid Costs Oct 16th 21 to Jan 16th 21
CE-023	Provide CIBSE Building Logbook
CE-024	Remote monitoring for nurse call mains generator
CE-025	Remote monitoring of UPS/IPS
CE-026	Dual data points fed from different comms rooms
CE-027	CE-27 Theatre AV System costs
CE-028	Theatre Intercom System costs
CE-029	Provision of client cabins
CE-031	Theatres - Waste Management System
CE-032	Gel Dispensers (Group 2) in Scrub Rooms
CE-033	Covid Costs Jan 16th 22 to Apr 16th 22

CE-034	LIG958 Minor Procedures Lamp - Gp1C - Ceiling Mounted
CE-035	Theatre AV System - Service Requirements
CE-037	Refrigeration Installation
CE-038	WAR960: Change to Group 3
CE-039	DSR Rooms - Shelving Corners
CE-040	Nurse Presence
CE-041	SHTN 03-01: AHU signage letter sizing
CE-042	Clog Washers - 3 phase supply
CE-043	SUR916 - lens bank (shelf) to be removed
CE-044	BOO968 - Bookcase/Media Unit: Gp3 to Gp1
CE-045	LIG953 Examination Lamp
CE-046	Covid Costs Mar 21st 22 to Apr 30th 22
CE-047	Synchronous Clocks - Conduit and Cable
CE-048	Blood Fridge
CE-049	Installation of WAP
CE-050	X20/028: Sensory Room Confirmation
CE-051	Staff lockers and Fixed Benching - Grp 3 to Grp1
CE-052	Oil Interceptor and Pumping Stations
CE-053	KSAR - Construction Stage input/resource
CE-054	Swirl Diffusers
CE-055	Comms Room Links
CE-056	Fixed Seating - Group 3 to Group 1
CE-058	Sterile Glove Dispenser
CE-059	Children's Lounge - Mirror - Group 1
CE-060	IPTV - Aerial
CE-061	Sensory Room (X20_028) to Gp1
CE-063	Air Changes to Injection Rooms
CE-064	Red Diesel (HMRC changes to fuel duty)
CE-066	Lighting Changes
CE-068	Change to soap dispensers
CE-071	Comms Cabinet size increase
CE-072	Additional Fixed Seating Gp3 to Gp1
CE-074	Planning Condition 9 - Submit Planning Application

CE-075	External installation of IPTV aerial
CE-076	Pipework Jointing (LTHW Plantroom)
CE-077	Adult Lounge / Cafe - Bench Seating
CE-078	Grass cut at Soil Deposition Area
CE-079	X-ray Room - CPC Earth Cable
CE-080	VIE - Adaptation of concrete base / plinths
CE-082	Rompa - Sensory: Additional Electrical Spur
CE-083	Labour for equipment deliveries
CE-084	VIE - Plant Control Breakers
CE-087	Main Entrance - Paving: Remove hexagonal slabs
CE-088	Colostomy Shelves
CE-090	Reception Foyer/Stair 3 Wall Colour - Repaint
CE-092	Additional Oberlanders time in relation to Planning Condition 9 discharge
CE-093	Vending Machine
CE-094	Cores through Corian worktops
CE-095	Vending Machine
CE-097	Removal of Ablution Taps
CE-098	Fire Alarm System - Evacuation Button
CE-099	Service Yard: Extend Fencing
CE-100	Replacement light to cook chill room
CE-101	Additional power to PACS screens
CE-102	Additional training for sensory room
CE-103	Additional lockers
CE-104	Reposition Electrical Bird Deterrent Solar Unit
CE-109	Additional COBe items to be provided
CE-111	Revisions to Nurse Call Set Up
CE-112	Water Services Staff Rest Room

APPENDIX D - 2140 Post Occupancy Monitoring Plan Rev D 280324

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Post Occupancy Evaluation [POE] Monitoring Plan



Project Name:	NTC Highland
Board Name:	NHS Highland
Responsible Person:	SRO Supported by Project Director and SL team
SL Champion Name:	Kevin Minnock as Project Director supported by David Mason as SL Co-ordinator
PSCP Name:	Balfour Beatty
PSCP SL Contact:	George Young
Date POE Undertaken:	As per dates indicated
POE Year [1,2 or 3]	See separate programme

Introduction

Project Monitoring and Service Benefits Evaluation

The following four stages are as set out in SCIM Guidance - Project Monitoring & Service Benefits Evaluation - and outline the process requirements for successful project monitoring and service benefits evaluation:

Essentially the NTC Highland project is now at Evaluation Stage but does still require Monitoring in its In-Use state to fully inform evaluation of a wide range of criteria relating to Post Occupancy Evaluation and to continue to document relevant Learning via the prescribed Lessons Learned process. This document also aims to be the Planning tool to set down how the Monitoring, Evaluation and Learning will be undertaken during In-Use for the first 3 years following Handover.

The period of project After Care that has been provided by the PSCP – Balfour Beatty, in conjunction with NHS Highland and other appointed support, will enable early issues requiring resolution to be addressed and inform the gathering of wider feedback.

The purpose of a Post Occupancy Evaluation (POE) is to provide a structured evaluation of the process of delivering a project, obtain feedback on the performance of the building / development and verify performance outcomes in use. This allows valuable learning to be captured and recorded that can be applied to new projects as well as providing recommendations that can further enhance the performance of the building / development in use.

The POE process will be required to cover, as a minimum, the first 3 years of building occupation. It is expected that the client-side Soft Landings champion will continue to maintain the 'golden thread' (ensuring the creation of an asset is linked to its intended purpose) and will coordinate and support the delivery of POE.

The POE will be undertaken by Senior Responsible Officer (SRO) with support from the Project Director together with other internal NHS Highland staff inputs and external consultant support as required.

Key performance outcomes and suitable metrics have been agreed for the project in respect of:

- Design Quality via NDAP – Design Statement and AEDT
- Environmental Performance via BREEAM and Energy Modelling
- Functional and Effectiveness via Stakeholder engagement in the design process including Design Statement and AEDT development.
- Design Quality via the NDAP process and including the Design Statement development and AEDT reviews together with inputs from NHS Assure and Architecture and Design Scotland.
- Benefits Realisation – via Stakeholder engagement during Business Case development
- Commercial – via Cost Plan development and project delivery in line with relevant reporting norms.

A mix of qualitative and quantitative data is expected to be captured and analysed during the delivery of the POE to verify how far the intended outcomes have been met and to assess the overall functionality and effectiveness of the development during operation. The proposed methodology and mechanisms for data capture has been agreed in advance through the development of relevant targets and benchmarks.

This POE Monitoring Plan does not incorporate the full requirements of the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01) as this was not applicable on the project at the time of Business Case development and the relevant approvals process. A further update to the POE Monitoring Plan template to incorporate fuller requirements together with other net Zero performance targets will be carried out for future projects.

The project will be required to undergo a KSAR POE and should capture and report data utilising the report data for the relevant topics utilising this POE template and any other requirements to be confirmed as part of the KSAR process.

In respect of wider SCIM requirements this document goes beyond the prescribed Post Occupancy Evaluation guidance and template and also includes Benefits Realisation and NDAP requirements in a single Excel Workbook to assist co-ordination.

Planning

The planning stage will determine the scope of work and resources required to carry out the Project Occupancy Monitoring across the first three years of the project and to feedback with relevant Lessons Learned against the performance and benchmarks as set down.

It is the responsibility of the Project SRO and any appointed support within NHS Highland or appointed consultants to ensure that relevant reviews are carried out with appointed leads with stakeholder input as relevant from:

Introduction

Board management staff.
Clinicians.
Nursing staff.
Healthcare planners.
Patients.
General public
Scottish Government staff.
NHS Assure
Estates professionals.
Accountants and financial specialists.
IM&T professionals.

Any relevant appointed consultants

Full Monitoring & Evaluation Plan

This full Monitoring and Evaluation Plan includes:

- A detailed programme setting out when Project Monitoring events will take place.
- A detailed programme setting including when key Service Benefits Evaluation events will take place, covering information gathering, analysis and reporting stages for each element of the evaluation but subject to more detailed service level input from the relevant stakeholders.
- The service leads will be required to identify all stakeholders who will be involved in both the monitoring and evaluation processes and their expected level of involvement.
- A communication plan which explains how and when stakeholders will be kept informed of their agreed input to these processes may be required to ensure relevant buy in and continuity of involvement from key stakeholders throughout the 3 year evaluation and feedback process.

Service Benefits Evaluation – was the project a success?

The rationale for a project will have identified the potential benefits to be gained from the successful delivery of the project. These benefits will include those directly associated with service improvement, as well as others with a more in-direct supporting influence. All benefits within the project's benefits realisation plan should therefore be assessed as part of the Service Benefits Evaluation process. It will also encompass the project's impact on service delivery, activity and performance.

The evaluation will need to be carried out by the milestone dates set out in the programme. The main focus of this evaluation will involve:

- Assessing whether, and to what extent, the project has realised its expected benefits.
- Gaining feedback from users and other stakeholders on how well the project outcome, e.g. a new facility, meets their expectations.
- Reviewing the impact of any service change on operational activities, processes and people.

Understanding how well the project has impacted on service activity and performance.

Further work may be required to align question sets and questionnaires for relevant stakeholders as part of the Benefits Realisation process.

Reference should be made to the Post Occupancy Monitoring Plan generally as there are similar themes across the different evaluation topics that require to be reviewed holistically. Please refer to guidance further notes below.

Also reference should be made to the following to support stakeholder engagement and feedback:

- The Scottish Inpatient Experience Survey, which asks questions about the quality of service delivery, different aspects of facilities management delivery, and the appropriateness of the internal environment of hospital facilities.

Please note that this survey has been on hold due to COVID impacts but past reporting themes should be reviewed to support benefits realisation information gathering and feedback where relevant.

The aim of this part of the evaluation is to gain a better understanding of user and stakeholder opinion on what they regard as a success, what could have been done better, what alterations to the facility may still need to be made, and what improvements could be made to the benefit of future projects.

Reviewing the impact of service change

The Management Case of the project's business case will have identified the impact of service change associated with the project on the NHS Board's current operational activities, which will have resulted in the presentation of an operational or service change management plan. This plan will become the source document for comparing the expected impact against the actual impact of the project on service activities.

The aim of this aspect of the evaluation is to review how successfully the operational change management plan was implemented, but also what lessons could be learnt to enhance similar change plans in the future.

Service activity and performance

Projects with a direct impact on service delivery will need to demonstrate how well it has delivered against projected service activity and performance assumptions included within the business case.

The evaluation process will compare data on existing, proposed, and actual service activity and performance associated with the project. This may include information, where relevant, on:

- Changes to care pathways or patterns of working.
- Changes to service capacity, demand and/or supply throughput.
- Service performance improvements, including reference to supporting KPI's and targets.

The outcome of this element of the evaluation is to confirm the accuracy of service activity assumptions used within the project's business case, and that the project has had a positive impact on service performance when compared with what would have happened from doing nothing.

The Service Benefits Evaluation Report

The programme for submitting a Service Benefits Evaluation Report to Scottish Government is set down within the programme associated with this plan. This will normally be within 1.5 to 3 years of the project completion date.

The report is expected to include the following information:

- A short overview of the evaluation process carried out.

Introduction

- Details of the stakeholders involved in each exercise, and when.
 - An explanation of how successful the project has been in realising its expected benefits, whilst also acknowledging and explaining the reasons behind why any benefits didn't achieve their expected outcome.
 - A summary of user and stakeholder opinion on how well the facility meets their expectations, what could have been done better, what alterations still need to be made, and what further improvements could be made.
 - An overview of the lessons to be learnt and shared in relation to implementing the operational change management plan.
 - Comparative data and analysis of existing, proposed, and actual service activity and performance outcomes.
- The concluding part of the Project Evaluation Report should reflect on the main things that went well, as well as what could have been improved, so that lessons can be learnt for future projects.

Learning – what lessons can be learnt?

The potential value of a monitoring and evaluation process will only be realised when action is taken on the findings and recommendations coming from it. An ongoing part of the process through each project stage is the lessons to be learnt for future projects both within the organisation carrying out the evaluation and for the wider benefits of NHSScotland. This should form the final concluding part of the Service Benefits Evaluation Report by including the following information:

- A summary from the evaluation information of what went well and why.
- A summary of what could be improved upon gained from an overview of the evaluation results as well as from recommendations raised in any feedback process.
- An action plan for disseminating these lessons learnt within the NHS Board and across the wider NHSScotland. The annual State of NHSScotland Assets & Facilities Report can be used to report on any best practice recommendations.

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Post Occupancy Evaluation [POE] Monitoring Plan Guidance on completion of relevant tabbed worksheets



Guidance Notes

Guidance for completing templates:

Checklist

This is the control document for the process and should be used by the SRO and/or appointed Deputy to populate the relevant Owner for each Task and Workstream. Each Owner should identify relevant reviewers and in some cases this may mean a stakeholder group and groups who will be involved in wider participation in respect of feedback.

Front Sheet POE

This is the Front Sheet for the SCIM compliant POE requirements.

NB: This POE Monitoring Plan incorporates the wider requirements for Post Occupancy Evaluation as required by SCIM inclusive of NDAP, etc. but excludes SDaC and Net Zero requirements as this was not a requirement of the Business Case process at the time.

Environmental POE

Detail checklist on this to be completed in line with programme.

Functionality and Effectiveness POE

Detail checklist on this to be completed in line with programme.

Benefits Realisation

Further input is required by the SRO and designated support to further detail relevant methodologies and ownership for data collection and stakeholder feedback.

Relevant timescales are included in the programme and Checklist.

NDAP FBC aligned with KSAR Handover

NDAP FBC reporting is included but this requires to be read in conjunction with KSAR Handover and In-Use spreadsheets when available.

KSAR POE – Template tbc.

This is not included in the workbook as currently not available.

Design Statement

Detail checklist on this to be completed in line with programme.

NB: There are some parts of the Design Statement which should be updated – see ?

AEDET In-Use

(Reference to AEDET FBC included)

AEDET "Plus" Workshop required to populate In-Use worksheets. FBC reporting is included in this workbook for guidance.

Design Criteria Alignment - Reference doc for AEDET "Plus" Workshop

Commercial SCIM Template

To be completed by appointed Cost Advisor and NHS Highland Finance as relevant.

Programme SCIM Template

To be completed by appointed Project Manager and NHS Highland PD as relevant.

Post Occupancy Evaluation [POE] Monitoring Plan										
Checklist									See Programme	
Review Theme	Ref	Status	Owner	Reviewers	Review - Action Required	Interim Feedback / Lessons Learned	Review Frequency	For SG Reporting Target review date:	Review Complete Date	
POE Environmental										
Energy performance	E1 - 7	Open	Board / FM Team	TBC	Data review and complete question set in POE Environmental Worksheet	Add to Lessons Learned Template for POE.	Annual	27.03.24		
Carbon Dioxide Emissions	CD1 - 2	Open	Board / FM Team	TBC	Data review and complete question set in POE Environmental Worksheet	Add to Lessons Learned Template for POE.	Annual	03.04.24		
Annual Water Consumption	W1 - 5	Open	Board / FM Team	TBC	Data review and complete question set in POE Environmental Worksheet	Add to Lessons Learned Template for POE.	Annual	10.04.24		
Waste	Wa1 - 5	Open	Board / FM Team	TBC	Data review and complete question set in POE Environmental Worksheet	Add to Lessons Learned Template for POE.	Annual	17.04.24		
POE Function / Effect										
Use	U1 - 7	Open	Board / FM Team	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting	Annual	27.03.24		
Access	AC1 - 10	Open	End User Groups	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		01.04.24		
Space	SP1 - 8	Open	End User Groups / Board FM Team	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		04.04.27		
Performance	Wa1 - 6	Open	Board / FM Team	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		09.04.24		
Engineering	Eg1 - 6	Open	Board / FM Team	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		12.04.24		
Character and Innovation	CI1 - 6	Open	End User Groups	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		17.04.24		
Form and Materials	Fm1 - 5	Open	End User Groups	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		22.04.24		
Staff and Patient Environment	Sp1 - 14	Open	End User Groups	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		25.04.24		
Social Integration	Sn1 - 3	Open	End User Groups	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		30.04.24		
Construction	Cn1 - 3	Open	Board / FM Team	TBC	Workshop in conjunction with AEDET review. Requires min 1/2 day.	Workshop reporting		03.05.24		
Benefits Realisation										
NB: Updated list since FBC Submission										
1	Safe, timely, effective patient care provided locally									
	Number of patients treated within identified treatment times	Open	Operational Team	Service Managers	Reporting data to be used.	Improvement not captured at this point. Agree measurement at future review.	Monthly	31.05.24		
	Improvement in patient outcome	Open	Operational Team	Service Managers	Reporting data to be used.	Refer to section 5.1 in the report		31.05.24		
	Length of stay – 75% (if ASA1 & 2) are discharged within 48 hours	Open	Operational Team	Service Managers	Reporting data to be used.	Refer to section 5.2 in the report		31.05.24		
2	Capacity to meet demand through improved service and facilities									
	Patient Quality experience	Open	Operational Team	Service Managers	Reporting data to be used.	Refer to section 5.3 in the report	Monthly	31.05.24		
	Theatre Efficiency	Open	Operational Team	Service Managers and Theatre Manager	Reporting data to be used.	Refer to section 5.4 in the report.	Monthly	31.05.24		
	Reduced cancellations	Open	Operational Team	Service Managers	Reporting data to be used.	Refer to section 5.5 in the report.		31.05.24		
	Reduction in harm to patients	Open	Operational Team	Service Managers	Reporting data to be used.	no adverse events have occurred.	Monthly	31.05.24		

Post Occupancy Evaluation [POE] Monitoring Plan										
Checklist									See Programme	
Review Theme	Ref	Status	Owner	Reviewers	Review - Action Required	Interim Feedback / Lessons Learned	Review Frequency	For SG Reporting Target review date:	Review Complete Date	
	Reduction in backlog and waiting lists	Open	Operational Team	Service Managers	Reporting data to be used.	Refer to section 5.7 in the report.	Monthly	31.05.24		
	Reduced downtime associated with maintenance and repairs	Open	Operational Team	Service Managers	Reporting data to be used.	Refer to section 5.18 in the report.		31.05.24		
	Recruitment and retention of staff	Open	Operational Team	Infection Control	Reporting data to be used.	no reportable incidents have occurred.	Monthly	31.05.24		
	Sickness & Absence Update	Open	Operational Team	HR	Reporting data to be used.	Refer to section 4.5.3 in the report	Monthly	31.05.24		
	Vacancies/unfilled posts/ turnover rate	Open	Operational Team	HR	Reporting data to be used.	Refer to section 5.9 in the report		31.05.24		
	Appropriate staff to cover correct level of care in the correct locations	Open	Operational Team	HR	Reporting data to be used.	Refer to section 5.10 in the report		31.05.24		
	Staff experience	Open	Operational Team	HR	Reporting data to be used.	Refer to section 5.12 in the report		31.05.24		
	Reduce costs of recruitment	Open	Operational Team	Workforce Planning Manager/ HR	Reporting data to be used.	No reduction in recruitment costs has been recorded at this point.		31.05.24		
	Repatriation of patients from 'Out of Area'	Open	Operational Team	Service Managers	Reporting data to be used.	Improvement not captured at this point. Agree measurement at future review.		31.05.24		
	Reduced use of private sector and other providers	Open	Operational Team	Service Managers	Reporting data to be used.	There has been no requirement to use any private sector providers for orthopaedic service.		31.05.24		
	Improved access to real-time training	Open	Operational Team	Service Managers	Method of Measurement and Review TBC	Refer to section 5.17 in the report		31.05.24		
	Development of a 'teach & treat' service to primary care professionals	Open	Operational Team	Service Managers	Method of Measurement and Review TBC	Improvement not captured at this point. Agree measurement at future review.		31.05.24		
	Opportunities for collaborative working with partners (UHI/HIE) delivering benefits to patients and community	Open	Operational Team	HR	Reporting data to be used.	Refer to section 5.19 in the report		31.05.24		
	Increased research and academic activities	Open	Operational Team	Service Managers	Method of Measurement and Review TBC	Improvement not captured at this point. Agree measurement at future review.		31.05.24		
	Development of a centre of excellence for the services will attract staff	Open	Operational Team	Service Managers	Method of Measurement and Review TBC	Refer to section 5.20 in report		31.05.24		
	Patient involvement with innovative forms of care	Open	Operational Team	Service Managers	Method of Measurement and Review TBC	Refer to section 5.21 in report		31.05.24		
NDAP - FBC to In-Use update										
	Review NDAP FBC against KSAR Handover and In-Use and update to In-Use status in conjunction with POE Functional and Effectiveness and Design Statement In-use Review	Open	Operational Team	TBC	Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		31.05.24		

Post Occupancy Evaluation [POE] Monitoring Plan										
Checklist									See Programme	
Review Theme	Ref	Status	Owner	Reviewers	Review - Action Required	Interim Feedback / Lessons Learned	Review Frequency	For SG Reporting Target review date:	Review Complete Date	
Design information -PME:										
Commercial	Complete Comercial Template from POE Guidance	Open	Cost Advisor	TBC	Complete in line with relevant guidance.			31.05.24		
	1 st annual energy NDEP	Open	Estates	TBC	Data review and confirmation.			31.05.24		
	O&M/ Soft Landings, on going use optimisation and shared learning	Open	Estates	TBC	Ongoing feedback to be logged.	Workshop reporting		31.05.24		
	Submit for Design Awards	Open	Board	TBC	Review with PSCP as relevant.			31.05.24		
AEDET / ASPECT:	Workshop 4: (PME at circa +1yr) assessment	Open	End User Groups / Board FM Team	TBC	Workshop in conjunction with Functional and Effectiveness Review review. Requires min 1/2 day.	Workshop reporting		31.05.24		
NHS & technical Standards:	PME report on learning for future projects and ongoing O&M (circa +1yr)	Open	End User Groups / Board FM Team	TBC	Operational Feedback required from FM and relevant user groups through POE.	Operational Feedback required from FM and relevant user groups through POE.		31.05.24		
BREEAM: (circa +1yr)	Complete BREEAM actions and Issue 'final' certificate	Open	TBC	TBC	Complete in line with relevant guidance.			31.05.24		
	Data Drop 5 – in-use Validation Information Model and ongoing O&M	Open	Board FM Team	TBC	Complete in line with relevant guidance.			31.05.24		
Design Statement										
1. AGREED NON-NEGOTIABLES FOR SERVICE USERS										
Non-Negotiable Performance objectives	1.1 - 1.8	Open			Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		Workshop reporting		
2. AGREED NON-NEGOTIABLES FOR STAFF					Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		30.09.23		
Non-Negotiable Performance objectives	2.1 - 2.7	Open			Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		30.09.23		
3. AGREED NON-NEGOTIABLES FOR VISITORS (FAMILY/FRIENDS/CARERS).										
Non-Negotiable Performance objectives	3.1 - 3.3	Open			Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		30.09.23		
4. ALIGNMENT OF INVESTMENT WITH POLICY										
Non-Negotiable Performance objectives	4.1 - 4.4	Open			Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		30.09.23		
5. SELF ASSESSMENT PROCESS	See NDAP and Design Statement Worksheet Tabs				Propose close out on basis of POE Functional and Effectives and AEDET workshop	Workshop reporting		30.09.23		

Project Programme Monitoring Form

The undernoted programme monitoring and evaluation matrices are from SCIM: Project Monitoring and Evaluation

Project Title:	NTC-Highland			
	IA	OBC	FBC	Actual
Project Milestones: (taken from Project Plan in Management Case)				
Submission of Initial Agreement	01 June 2017	-	-	01 October 2017
Approval of Initial Agreement	01 July 2017	-	-	01 October 2017
Appointment of a PSCP	01 September 2017	01 October 2017	-	01 October 2017
Submission of Outline Business Case	01 March 2018	01 May 2018	-	01 May 2018
Approval of Outline Business Case	01 February 2019	01 July 2018	-	01 August 2018
Submission of Full Business Case	01 February 2019	01 April 2019	01 May 2019	01 June 2019
Approval of Full Business Case	01 April 2019	01 June 2019	01 July 2019	01 May 2020
Procurement Timetable: (taken from Commercial Case)				
Appointment of PSCP	01 September 2017	01 October 2017	-	01 October 2017
Construction Mobilisation	01 May 2019	01 July 2019	01 June 2019	01 June 2020
Construction Completion	01 November 2020	01 April 2021	01 May 2021	01 March 2023

An explanation is needed of all significant programme changes between each stage.

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Post Occupancy Evaluation [POE] Template

Project Name:	NTC Highland
Board Name:	NHS Highland
SL Champion Name:	Kevin Minnock - Project Director
PSCP Name:	Balfour Beatty
PSCP SL Contact:	TBC
Date POE Undertaken:	TBC
POE Year [1,2 or 3]	Year 1

Introduction

One of the key principles of the NHSScotland Soft Landings process is the implementation of a post occupancy evaluation [POE] process of an asset/facility after it has been completed and is in use to understand its actual performance against that required and to capture lessons learned. The Project's SL Champion has the responsibility to instigate and manage a POE review; timing and format to have been established as part of the Evaluation and FM Plans.

A formal post-occupancy evaluation of the building's performance should be conducted at the end of Years 1, 2 and 3. In years 2 and 3, the reviews become less frequent, concentrating on monitoring the operation of the buildings, post-occupancy evaluation [POE] and fine-tuning. By then, the facilities management team should be able to deal with any problems, if any. This soft landing approach should have helped by this point to overcome any initial difficulties.

The first round on POE interviews and reviews should be undertaken between 12 and 18 months after occupancy.

This is to ensure that all snagging issues have been addressed before the POE commences.

Depending on timing of the year 1 POE the findings may help inform the Soft Landings, Lessons Learned Register which forms part of the Project End Review: Lessons Learned Transfer For Consideration On Future Projects.

Executive Summary

Key feedback - Board Level

[Insert key findings, recommendations and lessons from a Board perspective]

Key feedback - PSCP Level

[Insert key findings, recommendations and lessons from a PSCP perspective]

Key feedback - End-user Level

[Insert key findings, recommendations and lessons from a Board perspective]

Environmental Outcomes - POE Assessment

This section should be completed by the FM / Asset Management team with input from end-user representative.

Review Theme	Ref	Assessment Questions	Response	Reviewers
Energy performance	E1	How did the actual year one energy consumption compare to the theoretical briefed target?		FM Team
	E2	How well have the year one results benchmarked against similar assets within the NHSScotland Estate [using eSight to support the comparison]		FM Team
	E3	Did analysis of the demand profile illustrate any abnormal readings against benchmarks?		FM Team
	E4	Has there been any issues arising around energy and energy systems?		FM Team / End Users
	E5	How well have controls, BMS and metering performed / usability?		FM Team / End Users
	E6	Suggestions for improvement in subsequent years?		FM Team / End Users
	E7	Any additional comments from FM Team / End User representatives?		FM Team / End Users
Carbon Dioxide Emissions	CD1	How did the actual year one CO2 output compare to the theoretical briefed target?		FM Team
	CD2	Suggestions for improvement in subsequent years?		FM Team / End Users
Annual Water Consumption	W1	How did the actual year one water consumption compare to the theoretical briefed target?		FM Team
	W2	How well have the year one results benchmarked against similar assets within the NHSScotland Estate [using eSight to support the comparison]		FM Team
	W3	Has there been any issues arising around water supply and water related systems?		FM Team / End Users
	W4	Suggestions for improvement in subsequent years?		FM Team / End Users
	W5	Any additional comments from FM Team / End User representatives?		FM Team / End Users
Waste	Wa1	How did the actual year one waste consumption compare to the theoretical briefed target?		FM Team
	Wa2	How well have the year one results benchmarked against similar assets within the NHSScotland Estate?		FM Team
	Wa3	Has there been any issues arising around waste management?		FM Team / End Users
	Wa4	Suggestions for improvement in subsequent years?		FM Team / End Users
	Wa5	Any additional comments from FM Team / End User representatives?		FM Team / End Users

Functionality and Effectiveness [Social Outcomes] - POE Assessment

This section should be completed by the Project's SL Champion with input from Health Facilities Scotland and end-user representatives. Support from the Health Facilities Scotland team

Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V.good	6 Excellent		
Access	AC1/	How easy is it to access to the building, via car park and active travel routes/ public transport? (for staff, visitors and patients)				x			End User Groups	There are challenges for service users with regards to public transport, this is an ongoing issue. The themes of the incidents are related to bus routes, which bus to get and where to get off. There is a bus stop in close proximity to the building , however service users normally get off at 1st stop on the campus. Patients/ Service users find it difficult to navigate from the A9 and on campus, this is due to the signs being too busy and it would be beneficial to have an NTC specific signage from the A9. The only Hospital sign from the A9 at the junction is for Raigmore, which can be confusing. Cycle routes are primarily used by staff and there are good facilities for bikes.
	AC6	How sufficient is car parking for [visitors, staff and disabled users]? (Prompt: disabled parking)					x		End User Groups	There is plenty parking, better than anticipated and have not needed to review the option of additional parking. The overflow car park can be an issue with the gate being locked before staff are finished (Granite). However, staff also have access to the car park at far end of the campus for visitors, which is open all the time.
	AC3	How easy is it for staff, patients and visitors to navigate around the building? (prompt: swipe cards, the reception and check in areas)				x			End User Groups	SK who acts as duty manager only has access to the lower floors and not the upper part of the building, which is an issue in this role and should have access to all areas. Secretary offices are upstairs and should come and go freely, however they also have limited access to areas of the building. The process of cards being updated is that you have to go to Raigmore. A card scanner to update access for NTC would improve this issue and the process. The agreed set up of the access cards hasn't been followed through correctly; cards have not been programmed as agreed even with a lot of time going into the mapping of access. Service users/ patients checking in is fine with a staff member at the desk on the ground and first floor. However when there isn't a staff member there, it isn't clear where patients need to go to. Signage at the desk is adequate when someone is there, although isn't as much when no one is there. Temporary signage has been put up on the desk to try and resolve this. Ground floor toilets aren't signposted very well.

Functionality and Effectiveness [Social Outcomes] - POE Assessment

This section should be completed by the Project's SL Champion with input from Health Facilities Scotland and end-user representatives. Support from the Health Facilities Scotland team

Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V. good	6 Excellent		
	AC7	How well can ambulances approach and access the facility / building?					x		End User Groups	The approach and access to the building from ambulances have been well practiced. They attend to the back of the building to protect privacy, this works well and the process is smooth. There was initially an issue with signage with directing ambulances, however this is not as much of an issue now. This was more of an issue with communication with SAS as there were a number of practice runs.
	AC9	Pedestrian access routes [are they obvious, pleasant and suitable for wheelchair users and people with other disabilities / impaired sight];					x		End User Groups	Issues were raised by Caithness Site Action Group with patients making there way to the building when they got off at the bus stop. This was then raised with Campus and some tree branches cut down to help reduce this risk for patients who are visually impaired. New paths around NTC which has helps with pedestrian access. However the resin paths can be quite slippery when wet, otherwise feedback has been positive with access. People who are visually impaired can find it difficult to differentiate between the main entrance door and the building/ door frame. This is an issue which has been raised and the Caithness Site Access Group suggested that we utilise the plants we have to highlight where the main entrance is.
	AC4	How easy is it when FM staff visit site to carry out their activities? Prompt: How does this affect your work, any issues with FM vehicles or deliveries.					x		End User Groups	Normally FM park in the car park and are prompt. Main issue which has been reported was where keys are kept, finding the keys and accessing keys, this could be more of an issue OOH. These keys are for access to doors and plant rooms. An ideal solution would be to have one master key in the security office.
	Agreement on rating/ outcome						x			

Functionality and Effectiveness [Social Outcomes] - POE Assessment

This section should be completed by the Project's SL Champion with input from Health Facilities Scotland and end-user representatives. Support from the Health Facilities Scotland team

Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V. good	6 Excellent		
Space										
	SP1/ S	Does the building have appropriate space standards? Prompt: think of circulation space, Maximising sunlight and shelter.				x			End User Groups	Clinic rooms for Ophthalmology are good, doorways and corridors are great, although the laser rooms feel smaller. Patient comments on how light and pleasant the building is have been positive. Rooms which hold imaging equipment, FA room, funnel camera room can be quite tight for wheelchair users. Room in wards are spacious. The sluice/ dirty laundry on the wards are slightly on the small size and struggle to fit everything in the room. There have been issues with the theatre admission discharge areas in the Ophthalmology theatres downstairs; there aren't enough admission and discharge rooms and the seating arrangement for patients doesn't work well. There are issues with noise when admin are on the phone makes it difficult (open plan working) and their is noise through the windows from the A9. The outcome from value engineering has resulted in loss of space in theatres.
	SP4	Does the building adequately create appropriate isolation / segregation spaces? (Prompt: Staff use)					x		End User Groups	This is fine for ward perspective as these are all single rooms. Space for admission/ discharge and waiting for patients is a segregation issue (see comments above with regards to Ophthalmology).
	SP5/ S	Does both the indoor and outdoor space encourage social contact therapeutic activities and other activities be it formal or informal? (Prompt: Terrace use)					x		End User Groups	There is enough space but people may need to look for it, space isn't used particularly well a the end of the building. Training development within the building means that areas are cordoned off (use of quick screens) and you can hear everything behind those areas, but this is used to close off areas from the public. There is a lack of space for training, no dedicated space for training or meetings. Staff use the balcony in the summer for tea breaks, training etc. however there is lack of seating. Day area is used for training and meetings and is cordoned off when required. Outside there is only one bench and staff end up perching lunch on knees, this has been highlighted. It would be good to have more facilities outside. Inside the staff room is used and it encourages staff engagement.

Functionality and Effectiveness [Social Outcomes] - POE Assessment

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Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V.good	6 Excellent		
	Sp4	How effective is the building in respecting the dignity of patients and allowing for appropriate levels of privacy and company? (including bath and toilet facilities) Prompt: Inpatient ground floor, door positions				x			End User Groups	There is an issue with day case where people need to wear a gown, this doesn't provide the privacy. This goes back to value engineering where space was reduced.
	Sp4	How effective is the building in respecting the dignity of patients and allowing for appropriate levels of privacy and company? (including bath and toilet facilities) Prompt: Upper floors, single inpatient rooms, possible use of staff toilets						x	End User Groups	This is fine and there are lots of toilets dotted about. All toilets are large enough for assistance.
	Sp6	Does the building provide high levels comfort [temperature / air quality etc] and control of comfort? Prompt: Any issues with heating & ventilation in rooms, inc. theatres.			x				End User Groups	Security have no windows or aircon, they have a fan but it is too hot. The wards can be quite warm, windows are opened which helps. However the day room can be difficult as it can be like sitting in a green house, fans have been purchased for this area. North side has trickle vents and South doesn't. Where there are trickle vents, these are used, however there can be quite a lot of road noise. Theatres are warmer than theatres in Raigmore. Investigations have been done to see if the lights are producing too much heat, but no issues were found. This means staff are changing more frequently.
	SP6	Is there adequate storage space? Prompt: Location, volume match requirement/ activity		x					End User Groups	Lockers are an issue, there are not enough lockers. Not sufficient as people do not leave keys. No spare lockers with students. Lack of space for AHPs equipment, which is a huge issue for AHPs. There are investigations on how this can be reworked for storage, their equipment is quite large and there are more complex patients than anticipated.
	SP8	Any additional comments from FM Team / End User representatives? Prompt: external storage, personal belongings		x					Board / FM Team	See above
Agreement on rating/ outcome						x				
Performance	Wa2	How well does the building allow ease of cleaning and maintenance? Prompt durable finishes and components			x				Board / FM Team	Some finishings weren't up to standard, the trims are coming away from the walls and flooring is an issue. Clinical finish flooring was bashed prior to installation. Thin pant on walls, desks slightly low. Door kicks and rubber strips keep coming off. In the sensory room, items have been removed as these were proving to be a challenge to clean. There have been issues with blinds and blind chains. Overall the finishes aren't durable however mostly cleaning of these has been good.

Functionality and Effectiveness [Social Outcomes] - POE Assessment

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Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V. good	6 Excellent		
	Wa5	How well does the building maximise sustainable opportunities? Prompt: Green theatre programme							Board / FM Team	Theatres use set back at night. Changing type of kit to be green. A suggestion was it would be good to have lights on a timer in some rooms, but acknowledges this could be a safety issue. The switches provide are compliant with current guidance. Maximising energy efficiency is with the types of lighting and mechanisms used. There have been issues but that is down to maintenance of the system in the building.
		Agreement on rating/ outcome								
Engineering	E	Has there been any issues around energy performance? Prompt: using light switches, sensors, energy systems				x			Board / FM Team	see above
	E	How easy is it to get things fixed and maintained? (building maintenance)	x						Board / FM Team	It can take time to get items fixed. One of the toilets have been out of use for 2 weeks and it has taken a week for a dishwasher to be fixed. There has also been an issue with an airlock in one of the admission rooms which is taking a while.
	WA	Any issues with the waste system? Any suggestions for improvement?					x		Board / FM Team	
	W	Any issues with the water system? Any suggestions for improvement? Prompt: temperature of water, drinking water, sluices				x			Board / FM Team	Suggestion made for water fountains. We're only allowed to take cold water from 2 tap sink for patients, there is only 1 sink to access this (restroom and café). Staff use the single tap sinks for there water, although the water from these isn't very cold.
	CD	Do you have any suggestions of improving CO2 output? Prompt: green applications					x		Board / FM Team	
		Agreement on rating/ outcome				x				
Character and Innovation	CI1/ C	Does the building and grounds lift the spirits of staff, occupants and visitors, do you think its interesting and sensitive to the local environment? Prompt: do you notice different things, kids waiting area (talking points, distraction)					x		End User Groups	Yes, feedback from service users is brilliant, patients love it, a frequent comment is that it feels like a hotel, comfortable and cool. It is great to have the separate waiting areas for kids and the sensory room has been a great addition. The outdoor play area sign needs to be removed. Within the theatre Ophthalmology waiting area, it isn't as pleasant as other areas as the only thing to look at is emergency signage. Staff find it a really nice place to work.
	CI5/ C	Do the building and its grounds provide a strong and positive image and therapeutic value? Prompt: visually appealing					x		End User Groups	See above
		Agreement on rating/ outcome					x			
Form and Materials	Fm1/	Are the buildings entrances and entry points logical and welcoming? Prompt: too big, too small, visually accessible							End User Groups	Covered within access review theme.

Functionality and Effectiveness [Social Outcomes] - POE Assessment

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Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V. good	6 Excellent		
	Fm4	Are the buildings colours and textures appropriate and or attractive?						x	End User Groups	Yes, landscaping is very calming and has matured with the planting, etc. and is expectational in Comparison to other hospital settings.
		Agreement on rating/ outcome					x			
Staff Environment	SP14	How safe do you feel when using the building? Prompt: in hours, OOH, weekends					x		End User Groups	No issues reported from staff or patients. Security have a good eye on everything and are attentive. At the beginning possibly felt unsafe at the weekend but not now. Everyone feels quite safe with emergency protocols. Attack alarms weren't used as much as they've been going off in pockets but are used by AHPs when doing stair practice with patients. There was an incident with an intruder at the weekend, however security responded on site very quickly and has given staff confidence that the system works well. Going forward it is making sure doors and windows are closed at the end of the day and only swipe access to areas.
		Agreement on rating/ outcome					x		End User Groups	
Social Integration	Sn2	How well does the hard and soft landing contribute to its locality? Prompt: Operational Transition Planning, overall/ whole transition and met goals.			x				End User Groups	Ophthalmology had a different experience in compared to Orthopaedics, different areas will have different experiences. There was a covid outbreak at the same time as transition, which made it more difficult. The process worked, however the time we had to do everything in was tight, especially transitioning Ophthalmology to NTC, nothing could have been done differently with the set operational date. a slightly longer transition time would have been useful and understanding how long these activities would take. There were no major disasters and was as good as you could be managed in a unique situation. The success of the transition was down to the people involved in the process, given the limitations. Some relationships were strained from the process and people working as much as they can to ensure that the opening date was met. There were issues with IT (some of which ongoing), this will be with infrastructure and access to Raigmore servers and internal issue with networking of equipment.
		Agreement on rating/ outcome			x				End User Groups	

Functionality and Effectiveness [Social Outcomes] - POE Assessment

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Review Theme	Ref	Assessment Questions	Score						Reviewers	Comments and Observations
			1 Poor	2 Fair	3 Average	4 Good	5 V.good	6 Excellent		
Construction	Cn1	How well did the construction process minimise any disruption of service? Prompt: Transition planning			x					There was minimal disruption with the building from a clinicians point of view with regards to construction. There were issues after with air conditioning, ventilation, filtration (including in theatres and injection rooms) which caused a lot of angst, however this is now resolved. There was a huge amount of work going on behind the scenes, to pull everything together to minimise disruption, there was a reduction of activity which affected waiting times and this was mapped in the TOM. The original date operational had to be delayed with staff being off sick, annual leave, etc. at the time of transition. The change of dates for handover caused disruption, with reducing and ramping up activity. Experiences will differ with the different services and teams.
		Agreement on rating/ outcome					x		Board / FM Team Board / FM Team	

Note: Additional question sets should be added to meet the needs of the individual buildings and their functions.

HL07 NHS Highland Elective Care Centre - FBC stage NDAP

Report v1.3 received by email 27-11-20

No.	Ref	Item	FBC NDAP Report Status	PSCP / Design Team comments	Owner	Action	Responses PSCP/NHSH 22.10.21	OA Response 14.10.22	NHSH Response 19.10.22 (Rows 103, 104, 106, 107, 165,166,168,169)
1	12a	M&E proposals require considerable development early in next stage, to ensure decision making based on realistic DSM with realistic assumptions and whole life costing. To date, we see no or little evidence of engineering design optimisation on this project. PARTIALLY DISCHARGED – Further info required, plus see additional points below.	PARTIALLY DISCHARGED: To date, we see no or little evidence of engineering design optimisation on this project. PARTIALLY DISCHARGED – Further info required, plus see additional points below				Refer RDD submissions and NHSH approval	Discharged	
2	12a i	Confirm that detailed explanations and implications of all derogations, including evidence that these have been signed off by all members of the relevant NHS safety group, e.g. IPC, clinical, water, AEs, are/ will be recorded	Confirm that detailed explanations and implications of all derogations, including evidence that these have been signed off by all members of the relevant NHS safety group, e.g. IPC, clinical, water, AEs, are/ will be recorded	Derogation schedule submitted to NHS and is under review			Refer Approved Derogations schedule	Discharged	
3	12B	electrical services – develop proposals, e.g. resilience, UPS/ IPS location; with evidence of accurate, not 'rule of thumb' %, for sizing, diversity, expansion & max. demand.	PARTIALLY DISCHARGED – See comments below:	schedule of loadings to be provided by HK	PSCP		Refer RDD submissions and NHSH approval	Discharged	
4	12B i	Confirm that a standby generator load study has been carried out to establish that it has adequate capacity for the new maximum load and that it will operate satisfactorily when presented with the anticipated maximum and minimum loads.	PARTIALLY DISCHARGED – See comments below:	schedule of loadings to be provided by HK	PSCP		Refer RDD submissions and NHSH approval. Load study included.	Discharged	
5	12B ii	Confirm a temporary generator location has been allocated, if it was required.	PARTIALLY DISCHARGED: Confirm a temporary generator location has been allocated, if it was required.	refer to external plant compound area layout	PSCP		Confirmed as PSCP Comment	Discharged	
	12B iii	Confirm, that all components, which are served by the IPS systems, are within a 30m cable length from the IPS panel		Yes - reflected on current HK drawings	PSCP		Confirmed as PSCP Comment	Discharged	
6		Confirm, on the plans, the voids, ≥800mm depth, proposed to omit smoke detection.		Drawings are clear and smoke detection included in voids	PSCP		Confirmed as PSCP Comment	Discharged	
7	12C	Mechanical services – develop proposals, e.g. Nat vent in bedroom and OPD areas; with realistic thermal DSM to evidence comfort and safety. Confirm ACRs e.g. TM52 all 3 criteria, TM59 for bedrooms, use 2020 High local weather data, plus test for 2050. PARTIALLY DISCHARGED – Further info required, plus see additional points below.	PARTIALLY DISCHARGED – Further info required, plus see additional points below. information provided for comfort and TM52 all 3 criteria TM59 for bedrooms is sufficient and discharged. i. Confirm if zone trimmer heater batteries are required to ensure that the temperature difference (is ≤2 K) between the rooms opening onto the theatre operating room (OR). DISCHARGED	refer to latest information	PSCP		Confirmed as PSCP Comment	Discharged	
8	12C i	Confirm if zone trimmer heater batteries are required to ensure that the temperature difference (is ≤2 K) between the rooms opening onto the theatre operating room (OR).		Refer in RDD technical submission			Refer RDD submissions and NHSH approval	Discharged	
9	12c iii	Confirm that all rooms, where no heating is provided, will be maintained at the minimum required temperature, (e.g. corridors, virtual consulting rooms, stores).	DISCHARGED: Complete ventilation drawings.				Discharged	Discharged	
10	12c iii	Complete ventilation drawings.					Refer RDD submissions and NHSH approval	Discharged	
11	12c IV	Confirm where extract grilles will be at low level e.g. in OR, as per SHTM 03-01.	Confirm where extract grilles will be at low level e.g. in OR, as per SHTM 03-01.	Locations can be indicated on room layouts during RIBA stage 5	PSCP		Confirmed on 1:50 layouts and subject to Page Turn review with NHSH.	Discharged	
Provide full details of theatre ventilation strategies and coordination.			DISCHARGED: Where natural or mixed mode ventilation have not been selected in rooms such as Offices, Consulting, Bedrooms;	Theatre equipment being procured by NHSH;			Refer RDD submissions and NHSH approval	Discharged	
12	12C v	As a minimum this should include ductwork layouts	DISCHARGED: Where natural or mixed mode ventilation have not been selected in rooms such as Offices, Consulting, Bedrooms; confirm what natural ventilation adaptations were considered to as an alternative; and confirm what consideration was given to mixed mode ventilation.	Air flow diagram part of contract issue info;			Discharged	Discharged	
13		Locations and heights of air pressure stabilisers plus grilles,	DISCHARGED: Where natural or mixed mode ventilation have not been selected in rooms such as Offices, Consulting, Bedrooms; confirm what natural ventilation adaptations were considered to as an alternative; and confirm what consideration was given to mixed mode ventilation.	Equipment heights per 1:50's; noise levels comply with SHTM's; supply & extract grille as per HK schedule; air flow calc's are based on SHTM 03-01.			Discharged	Discharged	
14		Air flow diagrams with pressure regimes,		Air flow calculations to be formatted and issued to HFS.	HK		Refer RDD submissions and NHSH approval	Discharged	
15		Method of aspirating the sensors for the surgeon's panels,		Dependant on panel procurement by NHSH, design to be updated once panel specifications known	NHSH / PSCP		Refer RDD submissions and NHSH approval	Discharged	
16		Description of operation of room ventilation					Refer RDD submissions and NHSH approval	Discharged	
17		Noise levels,					Refer Acoustic report	Discharged	

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18		Air flow calculations based on Appendix 4 of SHTM 03-01.		refer to latest information and derogation schedule	PSCP		Refer RDD submissions and NHSH approval	Discharged	
19		Where natural or mixed mode ventilation have not been selected in rooms such as Offices, Consulting, Bedrooms; confirm what natural ventilation adaptations were considered to as an alternative; and confirm what consideration was given to mixed mode ventilation.					Refer RDD submissions and NHSH approval	Discharged	
20		Confirm each plantroom ventilation method and provide details of the installations.					Refer RDD submissions and NHSH approval	Discharged	
21		Confirm how the FM Workshop and FM office are to be ventilated and proposal details.	Confirm how simultaneous heating and cooling will be prevented in the Laser Rooms. DISCHARGED x. Confirm the uses for the Collection and Set Down rooms. DISCHARGED xi. Confirm how the minimum heating flow rate is achieved for the DHW Primary pumps. DISCHARGED xii. Confirm that all of the materials in the chilled water and heating systems will be compatible with the proposed Enwamatic filtration and treatment system. DISCHARGED				Refer RDD submissions and NHSH approval	Discharged	
	12C x iii	Provide a full copy of Environmental Matrix (that provided is without the notes page).		This already exists on BC, however an updated version will be made available shortly following NHS review update.	PSCP		Refer RDD submissions and NHSH approval	Discharged	
22		Confirm how simultaneous heating and cooling will be prevented in the Laser Rooms.		Awaiting confirmation of equipment details from NHS			Refer RDD submissions and NHSH approval (Ventilation design for laser room) Laser Equipment as equipping schedule and HFS Equipping Specification	Discharged	
23		Confirm the uses for the Collection and Set Down rooms.					OA to write narrative for use	Collection and set down rooms are used for deliveries and collections of equipment and bulk supplies. This is not an area for waste as this is collected in disposal holds and transferred directly to the waste stores located externally. Trolleys may be collected from here which contain used sterile equipment which is then taken to decontamination for cleaning.	
24		Confirm how the minimum heating flow rate is achieved for the DHW Primary pumps.					HK or BBK	Discharged	
25		Confirm that all of the materials in the chilled water and heating systems will be compatible with the proposed Enwamatic filtration and treatment system.					HK or BBK	Discharged	
26		Provide a full copy of Environmental Matrix (that provided is without the notes page).					HK or BBK	Discharged	
27		Confirm if the Laser equipment requires a minimum %RH in the room which would need humidification to achieve in winter.		refer to latest information	PSCP		Refer RDD submissions and NHSH approval (Ventilation design for laser room) Laser Equipment as equipping schedule and HFS Equipping Specification	Discharged	

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28		Confirm that the room temperature ranges for the rooms which are not naturally ventilated, represents the range of set points which can be selected. Also confirm that any of these room temperatures can be achieved at any time of year when the external ambient is between the winter and summer external design conditions.		See derogations schedule; typically range indicates a floating range only.			Refer approved Derogations schedule	Discharged	
29	I2C xiv	The Minor Operations room is 10 ACH. Operating rooms start at 15 ACH for Day Surgery and rise to 25 ACH. Confirm logic, e.g. procedures/ clinical sign off for 10 ACH.	PARTIALLY DISCHARGED: The Minor Operations room is 10 ACH. Operating rooms start at 15 ACH for Day Surgery and rise to 25 ACH. Confirm logic, e.g. procedures/ clinical sign off for 0 ACH. Confirm that the procedures are to be limited to those described by the "Royal College of Ophthalmologists, Theatre facilities and equipment (2018), section 2 Types of procedures".	NHSH to confirm	NHSH		Refer to approved Derogations Schedule and agreed ventilation design.	Discharged	
30	xvii.	Confirm functional requirements of theatre Preparation Rooms e.g. if Lay-up space.		Refer to latest information	PSCP / NHSH		As PSCP Comment	Discharged	
31		Confirm AHUs air filtration grades are based on current standards, e.g. BS EN 16798-3:2017, ISO 16890:2016 and Specialist Ventilation for Healthcare Society guidance.	DISCHARGED: Confirm AHUs air filtration grades are based on current standards, e.g. BS EN 16798-3:2017, ISO 16890:2016 and Specialist Ventilation for Healthcare Society guidance.	NHSH to confirm, design presumed lay-up prep eg; 25ACH & HEPA filtration	NHSH		As PSCP Comment - Discharged	Discharged	
32		The description of control for the air supply temperature of the theatres does not appear to be compatible with ability for a surgeon to select ANY temperature within the control range. Please review this description or clinical brief, and confirm compatible.	DISCHARGED: The study into room air temperatures, for selected rooms, states that the report will be reassessed following a review of the operating profiles by the users. Confirm a room air temperatures review has been completed and, if so, what are the changes. DISCHARGED xxi. The room temperature analysis assumes that the Security Room has local cooling to maintain room DISCHARGED: temperatures but none is shown on the drawing. Confirm if local cooling is required, and if so, confirm revised design proposals.				Discharged	Discharged	
33	xxii.	The study into room air temperatures, for selected rooms, states that the report will be reassessed following a review of the operating profiles by the users. Confirm a room air temperatures review has been completed and, if so, what are the changes.	Confirm the exact options to be adopted and set-up for each AHU. DISCHARGED xxiv. Confirm that the details proposed for the installation/support of combined smoke and fire dampers, will be certified by the manufacturer to achieve the required fire resistance. DISCHARGED xxv. Confirm that cables inside of AHUs will be only those required to power the fan motors and that those will be contained in easily cleaned containment. DISCHARGED xxvi. Confirm AHU filter seals will be configured to avoid air leakage when the unit is running. DISCHARGED				Discharged	Discharged	
34		The room temperature analysis assumes that the Security Room has local cooling to maintain room temperatures but none is shown on the drawing. Confirm if local cooling is required, and if so, confirm revised design proposals.					HK or BBK	Discharged	

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35		Confirm that the operating temperatures for each room have been agreed and signed-off with the clinical staff and laser manufacturers.					HK or BBK	Discharged	
36		Confirm the exact options to be adopted and set-up for each AHU					HK or BBK	Discharged	
37		Confirm that the details proposed for the installation/support of combined smoke and fire dampers, will be certified by the manufacturer to achieve the required fire resistance.					HK or BBK	Discharged	
38		Confirm that cables inside of AHUs will be only those required to power the fan motors and that those will be contained in easily cleaned containment.					HK or BBK	Discharged	
39		Confirm AHU filter seals will be configured to avoid air leakage when the unit is running.					HK or BBK	Discharged	
40		Confirm refrigerants in the new cooling systems will still be available (as per current F-Gas regulations) during the expected life span of the building function. xxix. Ensure that rooms do not exceed the maximum % RH as agreed with equipment manufacturers, with clinicians, or as quoted in SHTM 03-01 Part A.		NHS now instructed R32 gas type into contract.			Confirmed as R32. AS PSCP comment	Discharged	
41		Confirm that no brass valves or fittings will be used on the chilled water systems.		No brass fittings confirmed by PSCP			As PSCP Comment	Discharged	
42		Ensure that rooms do not exceed the maximum % RH as agreed with equipment manufacturers, with clinicians, or as quoted in SHTM 03-01 Part A.						Discharged	
43		Confirm the results of temperature simulations for ceiling voids.	Confirm the results of temperature simulations for ceiling voids.	Design based on outputs of ABEM report as stated			As PSCP Comment. No studies done above ceilings.	Discharged	
		xxxi. All external static pressures for AHUs look very similar. Confirm that they are calculated values, not estimates.		all calculated			HK or BBK	Discharged	
		xxxii. AHUG2 is shown as blocking the door access to the boiler room. Confirm how this will be corrected.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xxxiii. Confirm that no buffer vessel is required for the chilled water system.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xxxiv. Confirm that the turndown ratio of the chiller plant allows the minimum cooling load to be controlled without water temperature drift.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xxxv. Confirm that the risk of not dosing the chilled water system with glycol has been accepted.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xxxvii. Confirm if the boiler condensate will be discharged to a foul or surface water drain. If surface water, confirm that suitable water treatment for the condensate is included.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xxxviii. Confirm that the use of a ceiling mounted fan coil unit, with the ensuing maintenance requirement, in the Minor Opps room has been agreed.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xxxix. Confirm the first floor heating layout (drawing shows strategy only).	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xl. Identify all test points and purge points for the natural gas installation (locations and sizes).	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xli. Provide low level extract in the Anaesthetic rooms.	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xlii. Low level extract/outlets in the operating rooms should be in at least three (preferably four) locations, approximately equally spaced	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xliii. Confirm the purpose of the 600x650 extract branches in the ceiling voids at the exit doors from the Ors	RDD		PSCP / NHSH		Refer RDD submissions and NHSH approval	Discharged	
		xliv. Confirm that the final selection of grilles and diffusers will avoid drafts (some are placed very close together)		Confirmed.			As PSCP Comment	Discharged	
		xlv. Confirm that the natural ventilation, where provided, includes the three components required by CIBSE AM10 (trickle vent, winter controllable vent and summer high flow vent)		Confirmed - trickle vent via sash ventilators and high flow/winter controllable thermal comfort vent via openable window behind screening louvre.			As PSCP Comment	Discharged	

HL07 NHS Highland Elective Care Centre - FBC stage NDAP

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No.	Ref	Item	FBC NDAP Report Status	PSCP / Design Team comments	Owner	Action	Responses PSCP/NHSH 22.10.21	OA Response 14.10.22	NHSH Response 19.10.22 (Rows 103, 104, 106, 107, 165,166,168,169)
		xlvi. Confirm that ventilation will be added as necessary to the Theatre and Recovery area corridors in line with Appendix 2 of SHTM 03-01 Part A to achieve 7 AC/H.		Confirmed - provision exists on drawings already.			As PSCP Comment	Discharged	
		xlvii. Confirm that the level of positive air pressure in the boiler room will not unduly impact the performance of the boiler/flue assembly.		Advice sought from flue manufacturer, relevant British Standard refers only to avoiding negative pressure which might draw combustion products into room. Note positive pressure will be minimal due to exhaust ductwork to outside.			As PSCP Comment	Discharged	
		lviii. Confirm the method by which air escapes from those level 2 plantrooms which have supply air only. Also confirm the frost protection heating in those plantrooms will adequately deal with the flow of unheated air.		Passive exhaust ductwork and/or aspiration by plant. Air will be heated via LTHW coils.			As PSCP Comment	Discharged	
		xlx. Confirm that the plantroom supply air ducts will be insulated and vapour sealed.		Confirmed			As PSCP Comment	Discharged	
		. Confirm that acoustic checks have been made for the requirement to install cross talk attenuators and if any need to be fitted.		Not confirmed, Cross Talk attenuators provided on basis of room privacy classification as noted in ADBs.			As PSCP Comment	Discharged	
		i. The method of supplying air into the standard theatres is not compliant with SHTM 03-01 "air terminals and air distribution in the room". Swirl diffusers are shown instead of the style referred to in the SHTM. Also the setting out of the diffusers is non-compliant		Grille/diffuser spec has been updated to SHTM compliant laminar flow perforated face diffusers. Setting out to be confirmed.			As PSCP Comment	Discharged	
		lii. No humidifier section has been shown in the Theatre AHUs. Confirm if this is to be added.		No humidification proposed.			As PSCP Comment	Discharged	
		liii. Confirm the logic behind the variation in secondary filter grades in the theatre AHUs.		HEPA filtration only required to UCV theatres. SHTM 03-01 stipulates F7 only to remaining theatres.			As PSCP Comment	Discharged	
		liv. Theatre notes 25 ACH (08:00- 8:00 Mon-Fri) with set-back to 2.5ACH rest of the time. T= heated to 18C, cooled to 23C. Confirm approach to and sign off of set-back criteria		Unsure of context of note, set back will ultimately be controlled by users.			As PSCP Comment	Discharged	
44		Consider the use of a pair of single pumps for duty standby instead of a twin headed pump. This removes the need for a shut down when the faulty pump impeller had to be replaced.	NOT DISCHARGED e. Check with the boiler manufacturer if they require minimum back end temperature protection controls. DISCHARGED f. Confirm if you had considered the recommendations from CIBSE (Heat Networks Code of Practice CP1) to utilise the lower F&R temperatures listed in that document to ensure that the flexibility for future change of heat source was not excluded. DISCHARGED	Paired single pumps have been adopted in design.			As PSCP Comment	Discharged	
45		Check with the boiler manufacturer if they require minimum back end temperature protection controls.					HK or BBK	Discharged	
46		Confirm if you had considered the recommendations from CIBSE (Heat Networks Code of Practice CP1) to utilise the lower F&R temperatures listed in that document to ensure that the flexibility for future change of heat source was not excluded.					HK or BBK	Discharged	
47		Consider the use of flushing by pass arrangements at the boilers and chillers with facilities to manually flush the plant separately from the pipework.	NOT DISCHARGED; Consider the provision of an individual expansion vessel per boiler in addition to the system expansion vessels, in accordance with BS6644. DISCHARGED		NHSH		Discharged	Discharged	
48		Consider the provision of an individual expansion vessel per boiler in addition to the system expansion vessels, in accordance with BS6644.					HK or BBK	Discharged	
49		Consider the use of the strainers for cooling coils on the flow instead of the return.	NOT DISCHARGED	why not?			Refer RDD submissions and NHSH approval	Discharged	
50		Consider which stores will be used to house items requiring a higher degree of cleanliness. Where this is the case, consider the use of supply air to the room instead of extract.	NOT DISCHARGED: Consider the installation of an extract air grille at low level adjacent to each scrub sink to help remove droplets/aerosols from the sink. DISCHARGED	why not?			Refer RDD submissions and NHSH approval	Discharged	
51		Consider the installation of an extract air grille at low level adjacent to each scrub sink to help remove droplets/aerosols from the sink.					HK or BBK	Discharged	
52		Consider the control arrangements which would prevent the local cooling units from running when a window is opened.	Consider if the 2nd floor plant spaces require frost protection. DISCHARGED n. Confirm that the locations for the DPCVs have been selected based on the pressures around the system. DISCHARGED o. Ensure that adequate balancing dampers are included for proportional balancing of the ventilation. DISCHARGED				Discharged	Discharged	
53		Consider if the 2nd floor plant spaces require frost protection.					HK or BBK	Discharged	
54		Confirm that the locations for the DPCVs have been selected based on the pressures around the system.					HK or BBK	Discharged	

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55		Ensure that adequate balancing dampers are included for proportional balancing of the ventilation.					HK or BBK	Discharged	
56		If humidification is required, consider the use of electric resistance type humidifiers, fed by RO water instead of electrode boiler type to reduce maintenance burden.	NOT DISCHARGED				HK or BBK	Discharged	
57		Theatre ventilation – in consultation with HFS / HPS agree SHTM 03-01 application. E.G. ‘General Theatre’ vent for orthopaedic and ‘eye’ ‘procedure, consider higher filter/ air quality due to eye ‘fragility’; and/ or, use SHTM ‘Day Theatre’ as more sustainable. Consider 1st with step-down to 2nd in future. Board to prove clinical need for UCV to HPS if chosen. HPS/ Board to list agreed clinical procedures for each SHTM Theatres. NOT DISCHARGED – Submit supporting discussion and detailed layouts for the theatre ventilation.	NOT DISCHARGED – Submit supporting discussion and detailed layouts for the theatre ventilation.	Confirmation/supporting discussion required from NHSH. Current design based on General Theatre or UCV theatre where relevant. Supporting discussion to be supplied by NHSH. Detailed ventilation layouts in progress and to be provided by H&K.	NHSH / PSCP		As PSCP Comment	Discharged	
58		Water services – develop proposals, e.g. stainless steel; cold water - legionella control must be evidenced by DSM. Consider heat gain from services in void spaces, separation of cold / hot distribution, and/ or point-of-use provision. PARTIALLY DISCHARGED – Further info required, plus see additional points below.	PARTIALLY DISCHARGED – Further info required, plus see additional points below. Iv. Confirm water services layouts & details. Much of the installation is not shown on the drawings. Include details of the connections to sanitary ware and appliances. DISCHARGED Ivi. Confirm that the flow rate from the emergency tank filling pump set is compatible with the flow rates from the standard water bowser delivery unit. The cat 5 tank on the unit is small and could otherwise be overwhelmed by the delivery from the bowser. DISCHARGED	Water services design evidenced by Mabbett report e.g. assumes ceiling void temps in excess of 20C. Monitoring/automatic flushing and general circuit configuration design to achieve high pipework flows at all times and to induce artificial flow via end of line flushing if line temperatures exceed safe limits.			Discharged	Discharged	
59		Confirm water services layouts & details. Much of the installation is not shown on the drawings. Include details of the connections to sanitary ware and appliances.					HK or BBK	Discharged	
60		Confirm that the flow rate from the emergency tank filling pump set is compatible with the flow rates from the standard water bowser delivery unit. The cat 5 tank on the unit is small and could otherwise be overwhelmed by the delivery from the bowser.					HK or BBK	Discharged	
61	Ivii	Confirm emergency fill point is within 100m of the location where the bowser can park.					Motts	Discharged	
62		Confirm what provision is included to sterilise the emergency fill system prior to its use.	lix. Confirm that the overflows, warning pipes and air vents on new water storage tanks will be screened and that the screening will be selected to limit the size of particle entering the tank. The size of particle shall be no larger than that in the supply water to the tank. DISCHARGED				Discharged	Discharged	
63		Confirm that the overflows, warning pipes and air vents on new water storage tanks will be screened and that the screening will be selected to limit the size of particle entering the tank. The size of particle shall be no larger than that in the supply water to the tank.					HK or BBK	Discharged	
64		Confirm that flexible hoses will not be formed by using EPDM in contact with the water.	lix. Ensure that water in buried mains water pipes will not be subject to contamination from grounds conditions. DISCHARGED lxii. Confirm the water storage capacity has been assessed & agreed with the Board. DISCHARGED				Discharged	Discharged	
		lxiii. Confirm where the sprinkler zone valve enclosures are to be located.					HK or BBK	Discharged	
		lxiv. Confirm how the fire protection to the dry riser pipes at ground floor, outside of the protected zones, will be achieved.	Confirm if the tank management system includes for leak detection to stop the supply to the tanks should there be leakage detected in the tank bund. DISCHARGED t. Two of the boosted cold water mains in the 2nd floor plant zones seem to utilise a loop system to encourage increased flow. Is that correct? Could that approach not also be used for the other mains in the 2nd floor plant zones. DISCHARGED				Discharged	Discharged	
		Consider the use of stainless steel braided flexible hoses with smooth PTFE liners.					HK or BBK	Discharged	
65		Ensure that water in buried mains water pipes will not be subject to contamination from grounds conditions.	closed?				Refer RDD submissions and NHSH approval	Discharged	
66		Confirm the water storage capacity has been assessed & agreed with the Board.	closed?				Refer RDD submissions and NHSH approval	Discharged	
67		Confirm if the tank management system includes for leak detection to stop the supply to the tanks should there be leakage detected in the tank bund.	closed?				Refer RDD submissions and NHSH approval	Discharged	
68		Two of the boosted cold water mains in the 2nd floor plant zones seem to utilise a loop system to encourage increased flow. Is that correct? Could that approach not also be used for the other mains in the 2nd floor plant zones.	closed?				Refer RDD submissions and NHSH approval	Discharged	
69		Consider the use of stainless steel braided flexible hoses with smooth PTFE liners.	BBK to confirm				Refer RDD submissions and NHSH approval	Discharged	

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70		Lighting – develop proposals, e.g. day light and views are essential for user wellbeing, but also can be clinically sensitive for eye patients. Develop a Climate Based Daylighting Modelling (CBDM) approach to test solutions, see 13.b Design must also ensure layout, details, landscape contribute to practical delivery, i.e. curtains/ blinds NOT permanently left closed due to privacy concerns. NOT DISCHARGED – Further info required, including daylight studies.	NOT DISCHARGED – Further info required, including daylight studies.	Please clarify further info required. CBDM has not been carried out and we thought it had been agreed that this was effectively no longer required due to time constraints and stage of design development (e.g. no opportunity to integrate output of CBDM into design).			As PSCP Comment	Discharged	
71		Commissioning – develop proposals early at FBC stage to ensure Commissioning programme, responsibilities and coordination etc, particularly for existing hospital tie-ins, are well understood, managed and NOT squeezed, see SCIM for further info. PARTIALLY DISCHARGED – Further info required, draft document provided which is marked “to be updated”. Updated version to be submitted.	PARTIALLY DISCHARGED – Further info required, draft document provided which is marked “to be updated”. Updated version to be submitted.	PSCP can now provide proposed outline commissioning programme and NHSH CMP?	NHSH / PSCP		As PSCP Comment. Commissioning Programme under development	Discharged	
72	13	Sustainable – develop proposals early at FBC stage. NDTH Section 6: pass & BREEAM target score: ~70%; BUT final target score incl ENE-01/ ENE-02 etc only agreed following realistic DSM to provide a rational for sustainable decision making. Required as soon as practicable. Note: CIBSE state specifying meters to comply with TM39 (ENE-02) is NOT acceptable. It is essential metering strategy reflect client needs, incl value of information. To date, we see no or little evidence of sustainability design optimisation on this project. NOT DISCHARGED – Further info required, including studies	Comments under 13a. have been further divided to confirm individual status: PARTIALLY DISCHARGED:				Refer to updated BREEAM report plus RDD Technical Submissions.	Discharged	
	13a.i	a.i) Sustainable – develop proposals early at FBC stage. NDTH Section 6: pass	NDTH Section 6 – completed. EPC 'D' rating.				Refer to updated BREEAM report plus RDD Technical Submissions.	Discharged	
		a.ii) & BREEAM target score: ~70%; BUT final target score incl ENE-01/ ENE-02 etc only agreed following realistic DSM to provide a rational for sustainable decision making.	BREEAM NC 2014 v5.0 Credit Schedule 2020-07-02.pdf provided. Current verified scoring does not achieve a BREEAM Pass. There is potential for BREEAM Very Good, with a large number of topics in limbo. Clarity on current BREEAM credits achieved and remaining targets to be provided.	refer to updated BREEAM assessment schedule dated 30-11-20 demonstrating score of very good rating is likely.	PSCP		Refer to updated BREEAM report plus RDD Technical Submissions.	Discharged	
		a.iii) Required as soon as practicable. Note: CIBSE state specifying meters to comply with TM39 (ENE-02) is NOT acceptable. It is essential metering strategy reflect client needs, incl value of information.					?	Discharged	
		Information provided June 2020 notes that metering strategy will be rationalised with input from stakeholders during Stage 4 design to reach an acceptable balance. 'Balance' is not required. It is essential metering strategy reflect client needs, including value of information. Confirm approach to metering and that it will reflect client needs and provide value.					?	Discharged	
73		Sustainable design - Confirm workshops undertaken to agree realistic thermal and energy dynamic simulation model (DSM) assumptions e.g. operational hours, phased shutdown from day to night use. Agree file selection with HFS, e.g. 2020 High DSY local weather, and 2050 DSY for future adaptability tests. Evidence sustainable design is fit-for purpose and VfM. Note NDTH NCM model is NOT a DSM and must not be used for decision-making, refer to IES & Mabbett reports on HFS's website NHSScotland New Build Health Buildings DSM Modelling - Summary and NHSScotland New Build Health Buildings DSM Modelling - Main Report). TBC	DISCHARGED: Detailed Energy Analysis via Dynamic Thermal Simulation Modelling 17th June 2020 provided. Bespoke profiles have been created for each zone in order to represent typical hours of operation in line with information provided by NHS Highland Bespoke Weather File for Centre for Health Sciences 2, Inverness exact location (Typical Meteorological Year based on weather data collected over the last 5 years).				Discharged	Discharged	

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74		LZCT report –These need to be consulted on and checked at OBC, or as minimum first thing in FBC stage. E.G. 131 kWh/m2 for heating is unrealistic for a 24h healthcare building in the North of Scotland; CHP 100kWelectric not 100kWth ?; Payback incl maintenance & revenue is ~13yrs, i.e. longer than life expectancy; Pv feedback is also ~13yrs, based on Inverness 835 kWh/kWp and a 4.25p for FIT; also ~7sqm / kWp at 150sqm would give 21 kWp not 12 kWp. Once numbers agreed consider mix of Heat pump and Pv solutions as both are supported via recent Scottish Gov policies. TBC	NOT DISCHARGED: The Dewar Centre - Energy and LZCT Options Appraisal – 19 June 2020 report provided and has been used for the following assessment. Proposals represent change from previous approach to LZCT with omission of CHP confirmed along with PV remaining. Active area of PV confirmed as 200m2 with an installation cost of £500/m2. Total capital cost estimated as £100,000. The review of PV generally queries both the installation costs and PV inclusion as follows: Installation Costs: Based on 200m2 providing approx. 19,000 kWh of Electricity generated per annum, this infers a PV string of circa 25 to 30 kWp. Consider overall payback achieved through services strategy including PV, mains electricity and heating from gas fire boilers. PV may provide payback in 15 years but heating from gas fired boilers will not provide any financial payback. Approach to BREEAM is to target credits that will achieve real value. Confirm origin of BREEAM target note, is this solely to achieve BREEAM Excellent or credits generally? At this time the Ene01 credit is 3 (not 5). The BREEAM ENE01 scoring is based solely on regulated energy and not actual operational energy. The credit is consistent with an EPC 'D' rating. Regulated energy use assessment: 148 kWh/m2 y Actual operational energy assessment: 287 kWh/m2 y On review of PV related to section 6 compliance, it is understood that a pass will still be achieved without PV. Therefore, with queries on installation cost (and correlated financial payback) and passing section 6 without PV, Confirm rationale for PV inclusion. Additional comments based on reports provided as follows: The use of appropriate lighting controls could decrease lighting energy consumption by between 5 to 18%. With LEDs, will this ever achieve a payback? Confirm value of inclusion of controls?	No payback offered or proposed on Gas Fired Boilers. PV should pay back within 15 years based on 23,000kWhr per annum yield and indicative £23,000 market tested installation costs (not including contractor's mark-ups, maintenance/life cycle costs. Cost consultant to provide if more accurate payback required).			Refer to PSCP response.	Discharged	
75		Sustainable operation - Supply and confirm accurate TOTAL kWh/m2 (incl non-regulated). Target TBC by early FBC, but expect improvement on existing hospital & benchmarks in HTM07-02: e.g. Elec 90 kWh/m2 and Thermal 190 kWh/m2. TBC	DISCHARGED: Information provided July 2020 provided DSM outputs of Elec 86 kWh/m2 & Heat 201 kWh/m2 for a total of = 287 kWh/m2. Which is well within an acceptable tolerance.				Discharged	Discharged	
76		Resilience - explore key life safety systems & equipment for resilience. Test various failure scenarios in workshops; risk assess; plus, design wherever possible to 'keep it simple' NOT DISCHARGED – Further info required, incl. risk assessments confirming the key systems will achieve the level of resilience required by the users.	PARTIALLY DISCHARGED – See comments in M&E Engineering Section 12b and confirm what resilience is allowed for.				Refer RDD submissions and NHSH approval	Discharged	
77		Public sector duties – develop proposals, e.g. waste; SUDS; greenspace NOT DISCHARGED – Further info required, including optimisation studies	PARTIALLY DISCHARGED – Information provided that details ongoing engagement with local authority and status of all planning conditions. Engagement includes proposals related to greenspace and art work. Confirm engagement with local authority will continue through development of project and that project will work with conditions established. Surface water management plan submitted as part of NDAP information confirming strategy relative to SUDS.				Refer RDD submissions and NHSH approval	Discharged	
Advisory only									
78	A	That the technical & engineering design be further developed to confirm best value and sustainability is optimised across all disciplines, plus then tested for future clinical and climate adaptability options. TBC	NOT DISCHARGED: Bus stop looks to be in excess of 50m but noted that plans are being developed for bus service to utilise drop off area at entrance. Provide any update on this proposed utilisation and ensuring adequate provision for potential future use. Confirmed a covered shelter and turning point will be provided for future use as a bus stop should a bus operator extend the current service. Confirm engagement with local council and bus operators will continue in an effort to provide more local access to public transport.	NHSH to advise			Refer RDD submissions and NHSH approval	Discharged	

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79		M&E - We recommend early development of ERM (equipping responsibility matrix) and commissioning documentation, see SCIM. We recommend team confirms adequate plant/duct space, in correct location, for replacement / updating future services. We recommend all services pipework e.g. heating, hot & cold water, follow SHTM 04-01 & recent Estates & Facilities Alerts. PARTIALLY DISCHARGED – Submit details of ERM, Commissioning and Plant, equipment and system replacement strategy.	PARTIALLY DISCHARGED – refer to comments on sustainability in section 13c. Climate adaptability confirmed in DSM information provided – Confirm testing for and strategy for future clinical and climate adaptability options. Confirm approach to achieving value and sustainability for technical and engineering disciplines. PARTIALLY DISCHARGED: Draft ERM referred to but not found in folder location. Submit ERM details. Commissioning Master Plan document confirms equipment and equipping strategies but does not note replacement strategies. Confirm system replacement strategy.				Refer RDD submissions and NHSH approval	Discharged	
80		Energy & Sustainability - To ensure Vfm, sustainability targets, and continuous improvement, we recommend the Board’s contract ensures Contractor & their Supply chain will, annually: • review actual electrical and gas demand figures for each year of operation and update contract with provider, to minimise operational costs to Board. • review energy performance for each year, provide an improvement report to minimise operational costs/ actual energy use to Board • provide & prominently display a NHSScotland Display Energy Performance (NDEP) annual certificate, or agreed equivalent (e.g. DEC), showing table comparison in kWh/m2 to design model targets & NDAP benchmarks (below), plus the trend of actual energy used, over min. last 3yr period of contract. • NDAP benchmarks for this project: TOTAL 280 kWh/m2 (Elec. 90; Thermal 190 – based on 25% improvement on HTM07-02 benchmarks) –confirm prior to FBC submission. NOT DISCHARGED – provide evidence of inclusion	NOT DISCHARGED – Confirm NHSH sustainability manager will undertake these reviews and provide output information.	NHSH to advise	NHSH		Refer RDD submissions and NHSH approval	Discharged	
Essential Recommendations									
81		That the operational efficiency and flexibility (DS2.5) of the NHS service areas be substantively developed, with learning from similar service projects being delivered elsewhere in the country incorporated where appropriate, e.g. theatre suite footprint. To meet this, the proposal must address: Theatre suite efficiency, resilience and patient dignity to be clarified and confirmed. Particularly for Ophthalmology, queries relate to throughput, case mix, quantity, sizes, ventilation, workflows, support space, maintenance, daylight and acoustics. GJNH ECC Highland ECC 40 Eye or Day Theatre 50 12 Prep 14 8.5 Scrub 7 (width too narrow) 10 Dirty Utility 9.5 6 Exit bay 12 18 Corridor 26 Anaesthetic 19.5 94.5 sqm 138 sqm	Discharged				Discharged	Discharged	
82		OPD suite efficiency, resilience and patient dignity to be clarified and confirmed. GJNH ECC Highland ECC ~500 sqm OPD suite~1000 sqm	PARTIALLY DISCHARGED: Route noted below is clinical access route passing a series of rooms which will also see activity between the rooms and waiting areas. This has potential to be a busy congested corridor that can adversely impact the arrival process and clinical process. Investigate opportunities to amend layout to better suit activity within. No detail provided, therefore ensure consideration that corridor width increase is deemed sufficient to ease congestion concern. Have any clinical spaces been adversely impacted through reduction in size?				All Layouts and clinical flows /routes etc. Have been subject to robust review by Clinical Stakeholders and have been deemed acceptable.	Corridor from Main entrance reception to Ophthalmology outpatients has been designed as wider corridor to enable great volumes of patient traffic to flow into the outpatient department. The rooms in the this corridor are an essential starting point of the clinical patient pathway and are frequently accessed en-route to the outpatient department. On this basis, the widened corridor facilitates ease of movement and patient flow.	
			Note: a wider corridor has been implemented to ease congestion.						

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83		That opportunity for integration and joint learning between the various staff at the facility are better enabled in the plan. Currently staff from the NHS and UHI/HIE would park in separate areas, come in through different entrances, work and socialise in different places. Although corridors link the facilities allowing staff from one to get to the other without going outside, and there's shared touchdown and dining space for UHI/HIE staff, NHS staff would largely use separate areas socialise, rest and do desk based work. Therefore, the layout falls short of the Design Statement's benchmarked standard for sections 2.3 & 2.4.	DISCHARGED:				Discharged	Discharged	
84		That the layout of the building and external spaces be significantly developed, to address the above and the following issue: Improve the access experience and reduce the impact of car access on the building form and inpatient experience. Driving through a pend under the building, and walking back to the entrance is generally an unpleasant experience as such areas are dark and noisy when cars go through them, and can act as wind tunnels funnelling and increasing the effect of wind which would be significant so close to the north sea (contrary to DS1.2). In addition this noise impacts the spaces around and above especially the ability to have bedroom windows open for fresh air (DS1.8). Car pends also attract clutter and misuse and make the building less thermally and more expensive to build due to the high surface to volume ratio and large structural spans.	UHI/HIE no longer part of proposals. Design does consider a phase 2 project for primary care and notes a physical connection is not anticipated.	Note that consultation in these rooms is undertaken first therefore located at beginning of journey			Refer current design information. Updated to address.	The effect of the wind at the main entrance doors was reviewed as part of the design development. With the main access being sheltered in the north elevation away from the prevailing winds, the entrance is less susceptible to wind. To mitigate this further, a chicane entrance was designed to prevent any northerly winds driving into the main reception and waiting areas.	
85		That the layout of the building and external spaces be significantly developed, to address the above and the following issue: Improve the privacy of consulting rooms on the ground floor as most windows are currently shown directly adjacent to public paths (to rear of the building) or external patient areas (children's play pen) contrary to DS1.7.	Accommodation provided on 1st floor confirmed as suitably flexible for learning needs of those staff who will occupy the building. Site will provide links with Raigmore Hospital and therefore associated accommodation that can be utilised for integration and joint learning.				Refer current design information. Updated to address.	Discharged	
86		That the layout of the building and external spaces be significantly developed, to address the above and the following issue: Provide useable external space for therapy not directly associated with the inpatient ward as required by (DS 1.7d) and walking routes (DS3.2)					Refer current design information. Updated to address.	First floor courtyard facilitates accessible external space on the upper levels of the building. Further to this, accessible walking routes throughout campus and direct adjacent landscape. The combination provides a diverse range of areas, surfaces and environment which therapy can be undertaken to aided patient recovery. Further enhancement will be made to these areas by NHSH commitment to the therapeutic arts post completion as these will be funded by various charities.	
87		That the layout of the building and external spaces be significantly developed, to address the above and the following issue: Improve access to external space from wards (DS1.8). All but one of the courtyards at the upper floor are shown without doors to access them in the drawings received on 10th June so very little accessible space is described, and the one accessible court is barely large enough to get a couple of chairs in so of very limited amenity to the 50% of inpatients able to access it.					Refer current design information. Updated to address.	As above	

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88	3.1	That the layout of the building and external spaces be significantly developed, to address the above and the following issue: Enable inpatient rooms to look out on something other than access routes, parking and service areas (DS1.7)	<p>PARTIALLY DISCHARGED:</p> <p>Access proposals have changed significantly with redesign and loss of UHI/HIE. Parking generally set well back from building, turning circle crop off and turning in close proximity to main entrance – whole space looks to be drop off enclosed with bollards. This area could become congested and have issues with vehicle idling close to entrance doors. It has however been confirmed that no parking will be permitted here and the space will be clearly defined as drop off for reduced mobility patients only. Clear directional signage confirmed to direct all other users to car park. Vehicle access route past south & east of site before entry and visibility of building . entrance.</p> <p>Landscaping along route past should be of high quality and encourage use and activity. Current proposals for this space have limited seating with a large area of green space that could be better developed to provide addition rest / seating areas and the ability to wander to enjoy the areas or ornamental shrubbery for patients, staff and visitors. Confirmed that opportunities for additional seating and enhancing the area will be sought through charitable funding.</p> <p>Entrance doors and building shape may create wind tunnel and poor internal environment. Item was discussed during interim review of 26th August – provide supporting summary detail of approach to mitigate internal environment being adversely impacted by external elements. Has a wayfinding strategy been developed?</p> <p>Notes that entrance door wind tunnel concern was discussed. - confirm impact on proposals. Wayfinding details to be provided</p>	Yes, wayfinding plans provided and are represented in Interior Design Proposal document and external images.			<p>Wayfinding currently under review with meeting arranged for 28/10/21.</p> <p>Refer current design for latest information.</p>	<p>The effect of the wind at the main entrance doors was reviewed as part of the design development. With the main access being sheltered in the north elevation away from the prevailing winds, the entrance is less susceptible to wind. To mitigate this further, a chicane entrance was designed to prevent any northly winds driving into the main reception and waiting areas.</p>	
89		That the layout of the building and external spaces be significantly developed, to address the above and the following issue: Provide staff external respite area away from public/patient view (DS2.6) and identify appropriate space for quiet contemplation and religious observance.					<p>Refer current design information. Updated to address.</p>	As above	
	3.2	Improve the privacy of consulting rooms on the ground floor as most windows are currently shown directly adjacent to public paths (to rear of the building) or external patient areas (children’s play pen) contrary to DS1.7.	<p>DISCHARGED:</p> <p>Landscaped design amended to provide privacy – path relocated and area immediately adjacent to a mix of shrubs and cobbles / pebbles.</p>				<p>Landscaping incorporated to discourage access adjacent to building. Discharged</p>	Discharged	
	3.3	Provide useable external space for therapy not directly associated with the inpatient ward as required by (DS 1.7d) and walking routes (DS3.2)	<p>PARTIALLY DISCHARGED:</p> <p>Paths provided around building, walking route to Raigmore noted but no coordinated detail of routes out with the immediate site. Cycle route noted but no wider context of Southern NHS Cycle Route.</p> <p>Confirm these routes can be coordinated out-with the immediate site and that information promoting access will be developed and made available.</p> <p>Noted that a vision plan showing the potential for therapeutic art will be put together.</p> <p>Confirm this work will continue and funding sources sought to incorporate.</p> <p>Wayfinding details to be provided.</p> <p>Confirm progress of works related to therapeutic art.</p>	Refer to current wayfinding proposals		<p>Planning condition for Active Travel link is discharged.</p> <p>Campus cycle routes have been established.</p> <p>Wayfinding to be confirmed at meeting on 28/10/21.</p> <p>Art Funding is included in FBC approved budget and secured.</p>	<p>First floor courtyard facilitates accessible external space on the upper levels of the building. Further to this, accessible walking routes throughout campus and direct adjacent landscape. The combination provides a diverse range of areas, surfaces and environment which therapy can be undertaken to aided patient recovery. Further enhancement will be made to these areas by NHSH commitment to the therapeutic arts post completion as these will be funded by various charities.</p>		
	3.4	Improve access to external space from wards (DS1.8). All but one of the courtyards at the upper floor are shown without doors to access them in the drawings received on 10th June so very little accessible space is described, and the one accessible court is barely large enough to get a couple of chairs in so of very limited amenity to the 50% of inpatients able to access it.	<p>PARTIALLY DISCHARGED:</p> <p>Courtyard space provided on 1st floor with access from out-with the ward areas. Noted that reception area can provide observation, what are access and observation procedures when reception is closed?</p> <p>View out from quiet room which may adversely impact quiet room if it gets noisy. Confirm design to protect privacy.</p> <p>Strategy to be confirmed and is this coordinated with privacy?</p> <p>Manifestation will provide visual privacy but restrict views out and not aid acoustics.</p>	NHSH to confirm access and security requirements/locking management strategy. Manifestation to be provided on quiet room windows.	NHSH		Refer to current design	<p>Observation of courtyard space will be via the inpatient reception during normal hours of use. In the event that the reception is not in use, the courtyard will be closed unless the patients/visitors are accompanied by a member of staff - such as therapy. The quiet room's privacy is maintained with manifestations and a privacy blind.</p>	

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	3.5	Enable inpatient rooms to look out on something other than access routes, parking and service areas (DS1.7)	DISCHARGED: Views do include access routes, parking and service areas but landscaping and green space is immediately visible from inpatient rooms. Distant views are also offered and demonstrated in 3d sketches showing views from in-patient bedrooms. Treatment to plant area has been confirmed and shown in 3d sketches. Also noted that those rooms facing on to the service yard may require manifestations to add privacy and dignity.				Discharged	Discharged	
	3.6	Provide staff external respite area away from public/patient view (DS2.6) and identify appropriate space for quiet contemplation and religious observance.	PARTIALLY DISCHARGED: External space identified to West of theatres, it is concealed and accessible from staff room and can accommodate up to 12 staff. Staff also have access to and will be encouraged to make use of the other landscaped areas within the site. Connectivity to these areas is provided through the perimeter path. Opportunity for additional and varied spaces may still be achievable as noted in recommendation 3.1. Confirm works will continue on preparation of a brief for charitable funding, and others, that may assist you to achieve. Still to be confirmed	NHSH to confirm charitable funding / plans / brief	NHSH		NHS Highland accept and will develop.	A private staff external courtyard is provided at the rear of the building. This is directly accessed from the staff room and landscaped to be sheltered from other activities at the rear of the building. The space is private from general public.	
90	4.1	The internal circulation diagram be significantly improved to: If the west entrance to the NHS section remains intended for patient and staff access, improve visibility and connections to reception to match standards achieved from the east and DS1.3. If not, how does this achieve campus links required.	DISCHARGED: Confirmed West entrance is for staff only and allows ease of access to changing, entrance foyer, staff room, access stairs, first floor admin and wards. Staff access route connected with other landscaping through perimeter path.				Discharged	Discharged	
91	4.2	The internal circulation diagram be significantly improved to: Improve the visibility of the stair access to the upper floor from the arrival space to encourage use for those able to do so; only the lifts are shown as visible (DS1.3).	DISCHARGED: Stairs straight ahead from entrance lobby so will be easily visible. Stairs located behind reception area so location should also be found intuitively.				Discharged	Discharged	
92	4.3	The internal circulation diagram be significantly improved to: Provide a route to wards for visitors out of hours that does not require them to "venture through large areas of vacant... unsupervised building" (DS3.1) and enable phased shut down, security (DS2.7) and sustainability.	PARTIALLY DISCHARGED: Confirmed visitors will be using main entrance for out of hours access and that direct route to 1st floor inpatient area is provided. Ground floor has few discrete areas and clinical room doors which will need to be locked otherwise access to outpatient's areas is possible. Security and access control strategy for clinic 2 to be provided. Provide over marked plan of how out of hours and weekend hours ward strategy will work to avoid sporadic occupancy and to ensure both security and safety for patients and staff. Still TBC	NHSH to confirm access and security requirements/locking management strategy.	NHSH		Refer to agreed security strategy and drawings.	Security strategy to be issued for confirmation of design specifically related to Clinic 2.	

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93	5	That the location and function of receptions be improved to meet the standards in Design Statement clause 1.4, particularly so that they are not immediately adjacent to seating and so that staff security can be managed without the need for enclosing partitions but by safe egress to secure staff area. Neither appear to be met in any of the 3 service reception facilities, and it's unclear how staff safety may be managed in the reception/info desk dotted into the plan. The location of the electronic check in- whilst close to the entrance is distant from assistance for those having difficulty using it.	<p>DISCHARGED:</p> <p>Proposals for reception areas, checking in and waiting areas have changed significantly with redesign and loss of UHI/HIE. Interim queries on redesign have been reviewed as confirmed as follows:</p> <p>Is there a reception on the ground floor? Manned reception confirmed which is located where it can provide observation of waiting areas and self-check-in facility.</p> <p>Lounge and café seating areas identified but is there any observation of waiting areas other than from café? Confirmed and demonstrated that observation will be provided from reception desk.</p> <p>GF waiting looks to only be in the outpatient's areas only. Lounge function confirmed as an initial area with specific areas identified for patients as they continue through the clinical pathway.</p> <p>1st floor has reception in place with small waiting area beside lifts. Interior Design Proposal document demonstrates arrangement of space. Waiting areas in 3 locations and potentially the lounge. 2 x outpatients and 1 x admissions for orthopaedics. GF locations much smaller than previous notes and do have direct visual and physical links to outside. 1st floor has views and access to courtyard. Clinic route diagrams confirmed for access to waiting areas. Reduction in waiting area sizes confirmed as an overall impact of VE.</p> <p>Limited detail on overall quality of design for all spaces. Provide information to demonstrate quality. Information to include internals as well as those linked with relative external spaces. Interior Design Proposal document demonstrates overall design quality for all relevant spaces.</p> <p>Confirm how will spaces be arranged and clarity on waiting area numbers to be provided. Seating numbers for each area confirmed in room layout drawings.</p>				Discharged	Discharged	
94	6.1	That the location and design of the waiting areas be significantly developed to provide the nature and range of environments noted in clause 1.5 of the Design Statement, including daylight, views and access to external space. The current proposals would mean: Over 50 people in the main waiting area arranged into large groups in the centre of a single storey circulation area; so providing an internalised atmosphere with little variety of space for those who may need time away and no direct access to external space or places for children to occupy themselves. The space, being internal with a high occupancy load, would also rely on artificial ventilation and have little volume to dissipate any noise from those waiting, moving around the space or conversing at the receptions.	<p>DISCHARGED:</p> <p>As noted in 5: Proposals for waiting areas have changed significantly with redesign and loss of UHI/HIE. Interim queries on redesign have been reviewed as confirmed as follows:</p>	Confirm how will spaces be arranged and clarity on waiting area numbers to be provided. Seating numbers for each area confirmed in room layout drawings.	NHSH		Discharged	Discharged	
95	6.2	That the location and design of the waiting areas be significantly developed to provide the nature and range of environments noted in clause 1.5 of the Design Statement, including daylight, views and access to external space. The current proposals would mean: Up to 30 surgery patients to sit for extended periods in a formally planned internal room with rows of 11 people facing each other with its only views (most seats don't face these) being into another deep-plan large waiting area with a rooflight for over it. This provides no external view, no direct daylight and little borrowed light, which would be reduced further if visual screens are introduced for privacy.					Refer to the current interior design proposals	Discharged	

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96	6.3	That the location and design of the waiting areas be significantly developed to provide the nature and range of environments noted in clause 1.5 of the Design Statement, including daylight, views and access to external space. The current proposals would mean: Up to 40 people in outpatients sub-wait to sit in an internalised top-lit room with rows of seating, providing an environment much like the benchmark image marked with a cross of what was not acceptable.					Refer to the current interior design proposals	Discharged	
97	6.4	That the location and design of the waiting areas be significantly developed to provide the nature and range of environments noted in clause 1.5 of the Design Statement, including daylight, views and access to external space. The current proposals would mean: Only the children's waiting area appears close to meeting the standards described for waiting, provided a door is added to the plans to give access to the external play area included on the landscape drawings and the enclosure to this area can be realised to provide privacy whilst looking attractive both for those in the play area and those approaching the building. The current proposals include a bespoke 'fun' metal screen to address the conflict in needs caused by the location.					Refer to the current interior design proposals	Discharged	
98	7	The location and design of meeting/ training rooms, informal touchdown areas and waiting areas be significantly developed to enable third sector use (3.2).	DISCHARGED: Offices and learning spaces included. AS noted in 2: Accommodation provided on 1st floor confirmed as suitably flexible for learning needs of those staff who will occupy the building. Site will provide links with Raigmore Hospital and therefore associated accommodation that can be utilised for joint learning.				Discharged	Discharged	
99	8	That the urban and architectural response to the brief and place be developed significantly to meet the standards in clauses 1.2 and 2.2 of the design statement and respond more positively to the campus masterplan (DS4.3).	DISCHARGED: Due to extent of redesign, those comments under 8.1, 8.2 & 8.3 are no longer relevant. Review of section 8 generally has been undertaken generally based on the redesign and we report on those proposals along with interim queries as follows: Visibility of drop off area possible from café seating area, does lounge area arrangement allow for visibility too? Glazed entrance lobby and glazing of the café will enable the drop off areas to be visible from the lounge. This has been confirmed and demonstrated through the Interior Design Proposal document. Confirm provision of reliable information on bus / taxi arrival. Real-time transport display confirmed to be provide in lobby space. Confirm works to provide access from bus stop. Landscape plans show works across access road – assume this is to bus stop? Confirmed a resin bound pathway will provide connection between the entrance area and campus bus stop. Building shape leads helps create direction towards entrance. DS1.2 looks for an obvious entrance - Elevations & 3d images don't match for certain elements including design approach to entrance area. Confirm which proposal is current. Views in external envelope presentation confirmed as current. Confirm approach to revised building setting, biodiversity and wayfinding. Discussed during meeting of 26th August 2020 with information confirming approach provided in doc ref: NDAP – 220920- Rev9 (002) by project team. Confirm provision of emergency transfer & support within 10mins of call. Is this a design, infrastructure or process response? Confirmed as a process response. Information showing quality of internal areas sought. DS2.2 looks for the area not to look like a hospital. Provided in Interior Design Proposal document and external envelope presentation.				Discharged	Discharged	

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100	8.1	8.1.The design (from recent plans and hand sketched 3D drawings sent on the 27th April, no elevations have been received in the recent information to update these to include a 3rd storey of plant over the theatres) does not appear a cohesive response to a brief that is about integration and an ethos of wellbeing. A reasonable amount of planting and social space has been incorporated into the campus face to soften the appearance of the development, but the overall impression is a group of unrelated forms joined together and punctuated by with a number of different entrances facing the public realm. The choice of largely metallic finishes (different for NHS and UHI/HIE areas) and boxy forms lack the softness of many of the benchmarked images in DS1.2 and 2.2 that are achieved through texture and forms of a human scale (though 2-3 stories as the proposal).					Refer to current design	Discharged	
101	8.2	The design would rely heavily on signage to help people choose which of the 2 car parks to pick (the one for patients being hidden behind the building) and which of the 3 obvious entrances to use.					Public car park is situated to the north of the building. The staff car park and controlled access is situated to the west of the building.	Discharged	
102	9	That the technical and engineering design issues of Appendix A attached, be considerably developed early in the next stage to confirm its anticipated support of the equality, comfort, safety, sustainability and flexibility requirements set for this project, by evidencing an optimised, multi-disciplinary approach, e.g. HAI Scribe, Equality assessment; health promotion assessment; flexibility assessment; realistic energy & thermal DSM modelling assessment, BREEAM.	Any outstanding information for this section has been requested within the comments under Appendix A.	refer to Appendix A section			HAI scribe assessment have been carried out. HAI scribe Stage 4 assessment will be carried out on handover. Energy and Thermal modelling studies are available. BREEAM Report is available.	Discharged	
103	10.a	Quality - Board to complete and record as early as practicable any project self assessments and community consultations for this design stage, including Design Statement section 5.					3P Stakeholder Events carried out. Design Brief AEDET Stakeholder consultations meetings held. Patient Representation included on Project Board.	NHSH to confirm self assessment was completed.	Self-Assessment will be undertaken through the Soft Landings process, as part of Post-Occupancy Evaluation.
104	10.b	Equality Act - Confirm Equality Impact Assessments undertaken, i.e. independent/ community reviews (SDEF / DSDC); plus HFS HBN 08-02, DDA & Dementia checklists, BS 8300-2018. In particular consider design of approach, entrances, receptions, waiting, WCs, staff changing, offices etc, for gender and age accessibility, e.g. visual & hearing impairment, scooter and other mobility aids. Provide windows and acoustic treatment in all areas that people spend time, unless clinical justification, e.g. theatres.					Local ACCESS group have been consulted.	Impact assessment underway. NHSH to provide outcomes and confirm comments are taken on board.	Accessibility review has been instructed through ABT Safety Ltd. An initial site visit and review has been undertaken (15/10/22) and a further visit will take place in late November once external works are complete. The report will follow and can be issued to HFS.
105	10.c	Privacy & Dignity–develop brief, design and equipment to optimise practical visual and acoustic solutions to deliver privacy, dignity and equality best practice e.g. receptions/ staff bases, waiting open-plan to clinical rooms, theatres, windows & doors; alarms, bins. In particular evidence practical proposals for those in a “vulnerable condition”; also at multiple entrances, all waiting spaces, out-patient areas, and theatre suites.					Visual and acoustic considerations have been optimised in the design. Full acoustic report available. Blinds and fritting have been included on sensitive glazed areas.	Discharged	
106	10.d	TADS (Therapeutic Art & Design Strategy) see SCIM – still to be developed; then coordinated with rest of project, in particular, FM, HAI, Fire, security and Equality.					Funding secured as part of FBC. Proposals being developed.	NHS to confirm commitment to therapeutic arts strategy post completion.	A budget has been allocated for an Arts Strategy, and this is being progressed by the Project SRO in collaboration with a local artist.

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107	10.e	Brief - Confirm current ACRs; list any NHS guidance derogations, with technical reasons for each, and if each deviation meets or exceeds current guidance/ good practice.					Refer approved derogation schedule.	NHS to confirm governance was undertaken and that all relevant stakeholders were consulted..	All derogations have been signed off by the Project Board, following extensive reviews by the NHS Highland Technical team.
108	11	Fire strategy – Develop a specific life safety, fire layout, alarm systems, spec etc for the safe evacuation to appropriate space for all users, particularly patients on upper floor(s). Review to ensure safe egress is away from the fire/ smoke, is also operationally and clinically achievable and resilient for those in a “vulnerable condition”; and those under Equality Act, e.g. theatre evacuation to an adjacent, appropriate clinical compartment; and unless appropriate staff no always available provide lobby protected bed/stretchers fire escape lifts. Bedroom door design should protect escape routes, be easy to operate and maintain and fail safe, protecting room and all other users from fire and smoke. Provide both visual and audible alarms for all potential spaces with lone users to comply with Equality Act, plus multi sensor L1 detection to reduce false unwanted fire alarms.	NOT DISCHARGED: The fire strategy Appendix C submits a justification for the omission of fire resisting walls to corridors serving sleeping accommodation, however the proposals do not meet the functional requirements of the regulations by protecting the corridors from the effects of fire and smoke. The strategy states that progressive horizontal evacuation will form the escape strategy from sleeping accommodation, however, it is not demonstrated how this will be achieved. A two stage alarm should not be implemented for healthcare premises with sleeping accommodation, however there may be value in installing a system that has this capacity as a future proofing measure. The strategy has included an identification of fire hazard rooms based on the building standards technical handbook and this is useful as a guide, however the determination of fire hazard rooms should also be based on a risk assessment of the fire loading within a room. It has not been confirmed that fire alarm system will support multi state smoke detectors and that this type of detector will be fitted to areas that may be subject to unwanted fire alarm signals.	The fire strategy has originated from NHSH preference.			Fire resisting wall have now been included in bedrooms. Refer to current Fire Safety design.	Following meeting with Bill Connelly, all comments were taken on board in design and compartmentation upgrade to suit suggestions provided by HFS.	
109	11B	External envelope will be part of fire risk assessment, and we welcome a non-combustible or low combustibility cladding as part of the design development and specification.		refer to Mott MacDonald Fire Strategy revision 4.4 which states classification of materials proposed	PSCP		Refer to Fire Engineers report and current proposals. Fully detailed and compliant.	OA to confirm.	
110		We understand HAI SCRIBE risk assessments being undertaken for this stage. Multi-disc workshops required as the design and operational models develop. Confirm appropriate flows, details etc. We recommend early sketch diagram of clean and dirty flows, incl. theatres, staff changing, stairs, decontamination and key plant access routes.	PARTIALLY DISCHARGED: HAI-Scribe stage 1 and 2 included as part of NDAP submission. Content within stage 2 document notes further review is required on elements such as waste protocols, laundry, clean / dirty utility separation and theatre storage. Confirmed further reviews have taken place and design solution provide in 1/50s and ADBs. Comments on proposals for IPS and staff changing also included. Confirmed and evidenced as implemented. Confirm status of stage 3 HAI-Scribe review and sign off.	NHSH to confirm date for HAI scribe review meeting for RIBA 4 design update and PSCP and design team to be invited to attend	NHSH / PSCP		HAI SCRIBE Stage 3 undertaken and signed-off in Jan 2021. HAISCRIBE Stage 4 will be arranged prior to handover/operation.	Stage 3 HAI scribe was completed. Evidence can be provided as required.	
111	11D	Security strategy – still to be developed; then coordinated with FM, fire strategy, TADS, and existing hospital.	PARTIALLY DISCHARGED: Access control information has been provided but as per 4.3 - Security and access control strategy for clinic 2 to be provided. Confirmed overall security strategy is currently being developed. Provide confirmation the strategy will be developed collaboratively and coordinated with FM, fire strategy, TADS, and operational hours.	NHSH to confirm access and security requirements/management strategy	NHSH		Refer to current security strategy and design.	Security strategy to be issued for confirmation of design specifically related to Clinic 2.	
Advisory (2)									
112		Provide evidence that site location is served by public transport to meet standards in DS1.1&1.2 and connections to existing hospital meet standards in DS2.2, and if not describe the mitigating measures being put in place to ensure accessibility to patients and connectivity for staff.					Bus route now operational to/from the Inverness Campus and Inverness city centre.	NHSH confirm that the bus route is now operational. Buses currently stop a short distance from the main entrance however discussion will remain open regarding bringing buses directly to the hospital front door. The current design provides the turning circle and bus stop shelter for this to commence at any time if agreed.	
113	B	Feeding room be placed where it can have a window with discrete outlook: where women feel unable to feed babies in public they should not need to do so in a room that feels like a store cupboard.	DISCHARGED: Feeding room provided with window and of a good size. Confirm approach to privacy with window adjacent to external landscaped area for public. Confirmed blind will be installed to provide privacy.				Discharged	Discharged	

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114	C	We question why perimeter fencing is being proposed between the gravel footpath (providing wider access and walking routes around the campus) given the multiple and free access around the site provided by the plan means that it serves no security purpose but limits access to exercise opportunities. We recommend this investment could be better spent elsewhere.	DISCHARGED: Perimeter fencing not noted on landscape proposals, confirm this has been omitted. Confirmed that the perimeter is defined by beech hedging, and a combination of existing and proposed stone walls to tie in with similar boundary treatment within and surrounding the UHI campus.				Discharged	Discharged	
115	D	Reduce the number of escape doors onto the public realm, many of which are more visible from parking and pedestrian routes than the entrance, effecting wayfinding and potentially adding to security issues (particularly those into covered pends where people may gather overnight unobserved). The number of these have been increased by the introduction of pends into the plan which results in separate escape doors from upper and lower areas as they cannot be combined through stair locations.	DISCHARGED: Escape doors better arranged in current plan with distant from the main entrance to reduce confusion.				Discharged	Discharged	
116	10A	Quality - Board to complete and record as early as practicable any project self assessments and community consultations for this design stage, including Design Statement section 5.	NOT DISCHARGED: Design report notes Design Statement self-assessment forms part of supporting information. Confirmed that consultation has taken place through the planning process. Confirm that NHSH will complete self-assessment and that it will continue to include community consultation as part of the process. Still TBC	NHSH to confirm	NHSH		3P Stakeholder Events carried out. Design Brief AEDET Stakeholder consultations meetings held. Patient Representation included on Project Board.	NHSH to confirm self assessment was completed.	Self-Assessment will be undertaken through the Soft Landings process, as part of Post-Occupancy Evaluation.
	10B	Equality Act - Confirm Equality Impact Assessments undertaken, i.e. independent/ community reviews (SDEF / DSDC); plus HFS HBN 08-02, DDA & Dementia checklists, BS 8300-2018. In particular, consider design of approach, entrances, receptions, waiting, WCs, staff changing, offices etc, for gender and age accessibility, e.g. visual & hearing impairment, scooter and other mobility aids. Provide windows and acoustic treatment in all areas that people spend time, unless clinical justification, e.g. theatres.	NOT DISCHARGED: Design report notes that an equality and impact assessment will be carried out by the Inverness Access panel. Confirm independent review / community review will take place. Noted as Access Audit Report has been provided but independent review still sought. Still TBC	NHSH to confirm/Progress	NHSH		3P Stakeholder Events carried out. Design Brief AEDET Stakeholder consultations meetings held. Patient Representation included on Project Board. Local ACCESS Group consulted	As above	Accessibility review has been instructed through ABT Safety Ltd. An initial site visit and review has been undertaken (15/10/22) and a further visit will take place in late November once external works are complete. The report will follow and can be issued to HFS.
117	10C	Privacy & Dignity—develop brief, design and equipment to optimise practical visual and acoustic solutions to deliver privacy, dignity and equality best practice e.g. receptions/ staff bases, waiting open-plan to clinical rooms, theatres, windows & doors; alarms, bins. In particular evidence practical proposals for those in a “vulnerable condition”; also at multiple entrances, all waiting spaces, out-patient areas, and theatre suites.	PARTIALLY DISCHARGED: Acoustics report submitted showing consideration of site location and noting compliance with SHTM 08-01 provided the acoustic design is adopted in subsequent design stages. Confirmed the recommendations of the acoustic report, along with the VE recommendations have been adopted in the design. Also confirm approach and compliance with BS 8233, HBN 08-02, and Equality Act duty which aid recovery/ reduce stress, e.g. reduce unwanted noise, reduce reverberation time from hard finishes, and use layout, shapes, furniture, fittings, art and planting to mitigate. The Board to also consider new equipment specification, e.g. soft closer bins, phones/bleep settings, curtains, soft furnishings etc. Implementation of recommendations from acoustic report confirmed. Information presented in the Interior Design Proposal document and landscape proposals demonstrate an approach that considers the above. Confirm remaining items such as soft closer bins, phones/ bleep settings will be further considered and implemented to reduce unwanted noise etc. Confirm approach to provide privacy and dignity to Ophthalmology, Optometry and Orthoptic areas. 2 corridors provide access to each central waiting area and go past clinical rooms. Provision of dignity and privacy will be through interstitial blinds to glazed screens. Note under 1.2 regarding opportunities to review the layout may improve privacy and dignity solution here. Still TBC	NHSH to review/advise and develop?	NHSH		Refer Acoustic report which is being complied with. Refer to Equipping Responsibility Matrix, ADBs, Equipping Schedule and Specifications. Rear to current design in respect of provision of blinds and fritting to sensitive areas.	NHS confirm that HFS equipping engaged to facilitate procurement of all equipment and that this was review was undertaken during that process.	Agreed

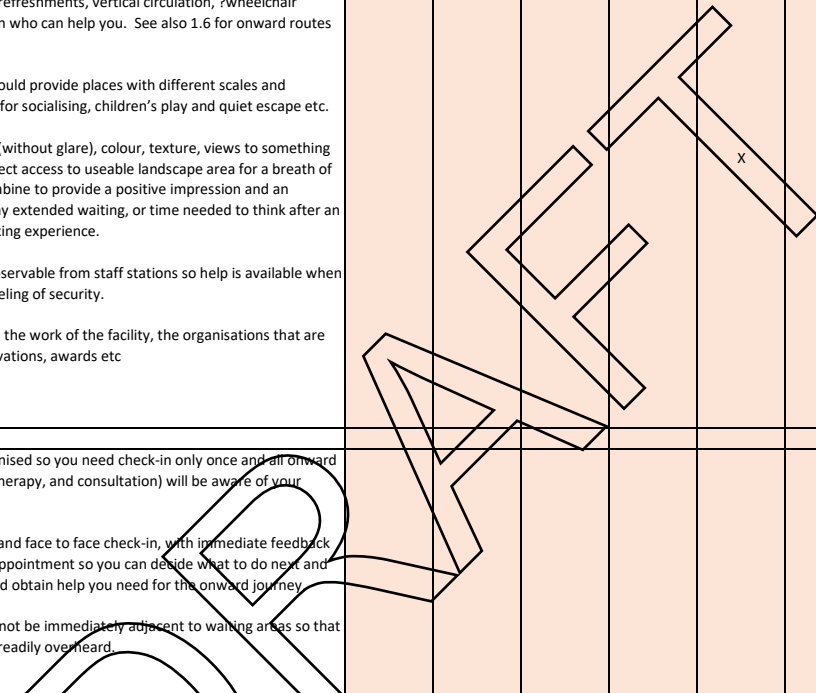
HL07 NHS Highland Elective Care Centre - FBC stage NDAP

Report v1.3 received by email 27-11-20

No.	Ref	Item	FBC NDAP Report Status	PSCP / Design Team comments	Owner	Action	Responses PSCP/NHSH 22.10.21	OA Response 14.10.22	NHSH Response 19.10.22 (Rows 103, 104, 106, 107, 165,166,168,169)
	10D	TADS (Therapeutic Art & Design Strategy) see SCIM – still to be developed; then coordinated with rest of project, in particular, FM, HAI, Fire, security and Equality.	NOT DISCHARGED: Submission does not appear to include a developed TADS. Noted that NHSH are developing this strategy for the building artwork internally and discussing with Inverness Campus and The Highland Council externally. Confirm commitment to continue this approach with stakeholders noted as well the project team to ensure coordination of any artwork internally and externally. Still TBC	NHSH to review/advise and develop?	NHSH		Funding secured at FBC. Proposals being developed.	NHS to confirm commitment to therapeutic arts strategy post completion.	A budget has been allocated for an Arts Strategy, and this is being progressed by the Project SRO in collaboration with a local artist.
	10E	Brief - Confirm current ACRs; list any NHS guidance derogations, with technical reasons for each, and if each deviation meets or exceeds current guidance/ good practice.	PARTIALLY DISCHARGED: Derogation list included as part of NDAP submission and has been updated based on comments raised through Assurance Review. Items are noted as Active and some require further review and confirmation to close. Confirm engagement, review and agreement process that will be followed to establish derogation outcome i.e. derogation accepted or design element amended to provide compliance. Still TBC	Derogation list will be part of contract. NHSH needs to sign off the schedule line by line	NHSH		Refer to agreed Derogation Schedule	NHS to confirm governance was undertaken and that all relevant stakeholders were consulted..	All derogations have been signed off by the Project Board, following extensive reviews by the NHS Highland Technical team.

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			Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS			1	2	3	4	5	6		
			Poor	Fair	Average	Good	V.good	Excellent		
1	Non-Negotiable Performance objectives	Benchmarks								
	What the design of the facility must enable (what it needs to do)	The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)								
1.1	Both booking systems and access arrangements to the facility must make attending easy and convenient, especially for those coming from remote communities, to lower stress.	<p>Booking systems to enable appointments to align with transport options.</p> <p>Within ??mins travel by bus of major train & bus hubs serving highlands (bus transfer min ?? frequency without changing bus) with route from bus stop to meet walking standards noted below.</p> <p>Within ??m of multiple bus routes serving local populations, ?? min frequency during operating hours, with route from bus stop to meet walking standards noted below.</p> <p>Within ??m of an A-class road, and ?? mins driving of ???.</p>								Work required to develop the system.
1.2	The experience of arriving must be safe, calming and obvious; providing a welcoming, professional, and uplifting first impression.	<p>The facility should have clear identity, conveying what it's for, so you know you're in the right place.</p> <p>Some views of what a success might look like for initial impression (building and site/landscape) that conveys welcome/professional/calming/innovative/uplifting/spiritual/non-clinical/durable</p> <p>There must be:</p> <p>Reliable parking, organised so that it's easy to find your way around (no doubling back), with priority spaces for those in greatest need.</p> <p>Bus stop and drop off spaces within ??m of the public entrance, visible from an internal space to allow people to wait on the in the warm with reliable information on bus arrival times and taxi pick ups.</p> <p>The experience of arriving by foot or public transport should be at least as nice as for those walking from their parked car, i.e. parking and roads should not dominate the experience of arrival by other means, and walking routes from parking should not be generally shorter than routes from public transport or pedestrian arrival, and in any case not more than ??m.</p> <p>Walking routes, including routes in parking areas, to be level or low gradient (max 1in??) with non slip surface, good lighting and visibility across areas to allow observation, and for the space to be observed from occupied buildings so you do not feel alone. Walking routes should take precedent over driving routes so there are not repeated steps/ramps/other</p>								

		Score						Reviewers	Comments and Observations						
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS		1	2	3	4	5	6								
		Poor	Fair	Average	Good	V.good	Excellent								
1.3	The initial entrance space must be a place to deal with whatever you need, with immediate onward direction to services. It must have a good vibe, to help you feel better and reduce anxiety, and communicate the ethos of the facility, a place of excellence and innovation and healing.														
<p>The entrance door and space must be large enough to allow groups, and people with buggies etc, to fit through easily, and detail to prevent dirt tracking in without obstacles to movement.</p> <p>There should be a clear/obvious view from the entrance to: check-in facilities, toilets, food/refreshments, vertical circulation, ?wheelchair availability? and person who can help you. See also 1.6 for onward routes and wayfinding.</p> <p>The entrance space should provide places with different scales and opportunities - spaces for socialising, children’s play and quiet escape etc.</p> <p>Good natural daylight (without glare), colour, texture, views to something interesting, art and direct access to useable landscape area for a breath of fresh air should all combine to provide a positive impression and an environment where any extended waiting, or time needed to think after an appointment, is a relaxing experience.</p> <p>The spaces must be observable from staff stations so help is available when needed and to aid a feeling of security.</p> <p>Space to communicate the work of the facility, the organisations that are part of it and any innovations, awards etc</p>															
1.4	Reception facilities must allow for personal preferences and accommodate multiple patient needs with ease. The privacy of sensitive conversations must be maintained.														

		Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS		1	2	3	4	5	6		
		Poor	Fair	Average	Good	V.good	Excellent		
1.5	<p>Booking and patient planning systems should reduce waiting times, but where patients will wait (such as pre and post surgery or between tests and other appointments), waiting areas must be comfortable, pleasant and positive distractions (views/IT). Patients must feel not forgotten and be able to deal with their human needs (toilet, refreshments etc).</p> <p>Waiting while in a vulnerable condition (during and just post treatment, and on discharge) must be discretely located to maintain people’s privacy and dignity.</p> <p>Additionally, waiting while ‘quarantined’ pre-treatment must be separated from general patient areas.</p>	<p>Waiting areas within sight of staff based for sense of security and access to information and assistance as needed.</p> <p>Systems to allow an update on timing of appointment, either delays or if it can be brought forward.</p> <p>Toilets within ??m, and location visible from waiting area.</p> <p>Good natural light and views in all spaces where people may wait for more than ??mins</p> <p>Seats grouped to allow personal choice in environment and some feel of a defensible space.</p> <p>Patient access to Wi-Fi and charging points (where waiting for more than ??mins.</p> <p>Waiting, including temporary sub-waits within departments, must not feel like a seat in a corridor with people pushing past you.</p> <p>Good sound attenuation/acoustics (?? Max reverb time)</p>							Requires further development
1.6	<p>Routes around the building – both to, from and between appointments/ testing/therapy - must be simple, efficient and pleasant to use, reducing stress and likelihood of people becoming lost, supporting patients to retain their independence and control.</p> <p>Using these routes must not compromise the privacy and dignity of the patient or others.</p> <p>Also make the most of the setting to provide positive distractions and therapeutic opportunities (see below for additional needs and priorities of particular experiences).</p>	<p>Patient routes must minimise walking distance by not requiring patients to double back through the sequence of progressing though the building.</p> <p>Routes where the destination is not visible at the start of the journey (which are preferable) should have areas of character end route so that people can be directed by ‘landmarks’ as well as by signage (supported as appropriate by another).</p> <p>Good clear inclusive signage to support intuitive wayfinding strategy.</p> <p>Routes to and between departments must not go through the service areas, or discrete sub-waits where people may be in a more vulnerable condition.</p> <p>Routes where people may be on a trolley or partially dressed must not be through public areas.</p>							
1.7a	Consulting Spaces					X			
1.7b	Surgery and Other Treatments					X			
	<p>Waiting areas for immediately pre/post treatment within ??m (to standards given in 1.4 above), with discrete route (not through public or main waiting areas) to and from surgery to maintain privacy of patient and not alarm those waiting for similar treatments.</p> <p>Visual distractions on ceilings where patients are prostrate</p> <p>It must be possible to control temperature of the room and play music etc as positive distraction.</p> <p><i>Some views of what success might look like for surgery space</i></p>								

			Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS			1	2	3	4	5	6		
			Poor	Fair	Average	Good	V.good	Excellent		
1.7c	Testing/Diagnostics	<p>Light levels must be controllable, with the ability to easily black-out the space when needed (and return to daylight again) so patients aren't in darkened internal spaces when not necessary.</p> <p>Visual distractions on ceilings where patients are prostrate.</p> <p><i>Some views of what success might look like for testing rooms</i></p>					X			
1.7d	Activity based therapies must promote a lifestyle change, not be a 'clinic'. They must be non clinical and calming to reduce anxiety.	<p>Spaces designed to provide a range of 'normal' experiences and situations.</p> <p>Both internal and external spaces must not be 'on show' to public areas.</p> <p>External therapeutic spaces within ??m of internal spaces.</p>				X				
1.8	Inpatient areas must help patients feel secure, connected and able to make personal choices for privacy, social interaction and own environment, and normalise the day as much as possible to aid recovery. Wards and bedrooms must enable rehabilitation.	<p>Space for private consultations prior to surgery (with in bedroom to standard below, or consulting space to standard in 1.7 above).</p> <p>Staff areas and the life of the ward (to see other's progressing) visible from the bed, and a view outside to an interesting view while seated/lying.</p> <p>??ability to control environment in room/light levels, heating etc, and natural ventilation.</p> <p>?? distractions/IT/TV??</p> <p>Space within the ward to come together with other patients and a choice of environment.</p> <p>Good use of colour, art and furnishings to provide softer appearance.</p> <p>External space within ??m of bedroom (visible from staff spaces and routes) to allow a breath of fresh air without the need for staff to accompany.</p>					X			
2 AGREED NON-NEGOTIABLES FOR STAFF										
	In the section below 'staff' includes all those employed to work at the site, be that by NHS, UHI or businesses located in the facility. The sections below describe elements that are different, or additional, to those described above.									
2	Non-Negotiable Performance objectives	Benchmarks								
	What the design of the facility must enable	The physical characteristics expected and/or some views of what success might look like for each								

		Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS		1	2	3	4	5	6		
		Poor	Fair	Average	Good	V.good	Excellent		
2.1	Coming to work must be convenient, inspiring and help you feel part of something big and important.	See section 1 for accessibility standards and initial impression.							
2.2	The facility must be located and designed so that functional and learning links with allied services/businesses are enabled, aiding both service provision and the attractiveness of the working environment to staff.	Reliable emergency transfer/support (within ??mins of call). Proximity (??mins walk/drive) to major hospital and or medical collage to enable joint use of meeting/learning resources (others and the ones within the facility) to share learning and keep services at the cutting edge of thinking and research, and demonstrate pride in the service. Initial impression and main spaces designed to look 'open for business' (not like a hospital) so that the venue will be attractive to partner organisations							
2.3	The layout of the facility must enable staff to share knowledge and learning, within and between institutions and develop practice based research. Staff must feel part of one place irrespective of the funding mix between institutions that support their post.	Staff routes around the facility to bring people together (not separated by department) as part of their normal use. Social spaces, particularly in the main space (1.3) to provide places for staff to meet and discuss work or socialise without being 'forced' to buy food/drinks. Space for impromptu discussions at 'bump' points such as the printer, water cooler etc. IT systems and spaces to allow staff to do administrative and learning work in a range of locations (not just consulting rooms) to encourage people out. Service areas designed to allow training/education and research. (need clearer success measure on this)							
2.4	Staff working environments (labs and offices) must encourage collaboration and communication whilst allowing for personal preferences and individuality.	Staff only areas designed to allow a range of spaces so you can meet, chat, or sit/work quietly without one disturbing the other, and have private phone calls and 1 to 1 meetings. They must have daylight and views and be stimulating places to work, not 2 class. Access to records within ??mins. Some views of what success might look like for office/cafe working areas/pods/labs							

		Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS		1	2	3	4	5	6		
		Poor	Fair	Average	Good	V.good	Excellent		
2.5	<p>The facility must have the flexibility to manage different service patterns, changes in throughput of services and to develop better services.</p> <p>Layout to allow services operating longer hours to do so without requiring patients, visitors or staff to use large areas of vacant, unsupervised building.</p> <p>Meeting/education and other flexible rooms located so that they can be used (in combination with the entrance space) for third sector/training/group support including out of hours.</p> <p>Departments arranged so that the number of rooms in each 'department' can flex and change in time without structural alterations.</p> <p>Rooms designed to common specification to allow multiple uses, and sized to allow kit to be used in a number of configurations to suit patient needs and treatment protocols.</p> <p>Storage areas located and sized so that kit can be shared between a number of rooms, with routes to rooms wide enough to allow man over (max ??m from store to place of use)</p>								
2.6	<p>Staff's wellbeing must be supported.</p> <p>They must be able to</p> <p>Know their belongings are secure, but accessible in breaks.</p> <p>Have a break, some food and a mental rest – feeling 'off duty' in their breaks – with the opportunity for a breath of fresh air or some exercise.</p> <p>Have access to toilets without going off duty.</p> <p>Come together socially, and increase familiarity with colleagues.</p> <p>Obtain formal and informal emotional support when needed.</p>								
2.7	<p>Facilities management and security must be easy to manage without impacting experiences above.</p> <p>Need some benchmarks on this – maintenance costs, max number of 'non service' personnel needed ... something...</p>								
3 AGREED NON-NEGOTIABLES FOR VISITORS (FAMILY/FRIENDS/CARERS).									

		Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS		1	2	3	4	5	6		
		Poor	Fair	Average	Good	V.good	Excellent		
3	Non-Negotiable Performance objectives								
	Benchmarks								
	What the design of the facility must enable								
	The physical characteristics expected and/or some views of what success might look like for each								
3.1	People visiting inpatients during times when most of the facility is closed, must be able to do so safely and without increasing their stress.								
	External arrival routes to standards in 1.2 above. Internal layout of the plan to enable visitors to reach wards without venturing through large areas of vacant, unheated, unsupervised building.								
3.2	The facility must enable access to information and support for relatives/carers to promote their health and wellbeing.								
	Printed information and IT in waiting areas. The full range of services on offer should be clear in a manner that is attractive and engaging (not visual clutter), and in a range of formats to suit differing needs. Space for third sector groups to communicate what they can offer and meeting or other flexible rooms (also needed for other uses) situated so they can be used by third sector for support groups etc when available. Some views of what success might look like for this No photos								
3.3	There must be easy access to pleasant places to wander, sit, eat, and occupy yourself, and any accompanying children, while waiting for day surgery patients and others on extended visits.								
	Systems to be in place to allow carers to be called when they are needed, so they can leave to deal with their own needs in confidence. Wander routes and external rest/play areas to be visible from routes into the facility (or main foyer) so carers are aware they've available before they need them. Some views of what success might look like for external spaces for waiting, wandering, respite, play etc... Catering and main waiting/social area to have comfy seats for long waits and access to IT and other amusements. As in ??above, there must be good daylight and views for distractions.								
4 ALIGNMENT OF INVESTMENT WITH POLICY									
	This section is about the additional benefits (not directly related to the service to be provided) that can be delivered, so things like contributing to regeneration or wider masterplanning principles, health promotion, good corporate citizenship etc See template benchmarks provided by Susan separately								

		Score						Reviewers	Comments and Observations
1 AGREED NON-NEGOTIABLES FOR SERVICE USERS		1	2	3	4	5	6		
		Poor	Fair	Average	Good	V.good	Excellent		
4	Non-Negotiable Performance objectives								
	Benchmarks								
	What the design of the facility must enable								
4.1	Contribution to health promotion through landscape availability to community? Maybe through making services facilities within the building (like pharmacy) open to wider population.			X					Progress required
4.2	Need something on sustainability and future service change/expansion...								
4.3	Contribution to wider regeneration around chosen site in terms of townscape, links etc???				X				
4.4	Anything on future alterations or expansion???								
5 SELF ASSESSMENT PROCESS									
	To be developed by project team.								

DRAFT

Functionality

Use	Weight	Score	Notes
A.01 The prime functional requirements of the brief are satisfied	1	4	
A.02 The design facilitates the care model	1	4	
A.03 Overall the design is capable of handling the projected throughput	1	4	
A.04 Work flows and logistics are arranged optimally	1	4	
A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2	5	
A.06 Where possible spaces are standardised and flexible in use patterns	1	4	
A.07 The design facilitates both security and supervision	1	4	
A.08 The design facilitates health promotion and equality for staff, patients and local community	1	4	
A.09 The design is sufficiently adaptatable to external changes e.g. Climate, Technology	1	4	
A.10 The benchmarks in the Design Statement in relation to building USE are met	2	5	

Access	Weight	Score	Notes
B.01 There is good access from available public transport including any on- site roads	1	4	
B.02 There is adequate parking for visitors/ staff cars/ disabled people	1	4	
B.03 The approach and access for ambulances is appropriately provided	1	4	
B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1	4	
B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	1	4	
B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1	4	
B.07 Active travel is encouraged and connections to local green routes and spaces enhanced	1	4	
B.08 Car parking and drop-off should not visually dominate entrances or green routes	1	4	
B.09 The benchmarks in the Design Statement in relation to building ACCESS are met	2		

Space	Weight	Score	Notes
C.01 The design achieves appropriate space standards	1	4	
C.02 The ratio of usable space to total area is good	1	4	
C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout	1	4	
C.04 Any necessary isolation and segregation of spaces is achieved	1	4	
C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing	1	4	
C.06 There is adequate storage space	1	4	
C.07 The grounds provided spaces for informal/ formal therapeutic health activities	1	4	
C.08 The relationships between internal spaces and the outdoor environment work well	1	4	
C.09 The benchmarks in the Design Statement in relation to building SPACE are met	2		

Build Quality

Performance	Weight	Score	Notes
D.01 The building and grounds are easy to operate	1	4	
D.02 The building and grounds are easy to clean and maintain	1	4	
D.03 The building and grounds have appropriately durable finishes and components	1	4	
D.04 The building and grounds will weather and age well	1	4	
D.05 Access to daylight, views of nature and outdoor space are robustly detailed	1	5	
D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	1	4	
D.07 The design minimises maintenance and simplifies this where it will be required	1	4	
D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met	2	5	

Engineering	Weight	Score	Notes
E.01 The engineering systems are well designed, flexible and efficient in use	1	4	
E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1	4	
E.03 The engineering systems are energy efficient	1	4	
E.04 There are emergency backup systems that are designed to minimise disruption	1	4	
E.05 During construction disruption to essential services is minimised	1	4	
E.06 During maintenance disruption to essential healthcare services is minimised	1	4	
E.07 The design layout contributes to efficient zoning and energy use reduction	1	4	

Construction	Weight	Score	Notes
F.01 If phased planning and construction are necessary the various stages are well organised	0	4	
F.02 Temporary construction work is minimised	0	4	
F.03 The impact of the building process on continuing healthcare provision is minimised	1	4	
F.04 The building and grounds can be readily maintained	1	4	
F.05 The construction is robust	1	4	
F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion	1	4	
F.07 The construction exploits opportunities from standardisation and prefabrication where relevant	1	4	
F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	1	4	
F.09 The construction contributes to being a good neighbour	1	4	
F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	1	4	

Impact

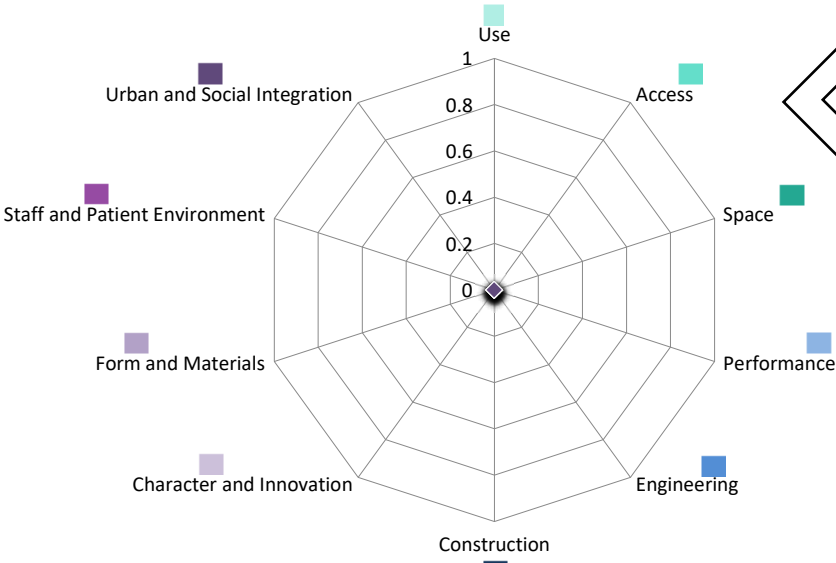
Character and Innovation	Weight	Score	Notes
G.01 There are clear ideas behind the design of the building and grounds	1	4	
G.02 The building and grounds are interesting to look at and move around in	1	4	
G.03 The building, grounds and arts design contribute to the local setting	1	4	
G.04 The design appropriately expresses the values of the NHS	1	4	
G.05 The project is likely to influence future designs	1	4	
G.06 The design provides a clear strategy for future adaptation and expansion	1	5	
G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	5	
G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	2	5	

Form and Materials	Weight	Score	Notes
H.01 The design has a human scale and feels welcoming	1	4	
H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	4	
H.03 Entrances are obvious and logical in relation to likely points of arrival on site	1	4	
H.04 The external materials and detailing appear to be of high quality and are maintainable	1	4	
H.05 The external colours and textures seem appropriate and attractive for the local setting	1	4	
H.06 The design maximises the site opportunities and enhances a sense of place	1	4	
H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	2	5	

Staff and Patient Environment	Weight	Score	Notes
I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy	1	4	
I.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	4	
I.03 The design maximises the opportunities for access to usable outdoor space	1	5	
I.04 There are high levels of both comfort and control of comfort	1	4	
I.05 The design is clearly understandable and wayfinding is intuitive	1	4	
I.06 The interior of the building is attractive in appearance	1	4	
I.07 There are good bath/ toilet and other facilities for patients	1	4	
I.08 There are good facilities for staff with convenient places to work and relax without being on demand	1	4	
I.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	1	5	
I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met	2	5	

Urban and Social Integration	Weight	Score	Notes
J.01 The height, volume and skyline of the building relate well to the surrounding environment	1	4	
J.02 The facility contributes positively to its locality	1	4	
J.03 The hard and soft landscape contribute positively to the locality	1	4	
J.04 The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1	4	
J.05 There is a clear vision behind the design, its setting and outdoor spaces	1	4	
J.06 The benchmarks in the Design Statement in relation to INTEGRATION are met	2	5	

AEDET Refresh FBC Summary



Target		Progress	
		Prev	Curr
4.2	Use	0.0	0.0
4.3	Access	0.0	0.0
4.2	Space	0.0	0.0
4.2	Performance	0.0	0.0
3.4	Engineering	0.0	0.0
4.0	Construction	0.0	0.0
4.2	Character and Innovation	0.0	0.0
4.3	Form and Materials	0.0	0.0
4.2	Staff and Patient Environment	0.0	0.0
4.3	Urban and Social Integration	0.0	0.0

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

Functionality

Use	Weight	Score	Notes
A.01 The prime functional requirements of the brief are satisfied	1	5	
A.02 The design facilitates the care model	1	5	
A.03 Overall the design is capable of handling the projected throughput	1	5	
A.04 Work flows and logistics are arranged optimally	1	5	
A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2	5	
A.06 Where possible spaces are standardised and flexible in use patterns	1	5	
A.07 The design facilitates both security and supervision	1	5	
A.08 The design facilitates health promotion and equality for staff, patients and local community	1	5	
A.09 The design is sufficiently adaptatable to external changes e.g. Climate, Technology	1	5	
A.10 The benchmarks in the Design Statement in relation to building USE are met	2	5	

Access	Weight	Score	Notes
B.01 There is good access from available public transport including any on- site roads	1	5	
B.02 There is adequate parking for visitors/ staff cars/ disabled people	1	5	
B.03 The approach and access for ambulances is appropriately provided	1	5	
B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff	1	5	
B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	1	5	
B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1	5	
B.07 Active travel is encouraged and connections to local green routes and spaces enhanced	1	5	
B.08 Car parking and drop-off should not visually dominate entrances or green routes	1	5	
B.09 The benchmarks in the Design Statement in relation to building ACCESS are met	2	5	

Space	Weight	Score	Notes
C.01 The design achieves appropriate space standards	1	5	
C.02 The ratio of usable space to total area is good	1	5	
C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout	1	5	
C.04 Any necessary isolation and segregation of spaces is achieved	1	5	
C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing	1	5	
C.06 There is adequate storage space	1	5	
C.07 The grounds provided spaces for informal/ formal therapeutic health activities	1	5	
C.08 The relationships between internal spaces and the outdoor environment work well	1	5	
C.09 The benchmarks in the Design Statement in relation to building SPACE are met	2	5	

Build Quality

Performance	Weight	Score	Notes
D.01 The building and grounds are easy to operate	1	5	
D.02 The building and grounds are easy to clean and maintain	1	5	
D.03 The building and grounds have appropriately durable finishes and components	1	5	
D.04 The building and grounds will weather and age well	1	5	
D.05 Access to daylight, views of nature and outdoor space are robustly detailed	1	5	
D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	1	5	
D.07 The design minimises maintenance and simplifies this where it will be required	1	5	
D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met	2	5	

Engineering	Weight	Score	Notes
E.01 The engineering systems are well designed, flexible and efficient in use	1	5	
E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1	5	
E.03 The engineering systems are energy efficient	1	5	
E.04 There are emergency backup systems that are designed to minimise disruption	1	5	
E.05 During construction disruption to essential services is minimised	1	5	
E.06 During maintenance disruption to essential healthcare services is minimised	1	5	
E.07 The design layout contributes to efficient zoning and energy use reduction	1	5	

Construction	Weight	Score	Notes
F.01 If phased planning and construction are necessary the various stages are well organised	0	5	YES
F.02 Temporary construction work is minimised	0	5	YES
F.03 The impact of the building process on continuing healthcare provision is minimised	0	5	
F.04 The building and grounds can be readily maintained	1	5	
F.05 The construction is robust	1	5	
F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion	1	5	
F.07 The construction exploits opportunities from standardisation and prefabrication where relevant	1	5	
F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	1	5	
F.09 The construction contributes to being a good neighbour	1	5	
F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	1	5	

Impact

Character and Innovation	Weight	Score	Notes
G.01 There are clear ideas behind the design of the building and grounds	1	5	
G.02 The building and grounds are interesting to look at and move around in	1	5	
G.03 The building, grounds and arts design contribute to the local setting	1	5	
G.04 The design appropriately expresses the values of the NHS	1	5	
G.05 The project is likely to influence future designs	1	5	
G.06 The design provides a clear strategy for future adaptation and expansion	1	5	
G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	5	
G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	2	5	

Form and Materials	Weight	Score	Notes
H.01 The design has a human scale and feels welcoming	1	5	
H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	5	
H.03 Entrances are obvious and logical in relation to likely points of arrival on site	1	5	
H.04 The external materials and detailing appear to be of high quality and are maintainable	1	5	
H.05 The external colours and textures seem appropriate and attractive for the local setting	1	5	
H.06 The design maximises the site opportunities and enhances a sense of place	1	5	
H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	2	5	

Staff and Patient Environment	Weight	Score	Notes
I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy	1	5	
I.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	5	
I.03 The design maximises the opportunities for access to usable outdoor space	1	5	
I.04 There are high levels of both comfort and control of comfort	1	5	
I.05 The design is clearly understandable and wayfinding is intuitive	1	5	
I.06 The interior of the building is attractive in appearance	1	5	
I.07 There are good bath/ toilet and other facilities for patients	1	5	
I.08 There are good facilities for staff with convenient places to work and relax without being on demand	1	5	
I.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	1	5	
I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met	2	5	

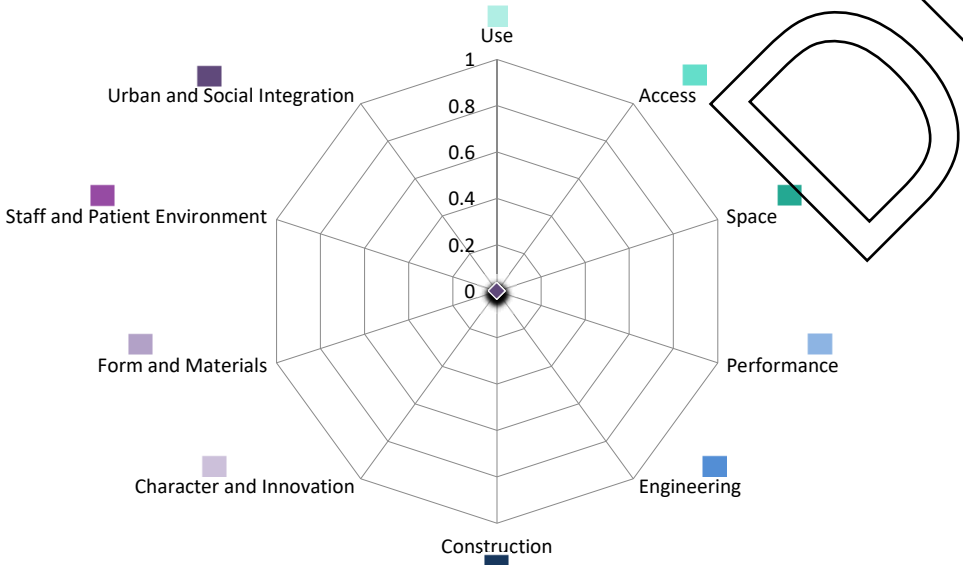
Urban and Social Integration	Weight	Score	Notes
J.01 The height, volume and skyline of the building relate well to the surrounding environment	1	5	
J.02 The facility contributes positively to its locality	1	5	
J.03 The hard and soft landscape contribute positively to the locality	1	5	
J.04 The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1	5	
J.05 There is a clear vision behind the design, its setting and outdoor spaces	1	5	
J.06 The benchmarks in the Design Statement in relation to INTEGRATION are met	2	5	

Target	Progress
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		Prev	Curr
4.2	Use	0.0	0.0
4.3	Access	0.0	0.0
4.2	Space	0.0	0.0
4.2	Performance	0.0	0.0
3.4	Engineering	0.0	0.0
4.0	Construction	0.0	0.0
4.2	Character and Innovation	0.0	0.0
4.3	Form and Materials	0.0	0.0
4.2	Staff and Patient Environment	0.0	0.0
4.3	Urban and Social Integration	0.0	0.0

Weighting	=	Target
2	=>	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh POE Summary



	AEDT Criteria		POE Function and Effectiveness		Design Statement	Questionnaire
Ref:	Use	Ref:		Ref:		
A.01	The prime functional requirements of the brief are satisfied	U1	How well do functional requirements of the facility met with the brief?	All	Design statement review output. See proposed evaluation methodology	
A.02	The design facilitates the care model	U2	How well does the building express and facilitate the healthcare philosophy of the Board?	2.5	The facility must have the flexibility to manage different service patterns, changes in throughput of services and to develop better services.	
A.03	Overall the design is capable of handling the projected throughput	U3	How well does the building manage peak time user demands?			
A.04	Workflows and logistics are arranged optimally	U4	How well does the building work in terms of arrangement to minimize travel distances?	1.6	Routes around the building – both to, from and between appointments/ testing/therapy - must be simple, efficient and pleasant to use, reducing stress and likelihood of people becoming lost, supporting patients to retain their independence and control.	
A.05	The design is sufficiently flexible to respond to clinical change and to enable expansion					
A.06	Where possible spaces are standardized and flexible in use patterns	U5	How well does the building deal with flexibility of use?	2.5	The facility must have the flexibility to manage different service patterns, changes in throughput of services and to develop better services.	
A.07	The design facilitates both security and supervision	U6	How well does the building and its grounds facilitate good security and supervision?			
A.08	The design facilitates health promotion and equality for staff, patients and local community					
A.09	The design is sufficiently adaptable to external change e.g. Climate / Technology.	U7	How well is the building allowing adaptability to support change?	2.5	The facility must have the flexibility to manage different service patterns, changes in throughput of services and to develop better services.	
A.10	The benchmarks in the Design Statement in relation to building USE are met.			All	Design statement review output. See proposed evaluation methodology	
Access						
B.01	There is good access from available public transport including any on-site roads	AC5	How well can occupants and visitors access the facility / building using public transport?	1.2	Reference to arrival and requirements for bus stop(s) in close proximity.	Question - see draft questionnaire
B.02	There is adequate parking for visitors / staff cars / disabled people	AC6	How sufficient is car parking for visitors, staff and disabled users?	1.2	Reference to arrival and requirements for car parking in close proximity.	Question - see draft questionnaire
B.03	The approach and access for ambulances is appropriately provided	AC7	How well can ambulances approach and access the facility / building?			
B.04	Service vehicle circulation is good and does not inappropriately impact on users and staff	AC3	How well can staff move around to facilitate their tasks?			
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair disabled / impaired sight patients	AC9	Pedestrian access routes (are they obvious, pleasant and suitable for wheelchair users and people with other disabilities / impaired sight);			Question - see draft questionnaire
		AC1	How well can occupants and visitors gain access to the building?			Question - see draft questionnaire
B.06	Outdoor spaces wherever appropriate are useable, with safe lighting indicating paths, ramps, steps, etc.					
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	AC10	How well does the solution facilitate active travel?			Question - see draft questionnaire
B.08	Car parking and drop-off should not visually dominate entrances or green routes	AC8	How well does service vehicle circulation work [consider impact on staff and service user experience]?			

	AEDET Criteria		POE Function and Effectiveness		Design Statement	Questionnaire
		AC2	How well can occupants and visitors move around the building?			
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met.			All	Design statement review output. See proposed evaluation methodology	
Space						
C.01	The design achieves appropriate space standards	SP1	Does the building have appropriate space standards?			
C.02	The ratio of usable space to the total area is good	SP2	Does the building have a good ratio of usable to total space?			
C.03	The circulation distances travelled by staff, patients and visitors are minimised by the layout	SP3	Does the building have good circulation space?			
C.04	Any necessary isolation and segregation of spaces is achieved	SP4	Does the building adequately create appropriate isolation / segregation spaces?			
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing	SP5	Do spaces encourage informal social integration and well being?			
C.06	There is adequate storage space	SP6	Is there adequate storage space?			
C.07	The grounds provide spaces for informal / formal therapeutic health activities	SP7	Do external spaces allow for suitable informal and formal therapeutic activities?			
C.08	The relationships between internal spaces and the outdoor environment work well together					
		SP8	Any additional comments from FM Team / End User representatives?			
C.09	The benchmarks in the Design Statement in relation to building SPACE are met.			All	Design statement review output. See proposed evaluation methodology	
Build Quality						
Performance						
D.01	The building and grounds are easy to operate	Wa1	How well does the building allow ease of operation?			
D.02	The building and grounds are easy to clean and maintain	Wa2	How well does the building allow ease of cleaning and maintenance?			
D.03	The building and grounds have appropriately durable finishes and components	Wa3	How durable are the finishes and components?			
D.04	The building and grounds will weather and age well					
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	Wa4	How well does the building provide access to daylight, views of the outdoors?			
D.06	The design maximises the opportunities for sustainability eg. Waste reduction and biodiversity	Wa5	How well does the building maximise sustainable opportunities?			
D.07	The design minimises maintenance and simplifies this where it will be required.					
		Wa6	How well does the building deal with HAI issues?			
D.08	The benchmarks in the Design Statement in relation to building PERFORMANCE are met.			All	Design statement review output. See proposed evaluation methodology	
Engineering						
E.01	The engineering systems are well designed, flexible and efficient in use	Eg1	How effective / flexible are the buildings engineering systems?			
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	Eg2	How well has the building exploited standardisation and prefabrication?			
E.03	The engineering systems are energy efficient					
E.04	There are emergency backup systems that are designed to minimise disruption	Eg3	How effective are emergency back up systems?			
E.05	During construction disruption to essential services is minimised					

	AEDT Criteria		POE Function and Effectiveness		Design Statement	Questionnaire
E.06	During maintenance disruption to essential healthcare services is minimised	Eg4	How effective is the building in facilitating maintenance and replacement systems without disrupting service delivery?			
		AC4	How well can FM staff get access to key areas for maintenance activities?			
		Eg6	How easy is it to access engineering systems?			
E.07	The design and layout contributes to efficient zoning and energy use reduction	Eg5	How effective is the buildings zoning in terms of maximising energy efficiency?			
Construction						
F.01	If phased planning and construction is necessary the various stages are well organised					
F.02	Temporary construction work is minimised					
F.03	The impact of the construction process on healthcare provision is minimised	Cn1	How well did the construction process minimise any disruption of service?			
F.04	The building and grounds can be readily maintained					
F.05	The construction is robust	Cn3	Robustness of construction - joints, interfaces and materials			
F.06	Construction allows easy access to engineering systems for maintenance, replacement and expansion					
F.07	The construction exploits any benefits from standardisation and prefabrication where relevant					
F.08	The construction maximises the opportunities for sustainability eg. Waste and traffic reduction					
F.09	The construction contributes to being a 'good neighbour'					
F.10	Infection control risks for options, design and construction are recorded / minimised using HAI Scribe	Cn2	Minimisation of HAI risks during the construction process			
Impact						
Character and Innovation						
G.01	There are clear ideas behind the design of the building and grounds	Ci1	Does the building lift the spirits of occupants and visitors?			Question - see draft questionnaire
G.02	The building and grounds are interesting to look at and move around in	Ci2	Is the building and its grounds interesting to look at?			Question - see draft questionnaire
		Ci3	Is the building and its grounds interesting to walkaround?			Question - see draft questionnaire
G.03	The building, grounds and arts design contribute to the local setting	Ci4	Is the building and its grounds sensitive to its local environment?			
G.04	The design appropriately expresses the values of the NHS	Ci6	Do the building and its grounds provide a strong and positive image?			
G.05	The project is likely to influence future healthcare designs					
G.06	The design provides a clear strategy for future adaptation and expansion					
G.07	The building, grounds and art design contribute to well being and a sustainable therapeutic strategy	Ci5	Do the building and its grounds provide spaces of therapeutic value?			
G.08	The benchmarks in the Design Statement in relation to building CHARACTER and INNOVATION are met.			All	Design statement review output. See proposed evaluation methodology	
Form and Materials						
H.01	The design has a human scale and feels welcoming	Fm1	Is the building of a human scale and feel welcoming?			
H.02	The design contributes to the local microclimate, maximising sunlight and shelter from prevailing winds	Fm2	Does the buildings maximise sunlight and shelter?			
H.03	Entrances are obvious and logical, in relation to likely points of arrival on site	Fm3	Are the buildings entrances and entry points logical?			

	AEDET Criteria		POE Function and Effectiveness		Design Statement	Questionnaire
H.04	The external materials and detailing appear to be of high quality and are maintainable					
H.05	The external colours and textures seem appropriate and attractive for the local setting	Fm4	Are the buildings colours and textures appropriate and or attractive?			
H.06	The design maximises the site opportunities and enhances a sense of place	Fm5	Does the building and its landscape enhance the sense of place and overall setting?			
H.07	The benchmarks in the Design Statement in relation to building CHARACTER and INNOVATION are met.			All	Design statement review output. See proposed evaluation methodology	
Staff and Patient Environment						
I.01	The design respects the dignity of patients and allows for appropriate levels of privacy	Sp4	How effective is the building in respecting the dignity of patients and allowing for appropriate levels of privacy and company?	1.6-1.8	Routes and clinical spaces specifying requirements for privacy choice, etc.	Question - see draft questionnaire
		Sp1	How positive was the patient experience of using the building and its grounds?			Question - see draft questionnaire
		Sp2	How positive was the visitor / friends and family experience of using the building and its grounds?			Question - see draft questionnaire
I.02	The design maximises opportunities for daylight/ views of green natural landscape elements	Sp5	Does the building maximise opportunities for daylight or natural landscape views?			
I.03	The design maximises opportunities for access to usable outdoor space	Sp3	How positive was the staff experience of using the building and its grounds?			
I.04	There are high levels both of comfort and control of comfort	SP6	Does the building provide high levels comfort (temperature / air quality etc) and control of comfort?			
I.05	The design is clearly understandable and wayfinding is intuitive	SP7	Is the building intuitive to navigate and understand?	1.6	Routes in and around the building	
I.06	The interior of the building is attractive in appearance	SP8	Does the building have an attractive interior appearance?			Question - see draft questionnaire
I.07	There are good bath/ toilet and other facilities for patients	SP11	How positive was the patient experience of bath / toilet facilities?			Question - see draft questionnaire
I.08	There are good facilities for staff, including convenient places to work and relax without being on demand	SP12	How positive is the staff assessment of facilities, a convenient place to work and relax?	2.1	Coming to work must be convenient, inspiring and help you feel part of something big and important.	
I.09	There are good opportunities for staff, patients and visitors to use outdoors to recuperate / relax					
		SP9	Does the building have suitable seating and resting areas?			Question - see draft questionnaire
		SP10	How appropriate were the reception and check in areas?	1.1-1.5	Refer to Design Statement Sections 1.1-1.5 relating to booking systems, arrival experience on site, entrance, reception, etc.	Question - see draft questionnaire
		SP13	How positive is the patient, visitors and staff experience of outdoor spaces?			Question - see draft questionnaire
		SP14	How safe do patients, visitors and staff feel when using the building?			Question - see draft questionnaire
I.10	The benchmarks in the Design Statement in relation to building STAFF & PATIENT ENVIRONMENT are met.			All	Design statement review output. See proposed evaluation methodology	
Urban and Social Integration						
J.01	The height, volume and skyline of the design relate well to its setting					
J.02	The facility contributes positively to its locality	Sn1	How well does the buildings contribute positively to its locality?			
J.03	The hard and soft landscape contribute positively to the surrounding environment	Sn2	How well does the hard and soft landscaping contribute to its locality?			
J.04	The design contributes to being a good neighbour and is sensitive to neighbours and passers by	Sn3	How sensitive is the building and its grounds to its neighbours?			

	AEDET Criteria		POE Function and Effectiveness		Design Statement	Questionnaire
J.05	There is a clear vision behind the design, its setting and outdoor spaces					
J.06	The benchmarks in the Design Statement in relation to building INTEGRATION are met.			All	Design statement review output. See proposed evaluation methodology	

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Questionnaire		Score						Comments and Observations
Ref:		1 Poor	2 Fair	3 Average	4 Good	5 V.good	6 Excellent	
B.01	How good is accessibility to the NTC using public transport?							
B.02	How sufficient do you think car parking is for people of all needs?							
B.05 / AC1	How good are the access routes and entrance to the NTC for people of all needs?							
B.07	How well does access to the facility work for active travel? Walking, running, cycling, scooting, etc.							
G.01/G.02	How good do you think the design of the building and grounds is?							
I.01	How good do you think the design of the building respects patient dignity and allows privacy where required?							
Sp1 / Sp2	How would you rate your experience of using the building and its grounds?							
	See above							
I.06	How attractive do you think the interior of the building is?							
I.07	Can you please rate your experience of using toilet and shower facilities as relevant?							
SP9	How suitable are the seating and resting facilities?							
SP10	Can you please rate your experience of using the reception and check-in facilities?							
SP13	How would you rate your overall experience of using the outdoor spaces? Including Arriving on site and your route to the front door.							
SP14	How would you rate the level of safety you felt when using the building?							

APPENDIX E - Project Cost Monitoring

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Project Cost Monitoring

Capital / Equivalent Investment Cost Monitoring Form:

Project Title:	NTC-Highland			
Floor Area (GIA):	6,926			
	IA	OBC	FBC	Actual
Construction Cost	14,847,667	16,783,721	32,819,447	35,800,735
Design Fees	1,781,720	2,014,046	-	-
Advisor Fees	742,383	839,186	-	-
Statutory Fees and Surveys	75,000	75,000	-	-
Total Fees	-	-	2,303,631	2,311,131
Equipment	2,227,150	2,517,558	1,700,000	3,591,679
Risk	2,951,088	3,334,427	4,944,161	0
Inflation	864,275	2,878,499	-	-
Total Costs:	23,489,283	28,442,437	49,135,636	49,805,304
Site acquisition:	900,000	900,000	1,340,000	1,334,111
UHI/HIE Reimbursement	-	-	-581,519	-575,951
VAT	4,193,036	5,117,841	6,028,397	6,767,648
Total Development Costs:	25,582,319	34,460,278	48,554,117	49,229,353

There are several reasons for cost changes between each stage, and a sample of these is listed below:

- The clinical brief, and project brief is not very well defined at Initial Agreement stage, therefore the cost estimates can only be viewed as estimates, with several assumptions across each aspect of the project.
- Area of the building changes during each stage as clinical requirements are defined and approved.
- Costs change as the brief and scope of the project evolves during each design stage.
- Inflation allowances change over time.
- Assessment of risk changes as the project develops, and in line with market conditions and macro-economic factors.

- Unforeseen events such as the Covid-19 pandemic, and the war in Ukraine have caused delays and increased material costs.
- Unforeseen additional costs are incurred through Planning Conditions relating to off-site matters e.g., Active Travel routes.
- Additional costs are incurred through the NHS Assure Assurance processes e.g., additional electricity generators included for resilience.
- Additional costs through prolongation of the construction duration.

Operational Revenue Cost Monitoring Form:

Project Title:	NTC-Highland			
Floor Area (GIA):	6,926			
	Existing	OBC	FBC	Actual
Clinical Services staff costs:	2,182,180.83	8,149,676.67	9,089,572.50	5,780,877.50
<i>Additional itemised costs:</i>	-	-	-	-
Non-Clinical Services staff costs:	691,673.33	2,499,686.67	2,399,345	2,510,138.33
<i>Additional itemised costs:</i>	-	-	-	-
Building occupancy / running costs:	2,996,796.67	6,033,491.67	4,846,617.50	4,345,373.33
<i>Additional itemised costs:</i>	-	-	-	-
Income contribution / costs:	-	-	-	107,158.33
Other recurring costs:	-	-	-	-
<i>Additional itemised costs:</i>	-	-	-	-
Allowance for Optimism Bias	-	-	-	-
Total Cost before VAT:	5,870,650.83	16,682,855.01	16,335,535	12,743,547.49
VAT:	1,174,130.17	3,336,571	3,267,107	2,548,709.50
Total Estimated / Actual Cost:	7,044,781	20,019,426.01	19,602,642	15,292,256.99

Construction Cost Plan:

	ELEMENT	Element				
		Total Cost £	Cost per m ² GIFA	Unit Quantity		Unit Rate
1	SUBSTRUCTURE	1,112,827.30	133.99		m ²	
2	SUPERSTRUCTURE					
2.1	Frame	1,558,569.84	187.67		m ²	
2.2	Upper Floors	320,783.31	38.63		m ²	
2.3	Roof	778,824.33	93.78		m ²	
2.4	Stairs and Ramps	223,770.80	26.94		Nr	
2.5	External Walls	1,190,957.15	143.40		m ²	
2.6	Windows and External Doors	569,279.08	68.55		m ²	
2.7	Internal Walls and Partitions	1,652,703.06	199.00		m ²	
2.8	Internal Doors	1,407,090.19	169.43		Nr	
	Total Superstructure	7,701,977.76	927.48			
3	INTERNAL FINISHES					
3.1	Wall Finishes	624,604.77	75.21		m ²	
3.2	Floor Finishes	419,669.85	50.53		m ²	
3.3	Ceiling Finishes	600,757.32	72.34		m ²	
	Total Internal Finishes	1,645,031.94	198.08			
4	FITTINGS, FURNISHINGS AND EQUIPMENT	1,777,677.82	214.05		m ²	
5	SERVICES					
5.1	Sanitary Installations	264,883.27	31.89		Nr	
5.2	Services Equipment		-		Nr	
5.3	Disposal Installations	168,483.46	20.29		Nr	
5.4	Water Installations	596,835.55	71.86		m ²	
5.5	Heat Source	640,885.44	77.17		kW	
5.6	Space Heating and Air Conditioning	573,782.07	69.09		m ²	
5.7	Ventilation Systems	1,327,442.79	159.84		m ²	
5.8	Electrical Installations	1,536,273.80	184.98		m ²	
5.9	Fuel Installations	959.71	0.12		m ²	
5.10	Lift and Conveyor Installations	268,898.57	32.38		Nr	
5.11	Fire and Lightning Protection	1,045,609.72	125.90		m ²	
5.12	Communications, Security, and Control Installations	906,180.46	109.11		m ²	
5.13	Specialist Installations	1,403,971.62	169.05		m ²	
5.14	Builders Work in Connection with Services	238,546.37	28.72		m ²	
	Total Services	8,972,752.83	1,080.40			
6	PREFABRICATED BUILDING AND BUILDING UNITS	-	-	n/a	m ²	n/a
7	WORK TO EXISTING BUILDING	-	-	n/a		n/a
7.1	Minor Demolition and Alteration Works	-		n/a	m ²	n/a
	Total Work to Existing Building	-		n/a		n/a

	ELEMENT	Element				
		Total Cost £	Cost per m ² GIFA	Unit Quantity		Unit Rate
	BUILDING SUB-TOTAL	21,210,267.65	2,553.92			
8	EXTERNAL WORKS					
8.1	Site Preparation Works	495,010.08	59.60		m ²	
8.2	Roads, Paths, Pavings and Surfacing	921,757.37	110.99		m ²	
8.3	Soft Landscaping, Planting and Irrigation Systems	299,784.00	36.10		m ²	
8.4	Fencing, Railings and Walls	300,295.53	36.16		m ²	
8.5	External Fixtures	198,829.93	23.94		m ²	
8.6	External Drainage	573,209.63	69.02		m ²	
8.7	External Services	720,041.27	86.70		m ²	
8.8	Minor Building Works and Ancillary Buildings	102,577.50	12.35		m ²	
	Total External Works	3,611,505.31	434.86			
0	FACILITATING WORKS					
0.1	Toxic/Hazardous/Contaminated Material Treatment	-	0.00		m ²	
0.2	Major Demolition Works	-	0.00		m ²	
0.3	Temporary Support to Adjacent Structures	-	0.00		m ²	
0.4	Specialist Ground Works	-	0.00		m ²	
0.5	Temporary Diversion Works	-	0.00		m ²	
0.6	Extraordinary Site Investigation	-	0.00		m ²	
	Total Facilitating Work	-	£-			
9	MAIN CONTRACTOR'S PRELIMINARIES	4,914,264.18				
10	MAIN CONTRACTOR'S OVERHEAD & PROFIT	2,409,827.91				
	TOTAL CONSTRUCTION / INVESTMENT COST* (excluding contingencies and fees)	32,145,865.05	£2,988.78			
11	PROJECT / DESIGN TEAM FEES					
12	OTHER DEVELOPMENT / PROJECT COSTS	2,869,246.82				
13	QUANTIFIED CONSTRUCTION RISK	-				
	TOTAL CONTRACT / PROJECT COST	785,623.51				

APPENDIX F – Service User Survey Results

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National Treatment Centre - Highland

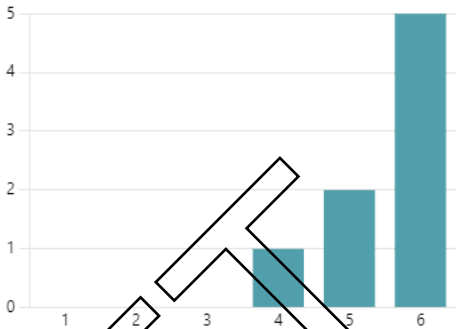
19 Responses

00:56 Average time to complete

Active Status

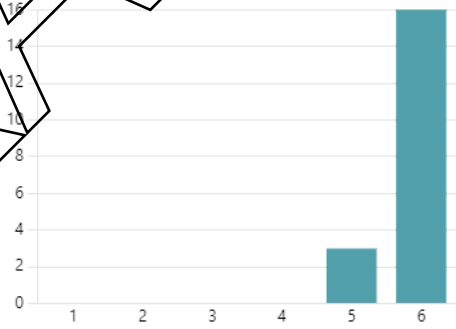
1. How good is accessibility to the NTC-H using public transport?

5.50
Average Rating



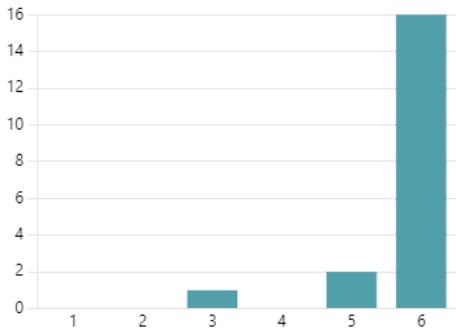
2. How sufficient do you think car parking is for people of all needs?

5.84
Average Rating



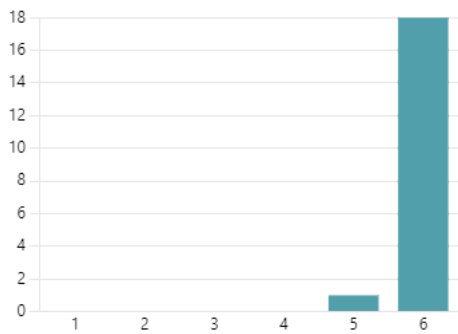
3. How good are the access routes and entrance to the NTC-H for people of all needs?

5.74
Average Rating



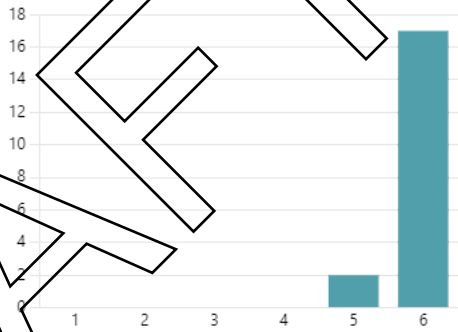
4. How good do you think the design of the building and grounds is?

5.95
Average Rating



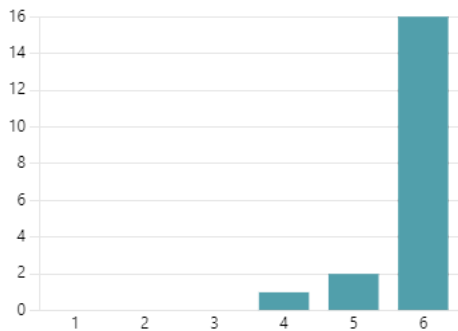
5. How good do you think the design of the building respects patient dignity and allows privacy where required?

5.89
Average Rating



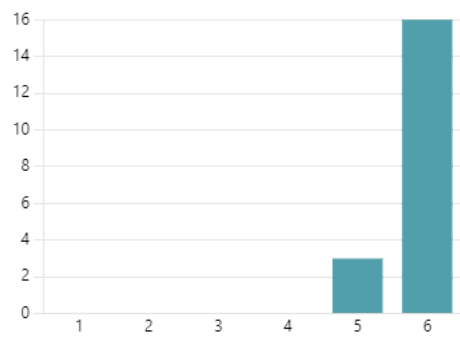
6. How would you rate your experience of using the building and its grounds?

5.79
Average Rating



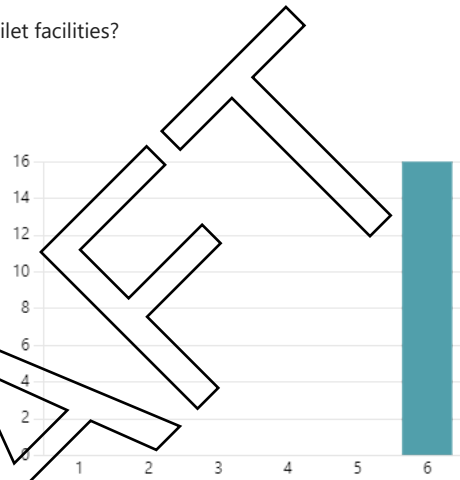
7. How attractive do you think the interior of the building is?

5.84
Average Rating



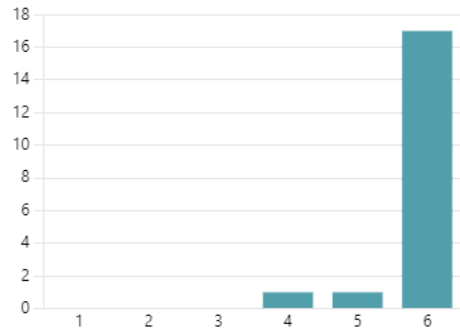
8. Can you please rate your experience of using the toilet facilities?

6.00
Average Rating



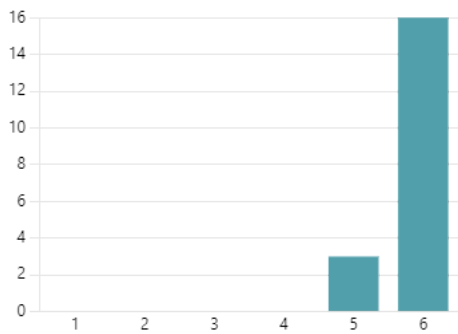
9. How suitable are the seating and resting facilities?

5.84
Average Rating



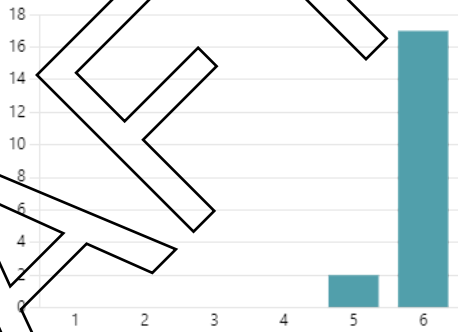
10. Can you please rate your experience of using the reception and check-in facilities?

5.84
Average Rating



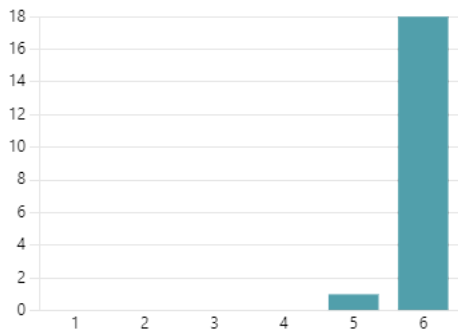
11. How would you rate your overall experience of using the outdoor spaces? Including arriving on site and your route to the front door.

5.89
Average Rating



12. How would you rate the level of safety you felt when using the building?

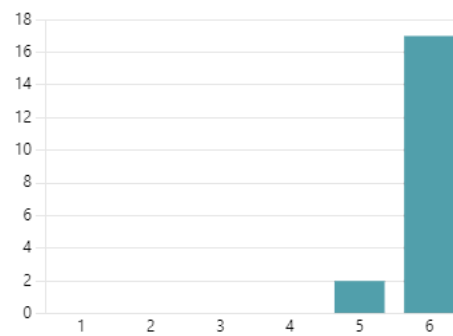
5.95
Average Rating



13. How would you rate your experience of the NTC-H teams?

5.89

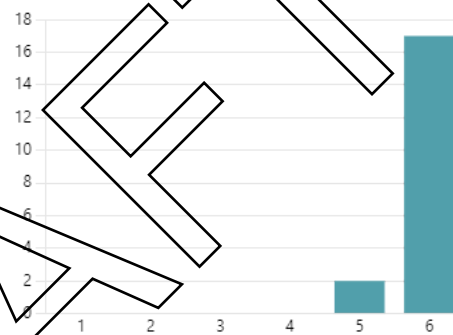
Average Rating



14. How would you rate your overall experience of the NTC-H?

5.89

Average Rating



15. Is there anything else you would like to add about your experience at the NTC-H?

19

~~Responses~~

Latest Responses

"No."

"No"

"I felt as though I won the lotto being admissiomed here. This was a fantastic ...

3 respondents (16%) answered **staff** for this question.

A word cloud of customer feedback for 'Skye7 - decor'. The words are arranged in a circular pattern around the central word 'EXCELLENT'. The words include: 'Beautiful surroundings', 'earlyQ3 - Signage', 'decor very bland', 'staff', 'EXCELLENT', 'staff superb', 'Signage a bit', 'fantastic experience', 'relaxing atmosphere', 'picturesQ9', 'star experience', 'water fountain', 'relaxed atmosphere', 'nursing staff', 'vibes only thing', 'experience', 'friendly staff', 'calm vibes', '1st class', and 'decor'. The words are in various shades of teal and dark blue, with 'EXCELLENT' being the largest and most prominent.

APPENDIX G – Team Survey Results

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National Treatment Centre - Highland

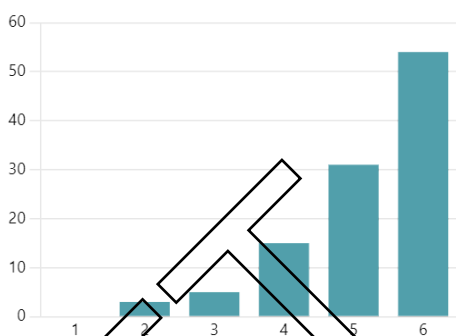
108 Responses

07:22 Average time to complete

Active Status

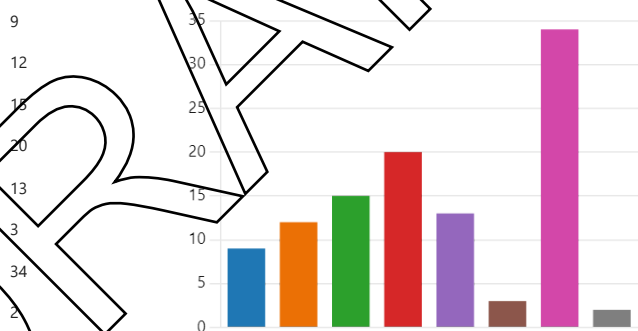
1. How sufficient do you think car parking is for people of all needs?

5.19
Average Rating



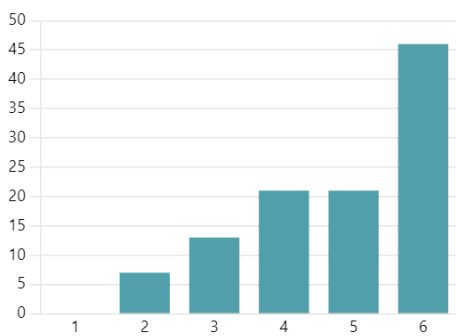
2. How good is accessibility to the NTC using public transport?

- 1 - Poor
- 2 - Fair
- 3 - Average
- 4 - Good
- 5 - Very Good
- 6 - Excellent
- N/A
- Very good



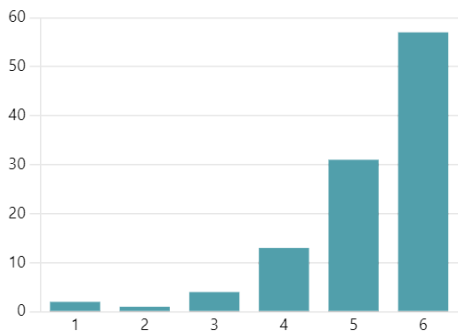
3. How good are the access routes and entrance to the NTC-H for people of all needs?

4.80
Average Rating



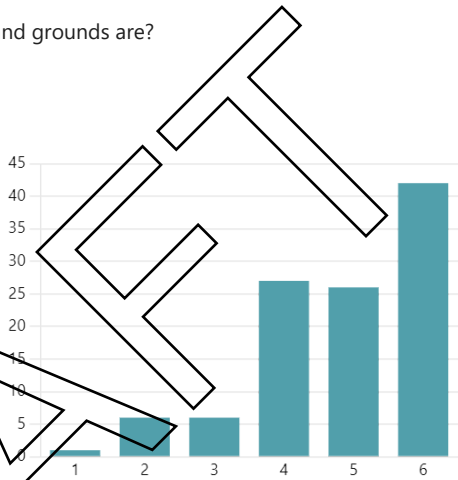
4. How well does access to the facility work for active travel? Walking, running, cycling, scooting, etc.

5.23
Average Rating



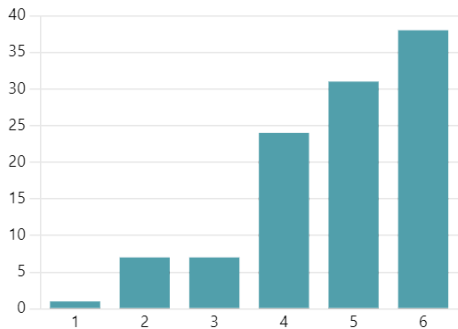
5. How good do you think the design of the building and grounds are?

4.82
Average Rating



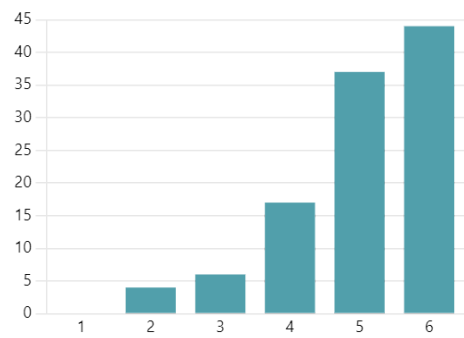
6. How good do you think the design of the building respects your dignity and allows privacy where required?

4.77
Average Rating



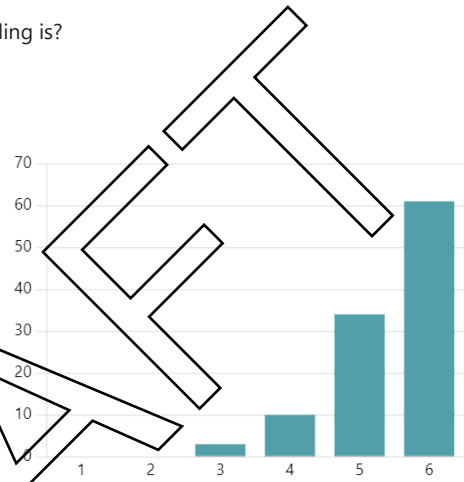
7. How would you rate your experience of using the building and its grounds?

5.03
Average Rating



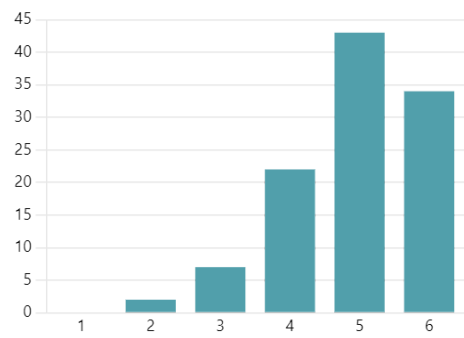
8. How attractive do you think the interior of the building is?

5.42
Average Rating



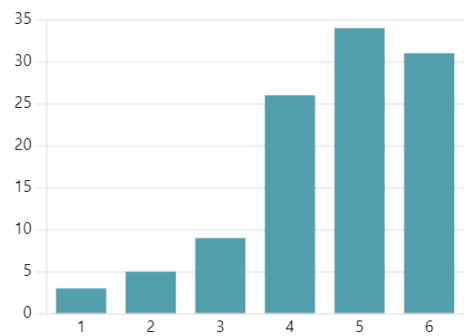
9. Can you please rate your experience of using toilet and shower facilities as relevant?

4.93
Average Rating



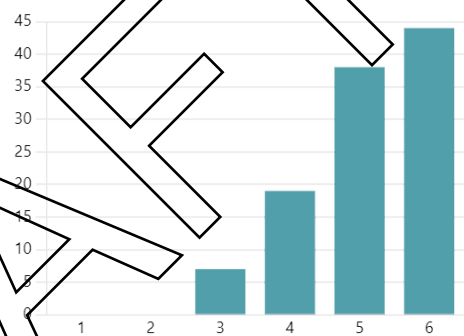
10. How suitable are the seating and resting facilities?

4.63
Average Rating



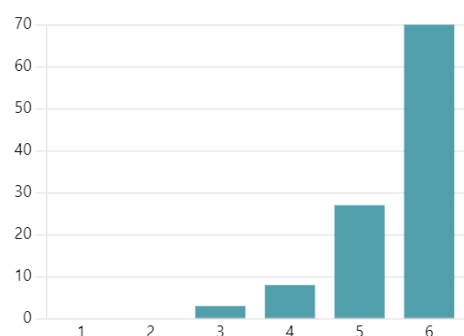
11. How would you rate your overall experience of using the outdoor spaces? Including arriving on site and your route to the team entrance.

5.10
Average Rating



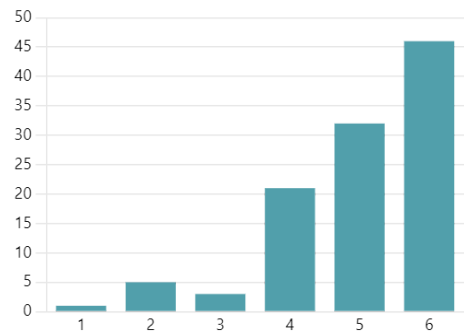
12. How safe do you feel when working within the NTC-H?

5.52
Average Rating



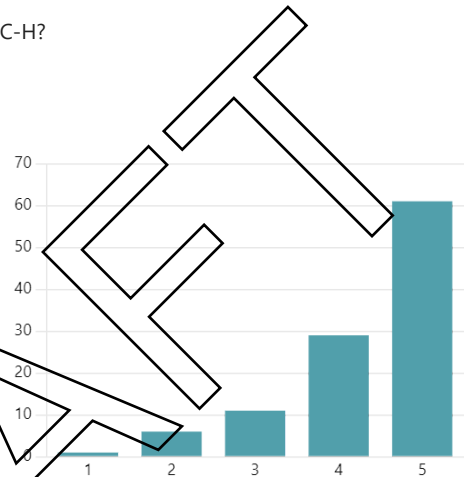
13. How would you rate your experience of working in the NTC-H in year one?

5.00
Average Rating



14. Overall, how happy are you working within the NTC-H?

4.32
Average Rating



15. Is there anything that could have been done differently to improve your working experience?

108
Responses

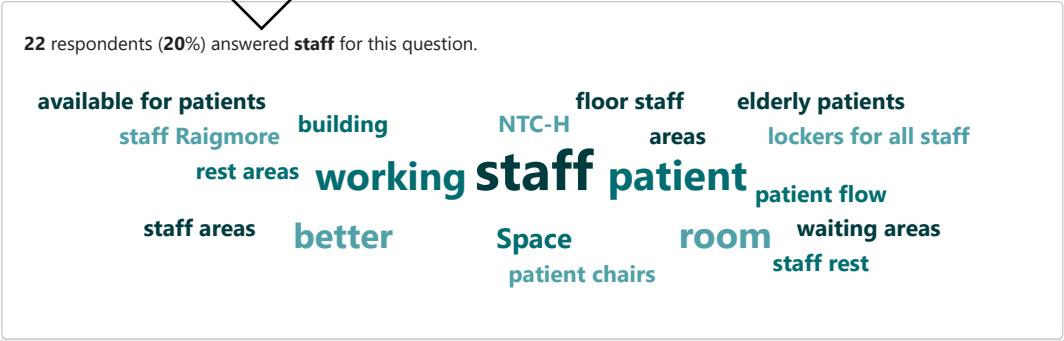
Latest Responses

"Generally there are few/no lockers available. "

"Better transport for patients who travel by Bus The building was designed o...

"Happy!"

22 respondents (20%) answered **staff** for this question.



APPENDIX H - Scottish Arthroplasty National Report/ ERAS

DRAFT

Scottish Arthroplasty Project National report 2024

A Management Information release for Scotland

Publication date: 6 August 2024

DRAFT





Translations



Easy read



BSL



Audio



Large print



Braille

Translations and other formats are available on request at:



phs.otherformats@phs.scot



0131 314 5300

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Published management information are non-official statistics which may be in the process of being transitioned into official statistics. They may not comply with the UK Statistics Authority's Code of Practice with regard to high data quality or high public value but there is a public interest or a specific interest by a specialist user group in accessing these statistics as there are no associated official statistics available.

Users should therefore be aware of the aspects of data quality and caveats surrounding these data, all of which are listed in this document.

Find out more about Management Information on the [UK Statistics Authority website](#).

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Introduction

The committee of the Scottish Arthroplasty Project (SAP) would like to thank their colleagues across Scotland, who continue to support the ongoing work of the SAP. The 2024 report presents data on the outcomes of joint replacement surgery across Scotland and includes data from the calendar year 2023. The report is backed up by an accompanying release, examining certain aspects of the full report in more detail.

Overall activity shows that the volume of primary hip replacements is at the same level as 2019 and for primary total knee replacement this is approaching the same volume but remains lower. This demonstrates that the decreased activity since 2020 onwards, related to the COVID-19 pandemic, shows recovery towards pre-pandemic levels. This reflects work done by all NHS boards across Scotland to restore activity for planned essential arthroplasty operations and includes the opening of 2 national treatment centres (NTCs) in NHS Highland and Fife. With the increase in procedures being carried out, it is re-assuring to note that the 90-day mortality after primary hip and knee arthroplasty remains similar to 2022. Comparisons of the inpatient length of stay in this year's data show an ongoing reduction compared with figures pre-2020.

A significant volume of hip and knee arthroplasty procedures were carried out in the independent sector during 2023, however there does not appear to be a significant increase in volume compared with 2022, with the proportion of NHS patients treated in the independent sector decreasing.

The 2024 report includes for the first time, a joint analysis with the Arthroplasty Rehabilitation In Scotland Endeavour (ARISE) project providing granular data on the arthroplasty procedures carried out. This allows comparison of units and procedures to help improve both standardisation and quality of the procedures carried out across Scotland.

The core role of the SAP, since it started 20 years ago, is to provide individual feedback to surgeons on their patient outcomes from joint replacement surgery. All surgeons have access to their own 'live' data through the Public Health Scotland (PHS) website. This allows surgeons to track their cases and audit their own results.

The SAP operates an early warning outlier notification system which is designed to detect runs of complications for surgeons. Surgeons are asked to reflect on the cases that have resulted in complications, discuss these cases with a colleague and identify any measures that might prevent further complications. The response is reviewed by the SAP committee and constructive feedback offered. We encourage surgeons to discuss outlier reports openly within their units so that colleagues may benefit from their reflection and systemic problems may be identified. This function of the SAP has continued through 2023 and the audit data collected by SAP have been moved from the existing Tableau software to R Shiny which should allow the report data to be presented via an efficient and easier to use interface.

The current SAP research fellows have worked hard, focusing on revision knee and hip replacement as well as looking at changes in the length of stay and waiting times over the past 20 years of the SAP data collection. They have submitted and presented their work to both national and international meetings. The fellowship programme is run by Mr Jon Clarke at the Golden Jubilee University National Hospital and enquiries from those interested in the fellowship should be directed to him or the SAP chair for further information.

Mr Phil Walmsley

Consultant Trauma & Orthopaedic Surgeon, NHS Fife

Chair, Scottish Arthroplasty Project

SAP steering committee members

Name	Organisation	Role
Phil Walmsley	NHS Fife	Chair , SAP Orthopaedic consultant
Alan Howieson	NHS Forth Valley	Vice chair , SAP Orthopaedic consultant
Karen Adam	Scottish Government	Trauma & orthopaedic performance manager
Isaac Ahmed	NHS Lothian	Orthopaedic consultant
Stuart Baird	PHS	Service manager
Petros Boscainos	NHS Tayside	Orthopaedic consultant
Stephen Bridgman	PHS	Consultant in public health medicine
Andrew Brunt	Golden Jubilee University National Hospital	Clinical research fellow
Jon Clarke	Golden Jubilee University National Hospital	Orthopaedic consultant
Rutha Coventry	NHS Grampian	Anaesthetics consultant
Graham Dall	NHS Borders	Orthopaedic consultant
Hazel Dodds	PHS	Senior nurse
Luke Farrow	NHS Grampian	Clinical research fellow
Stephen Grant	NHS Lanarkshire	Orthopaedic consultant
Mark Jenkinson	NHS Greater Glasgow & Clyde	Orthopaedic consultant
Joe Lakey	PHS	Senior information analyst
Jane McKenna	Scottish Government	National performance lead for trauma & orthopaedics
David McDonald	Scottish Government	Head of programme
Matthew Moran	NHS Lothian	Orthopaedic consultant
Christopher Munro	NHS Grampian	Orthopaedic consultant
Graham Nicol	NHS Tayside	Orthopaedic consultant
Martin O'Neill	PHS	Principle information analyst

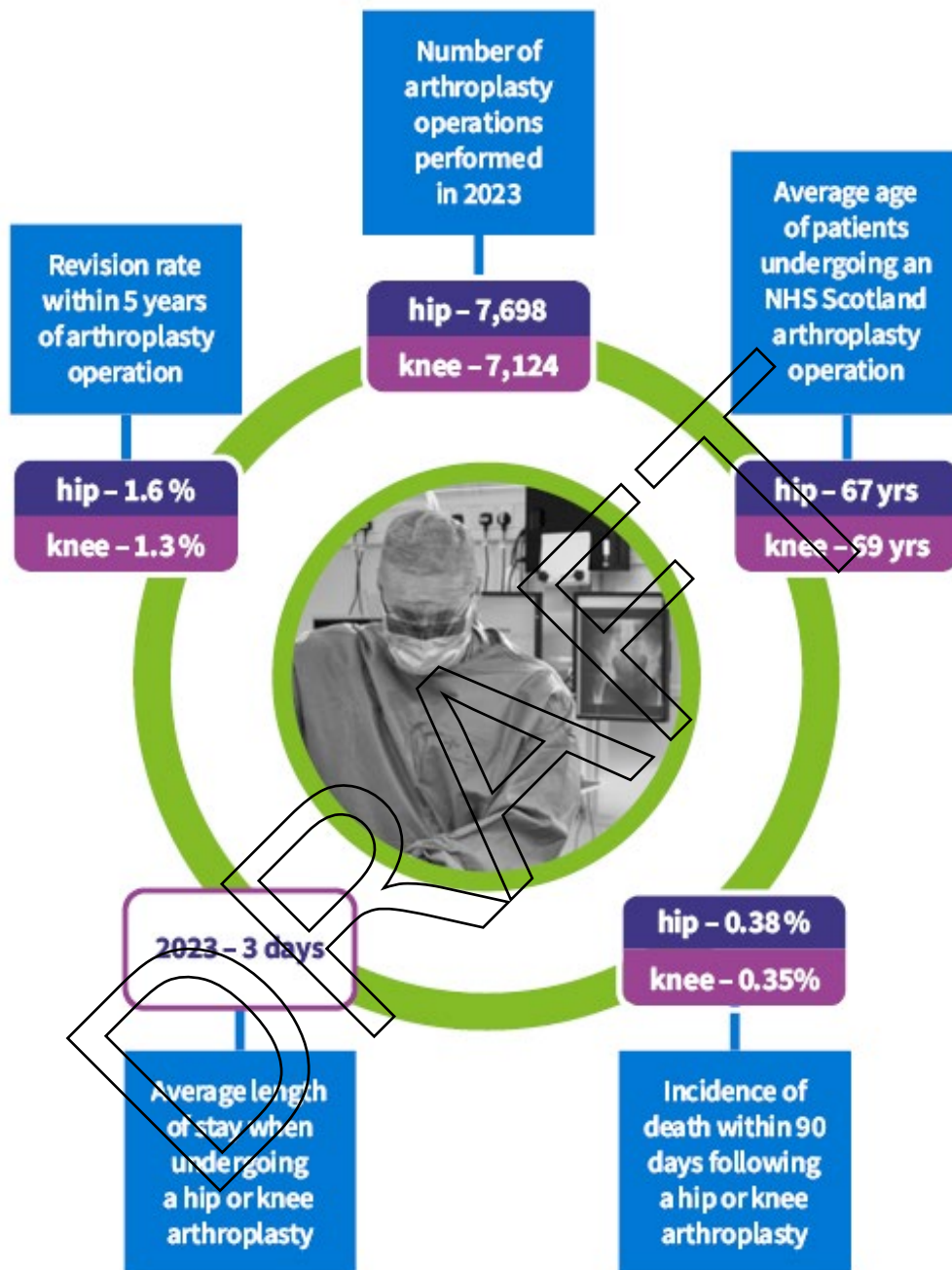
Craig Reston	NHS Highland	Orthopaedic consultant
Subodh Srivastava	NHS Dumfries & Galloway	Orthopaedic consultant
Andrew Stark	NHS Greater Glasgow & Clyde	Orthopaedic consultant
Kirsty Ward	PHS	National clinical coordinator
Peter Young	NHS Ayrshire & Arran	Orthopaedic consultant

Acknowledgement

The SAP Committee Steering Group would like to thank Mr Ken Hays for providing the number of hip and knee arthroplasties carried out in the Private Sector in Scotland in 2023.

DRAFT

Key points from 2024 annual report



Scottish National Audit Programme governance

The Scottish National Audit Programme (SNAP) governance process provides a framework for identifying where patient outcomes and performance may be significantly different in individual hospitals and mandates investigation to better understand why this may be the case. The responses from these investigations (for hospitals appearing more than three standard deviations (SD) from the Scottish mean), or a repeat two to three standard deviation, are included below each chart.

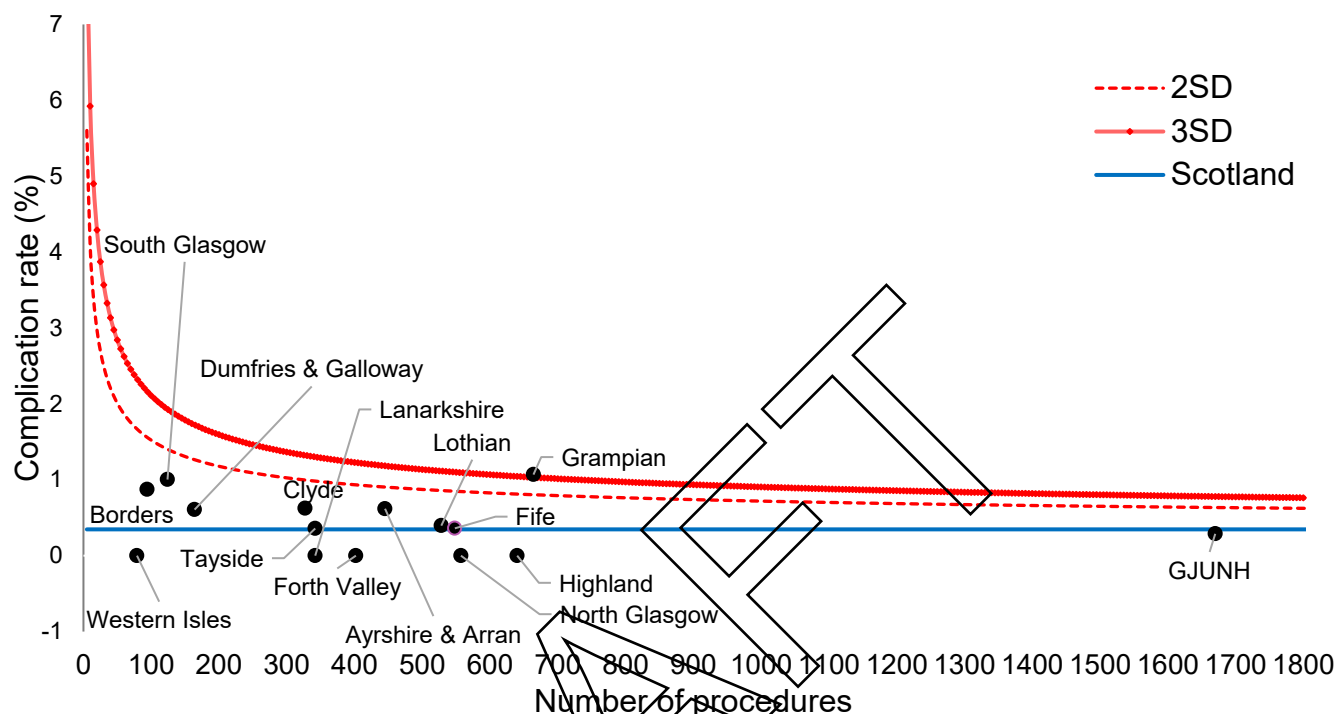
For more information regarding the SNAP governance policy please email the SNAP mailbox at phs.snap@phs.scot

The SAP has chosen to include complications for both primary hip and knee procedures in this process. These are:

- mortality within 90 days;
- infection within 1 year; and
- revision within 3 years.

The charts below show the outliers identified and as noted above through the SNAP governance process, individual NHS boards that have exceeded three SDs have been contacted and investigative reports and action plans for improvement have been received.

Figure 1a: Patients who died within 90 days of knee arthroplasty by NHS board of treatment



NHS Grampian response:

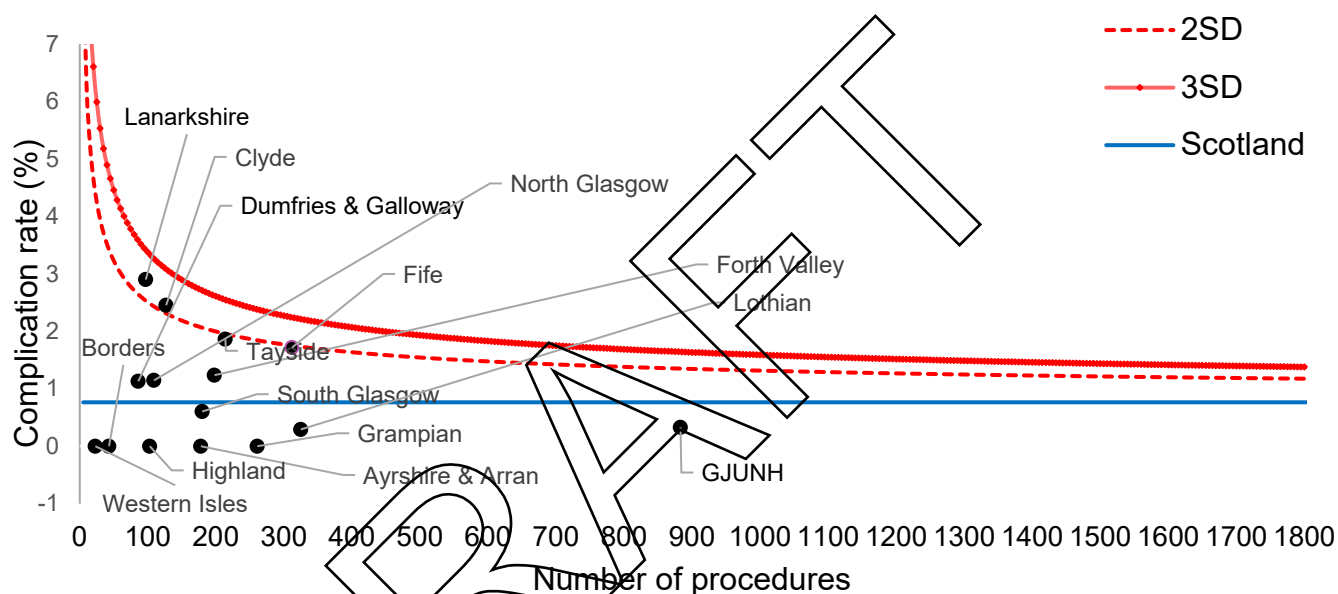
This is the first year of being an outlier for patients who died within 90 days of knee arthroplasty. This finding is not replicated for patients who died within 90 days of hip arthroplasty. Both cohorts of patients undergo identical pre-assessment checks prior to surgery, undertaken by the same nursing and anaesthetic team. Mortality related to two cases do not appear related to the primary knee replacement procedure.

Mortality related to remaining cases appear related to the primary knee replacement. Local policies for elective procedures in relation to body mass index (BMI) should be discussed and upheld so that common practice is adhered to across sites.

Two of the cases were probably not directly related to the surgery as such and a reasonable gap followed the surgical date.

All of the cases had different surgeons across two separate sites (Woodend Hospital, Aberdeen and Dr Gray's Hospital, Elgin). There appear to be no common themes. One had a significant amount of comorbidities and developed an infection.

Figure 1b: Patients who had a knee revision within 3 years by NHS board of treatment



NHS Greater Glasgow and Clyde response:

None of the Clyde procedures were identified as particularly difficult. Two were performed by the same consultant. None of the revisions were due to loosening or implant failure. A common theme was revision due to infection, however all organisms isolated were different on each occasion.

It is also worth noting that Clyde is below the Scottish mean for knee infections within 1 year.

For all the SNAP Governance charts, please see the dashboard associated with this release.

Arthroplasty Rehabilitation In Scotland Endeavour

The arthroplasty rehabilitation in Scotland endeavour (ARISE) was formed following an initial consensus meeting held at the Royal College of Surgeons, Edinburgh in May 2019. The meeting was convened to help address variation in surgical and anaesthetic management with the aim of developing a national pathway for enhanced recovery after surgery (ERAS). The Consensus Statement for the Perioperative care in Total Hip and Total Knee Replacement¹ formed the basis of pathway.

The subsequent formation of the ARISE group has sought to lead pan Scotland development of ERAS pathways both by benchmarking outcomes (including mobilisation, length of stay and measures of return to normal function) but also sharing ideas and agreed minimum standards to help support units progress local pathways.

In 2022, the ARISE Perioperative Care Protocol for Same Day Primary Total Hip/ Knee or Unicompartmental Knee document was published detailing agreed standards including for example routine use of tranexamic acid and minimum 10mg of dexamethasone.

Since inception, the group has gradually grown to now have all NHS arthroplasty units in Scotland contribute data which should allow more powerful analysis in future. The group has witnessed the post pandemic challenges with patient flow, theatre, and staff shortages - however this is now mostly improving around the country.

For the first time in the SAP report, addition of the ARISE data enables greater understanding of patient demographics, processes within surgery and recovery and immediate outcomes. Over time, the data demonstrate the gradual reduction in the use of intrathecal opioids as per the national consensus guidance, improvements in early mobilisation on the day of surgery and resultant length of stay reductions across Scotland.

The new NTCs offer opportunities to scale efficiencies and can promote rapid recovery techniques, but also offer challenges with interpreting data from around the

country with some existing centres managing higher concentrations of comorbid and frail patients.

The ARISE programme will publish a more detailed summary report later in the year and as we move forward with the SAP look to align further data and reporting as able.

Figure 2a: Percentage of patients by Body Mass Index (BMI) and Hospital for patients admitted in 2023

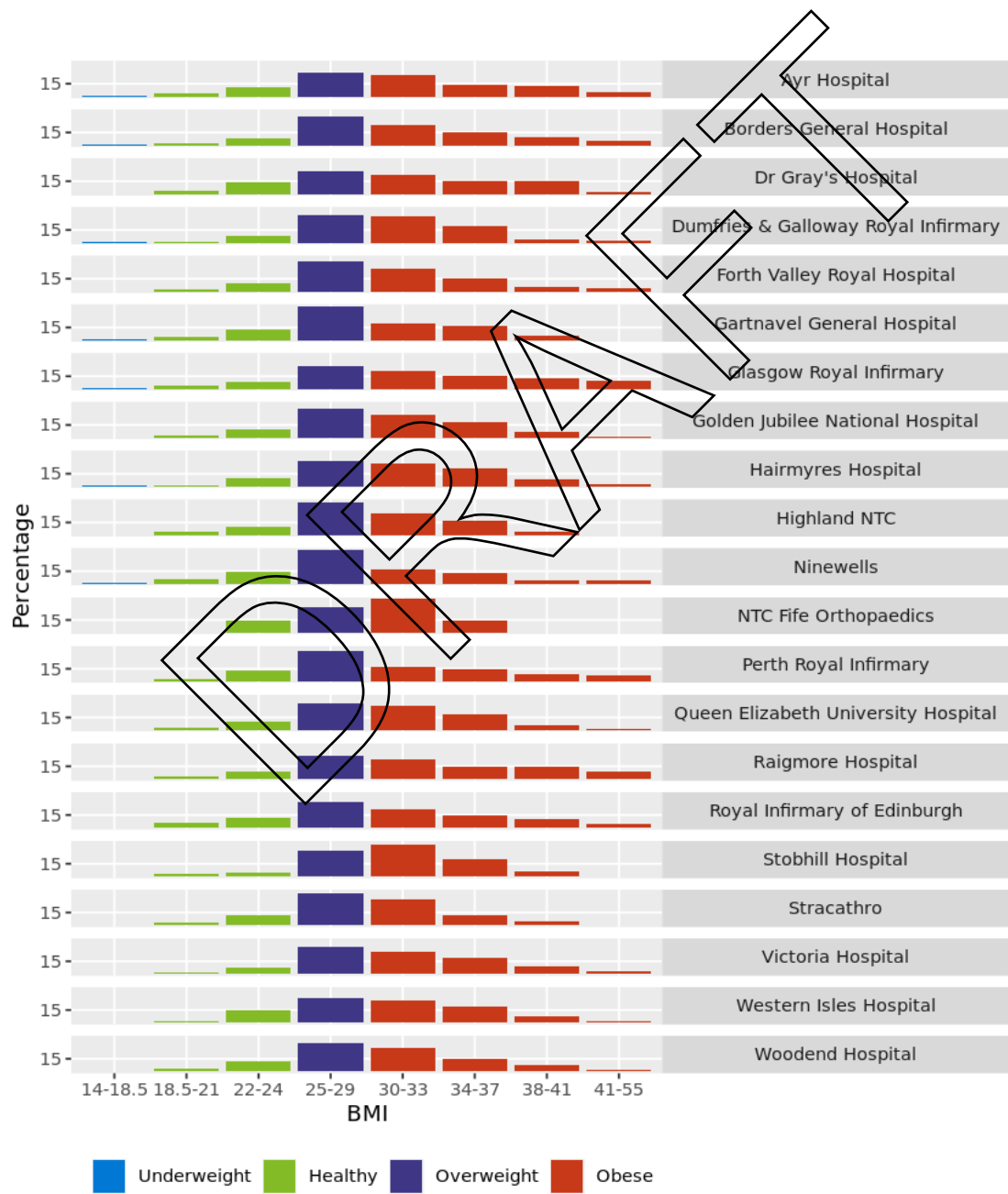


Figure 2b: Percentage of patients by Clinical Frailty Scale score and Hospital for patients admitted in 2023

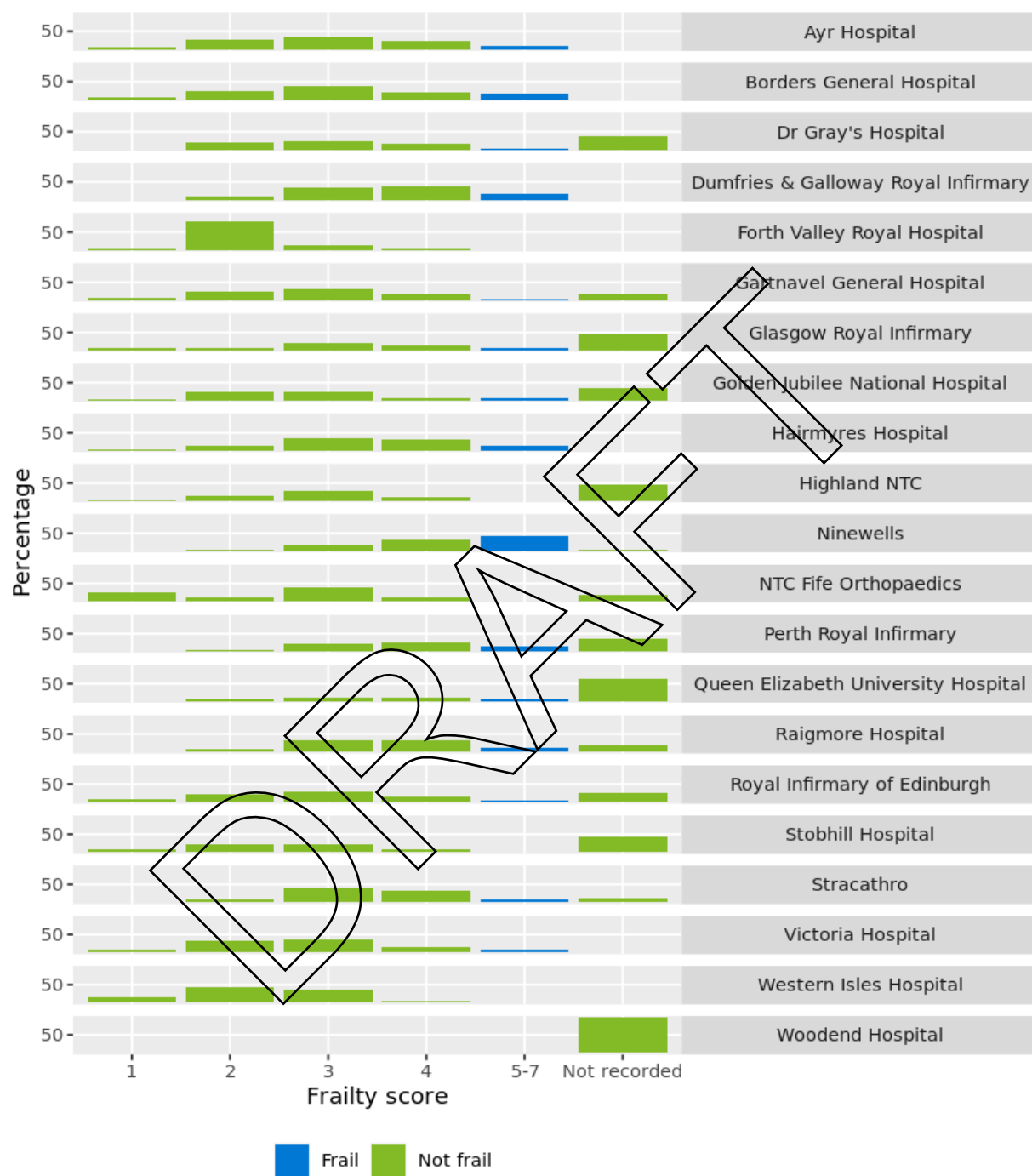


Figure 2c: Percentage of patients by ASA physical status classification and Hospital for patients admitted in 2023

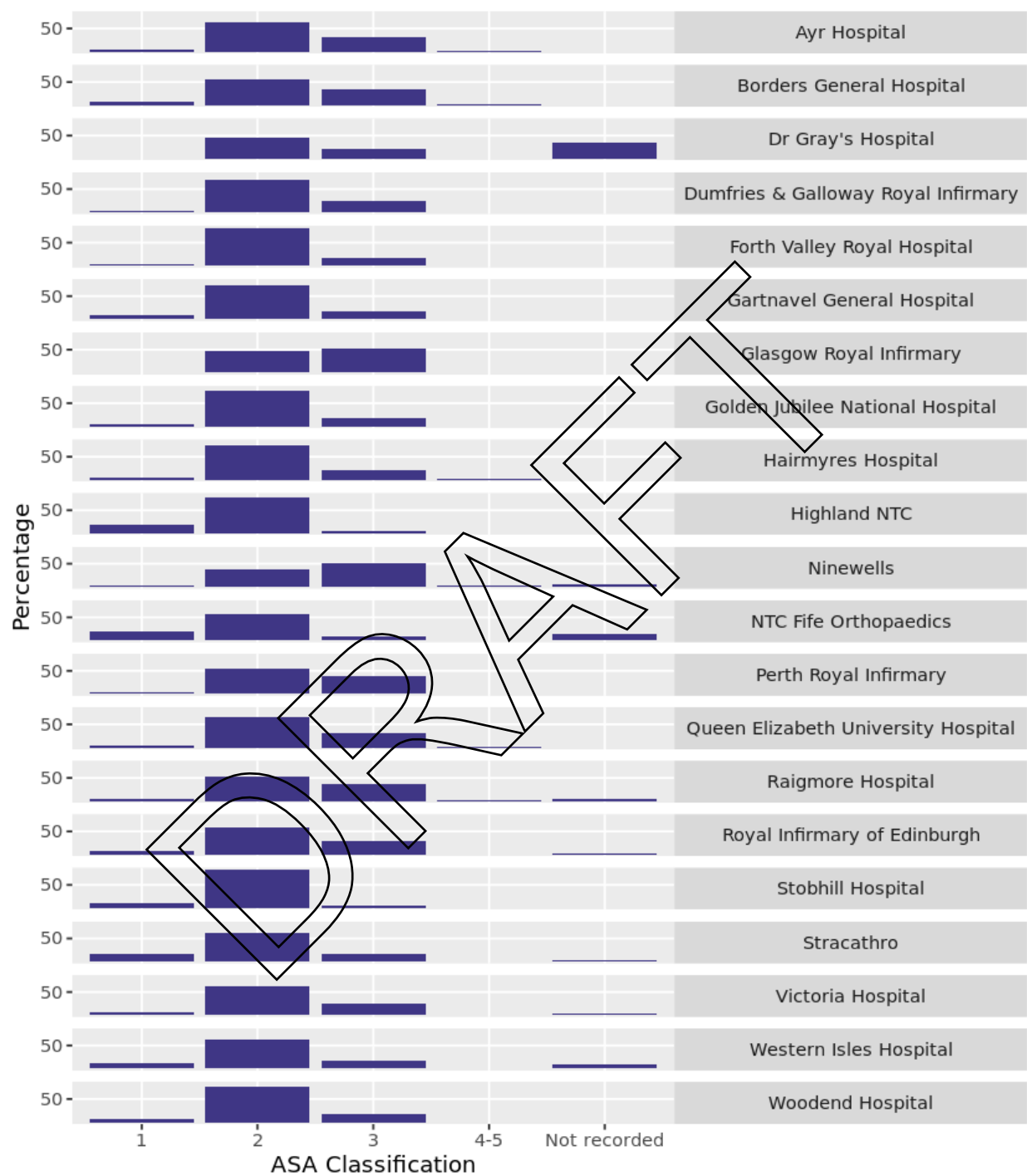


Figure 2d: Percentage of cases using intrathecal morphine within spinal anaesthesia for patients admitted in 2023

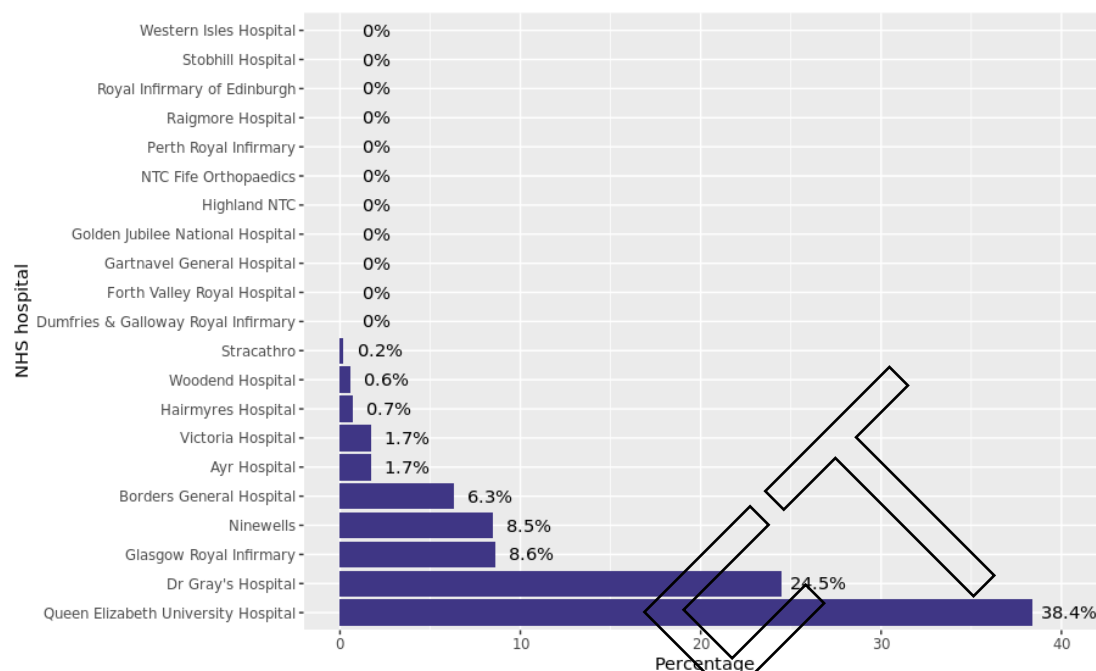


Figure 2e: Percentage mobilised on day of theatre for patients admitted in 2023

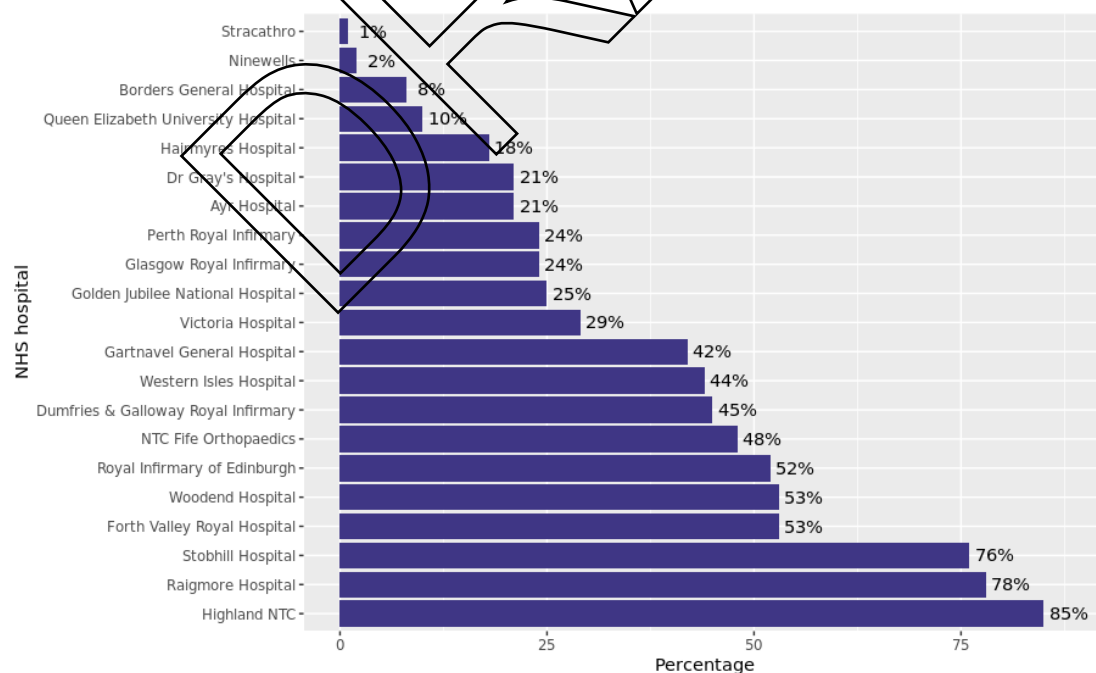


Figure 2f: Percentage of patients admitted in 2023 discharged by post-operative day 3

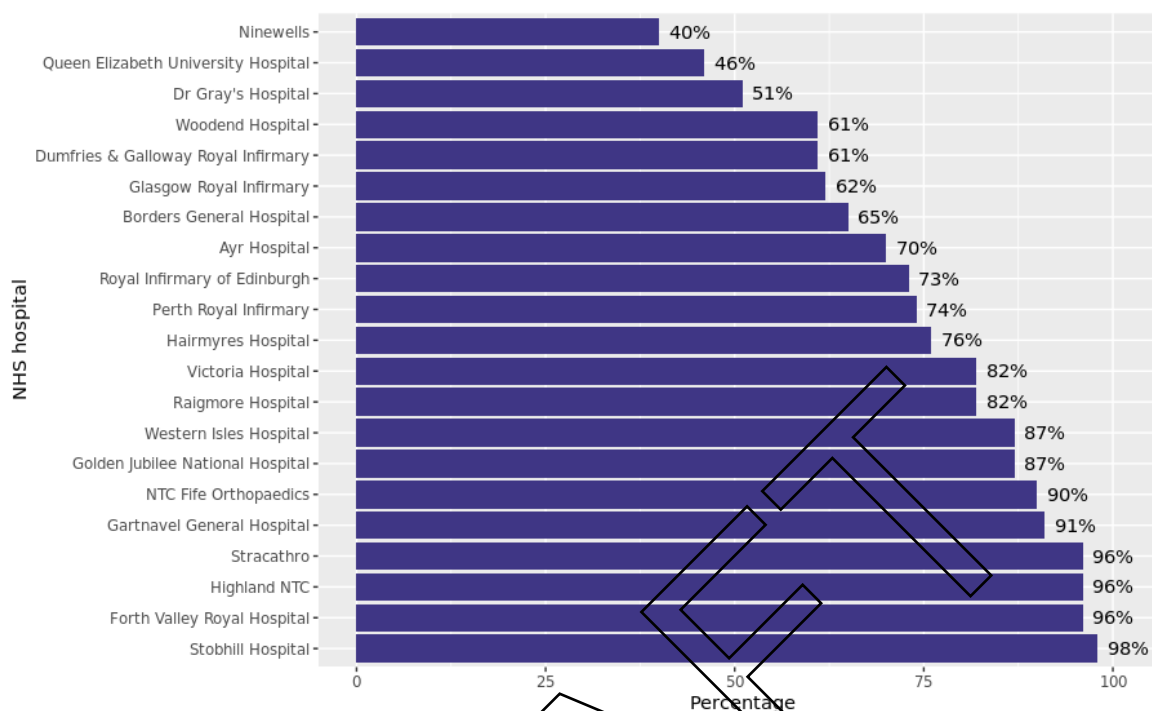


Figure 2g: Bundle compliance for patients admitted in 2023

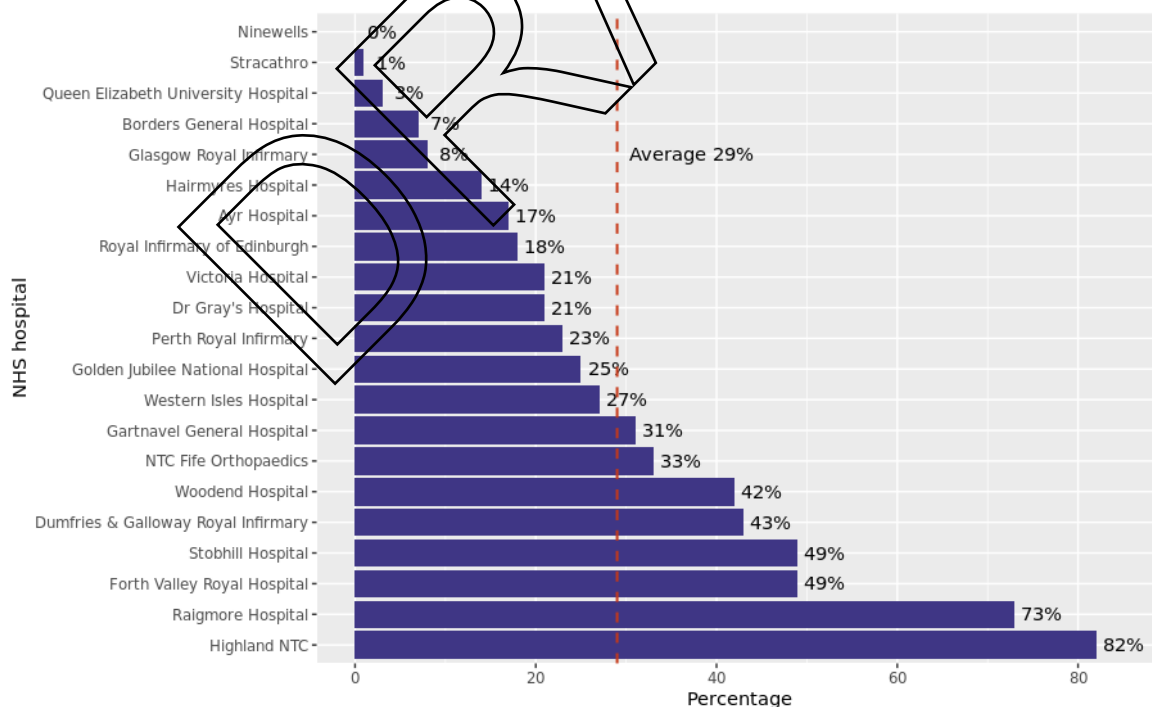
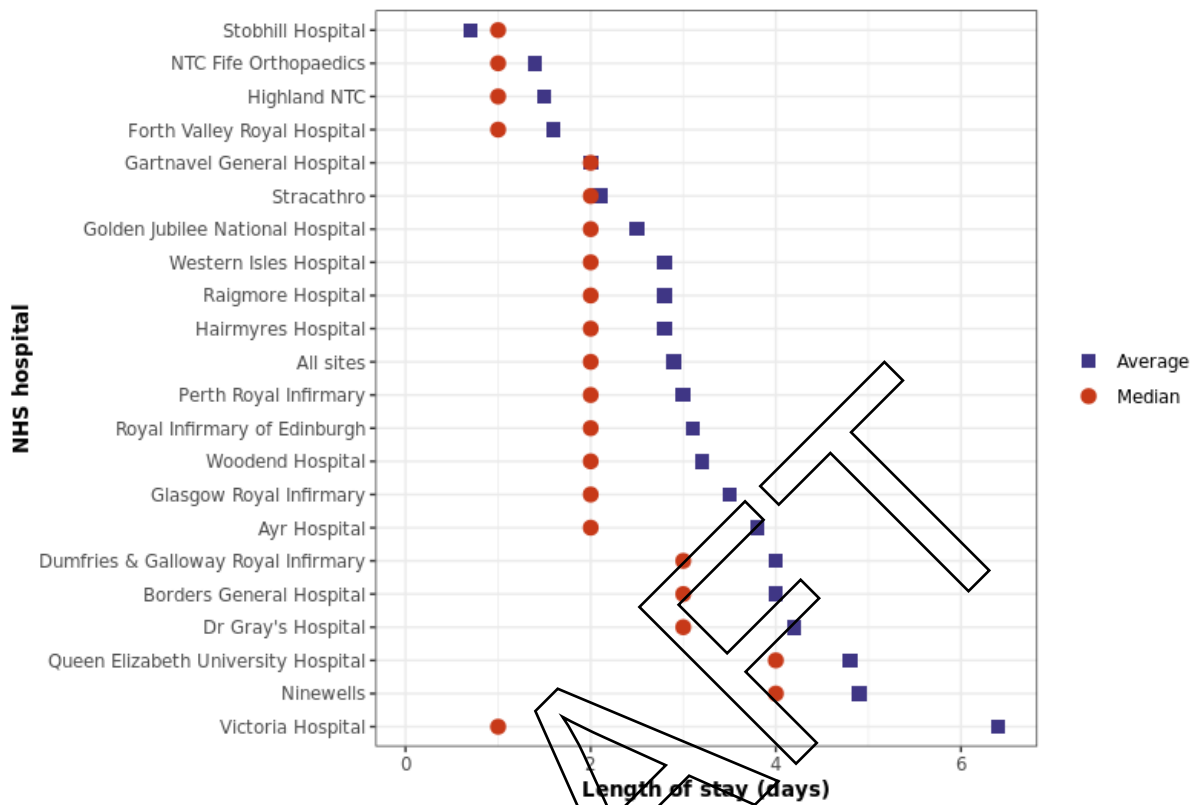


Figure 2h: Post operative length of stay for patients admitted in 2023



More data

For more data, please see our [main report](#).

Contact

phs.arthroplasty@phs.scot

For all media enquiries please email phs.comms@phs.scot or call 0131 275 6105.

Further information

Further information and data for this publication are available from the [publication page](#) on our website.

The next release of this publication will be 05 August 2025.

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Let us know what you think about this publication via the link at the bottom of this [publication page](#) on the [PHS website](#).

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Appendices

Appendix 1 – Publication metadata

Publication title

Scottish Arthroplasty Project Report 2024

Description

This release by PHS presents data on the number of arthroplasty (joint replacement) operations in Scotland between 2001 and 2023 and on the frequency of complications such as infection or revision surgery following hip and knee replacements.

Theme

Arthroplasty

Topic

Arthroplasty

Format

RShiny Dashboard and PDF

Data source(s)

Scottish Morbidity Record (SMR01)

Date that data are acquired

1 April 2024

Release date

06 August 2024

Frequency

Annual

Accessibility

It is the policy of PHS to make its websites and products accessible according to

published guidelines. More information on accessibility can be found on the [PHS website](#).

Official Statistics designation

Management Information

Last published

12 September 2023

Next published

05 August 2025

Date of first publication

10 September 2002

Help email

phs.arthroplasty@phs.scot

DRAFT

Appendix 2 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Appendix 3 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public's health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the **Code of Practice for Statistics** in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the 'five safes'.

DRAFT

References

1. Wainwright, T. W., Gill, M., McDonald, D. A., Middleton, R. G., Reed, M., Sahota, O., ... Ljungqvist, O. (2019). Consensus statement for perioperative care in total hip replacement and total knee replacement surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations. *Acta Orthopaedica*, 91(1), 3–19. <https://doi.org/10.1080/17453674.2019.1683790>

DRAFT

APPENDIX I - iWalk 3.0

DRAFT

Where to get your Knee Crutch

When deciding whether you should buy it is important to consult with a medical professional.

The primary company that produces hands-free knee crutches is "iWALK". Unfortunately, at this time there is no company that provides a rental scheme for knee crutches, so purchase is your main option.

Purchase price: £187.95

Link for purchase in the United Kingdom:
<https://kneecrutches.co.uk/shop/hands-free-crutches/iwalk3-o/>

Scan for QR for purchase info



National Treatment Center - Highland

Additional Resources

Official iWALK Website:
<https://iwalk-free.com/>

Official iWALK Video resources :
<https://iwalk-free.com/>



References

1. Martin KD, Unangst AM, Huh J, Chisholm J. Patient preference and physical demand for hands-free single crutch vs standard axillary crutches in foot and ankle patients. *Foot & Ankle International*. 2019 Oct;40(10):1203-8.
2. Dewar C, Martin KD. Comparison of lower extremity EMG muscle testing with hands-free single crutch vs standard axillary crutches. *Foot & Ankle Orthopaedics*. 2020 Sep 2;5(3):2473011420939875.
3. Unangst A, Martin K, Mustovich A, Chisholm J. Foot and Ankle Patients Prefer a Hands-Free Single Crutch Compared to Standard Axillary Crutches. *Foot & Ankle Orthopaedics*. 2018 Sep 14;3(3):2473011418S00498.

National Treatment Center - Highland

Hands-free Knee Crutch

What is a knee crutch?

The knee crutch is a walking aid that is primarily prescribed to patients who need to remain non weight bearing for foot/ankle post-operative rehabilitation.

The knee crutch attaches to the knee of your affected leg and allows you put weight through your knee and into the crutch, giving you the ability to use your leg and walk normally. Due to how it attaches to the knee, the knee crutch is completely hands free.

Seen below is a picture of the knee crutch and further in the brochure you can see a picture of the knee crutch in use



National Treatment Center - Highland

Is the Knee Crutch for you?

The knee crutch is a great mobility aid that provides an alternative to the traditionally used elbow crutches. Although gaining popularity, the knee crutch is not for everybody. If you cannot complete all the tasks in the list below, the knee crutch may not be for you. Most importantly, you should consult with a healthcare professional before using any walking aids.

As a rule of thumb, if you can walk up and down stairs without using a banister, then you possess the physical abilities to use a knee crutch.

- Your injury is below the knee
- Did not require a walking aid prior to the operation
- Can single leg stand for over 7s on each leg
- Can hold your full body weight through your knee
- You have average strength and balance
- You weigh less than 275 lbs / 124 kg / 19 stones 10 lbs
- You are between 4'10" – 6'6"



Scan for more information



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Pros of the Knee Crutch

- Hands free movement
- Normal gait pattern
- No strain of the upper limbs
- Easy to maneuver

Cons of the Knee Crutch

- High energy expenditure
- Slower movement
- Increased strain on the knee
- Not ideal for longer distances

Comparison to traditional elbow crutches

	Knee Crutch	Elbow Crutch
Hands Free	✓	X
Cost	X	✓
Normal Walking pattern	✓	X
Easy to use	✓	✓

National Treatment Center - Highland

How to use a Knee Crutch

Important pointers:

- Make sure the knee crutch is fitted properly. Consult the owner's manual before using.
- Practice before you need it. It takes a few days to get used to it, so practicing before the surgery is helpful.
- Prepare your home. Remove any loose rugs or obstructions and leave a clear path.

Scan the QR code for more information



Evidence

Studies that have been done demonstrated that patients with foot or ankle injuries preferred a knee crutch over a pair of traditional elbow crutches [1,3].

The knee crutch has been shown to increase muscle activation and therefore reduce muscle loss in the hip muscles for the non-weight bearing period [2].

The knee crutch has been shown to have a lower perceived fatigue and breathlessness when compared to traditional elbow crutches [3].

National Treatment Center - Highland

Where to get your 4-Wheeled Knee Scooter

The primary company manufacturing knee scooters in the United Kingdom is: StrideOn.

When deciding whether you should buy your knee scooter or simply rent it, the most important factor is how long you require it. It is important to consult with a medical professional to determine how long that is.

Purchase price: £ 258.00

Rental Price per week: £ 19.80

If you are required to use the knee scooter for longer than 13 weeks, it makes more fiscal sense to buy it.

Comparatively, if you are required to use the knee scooter for less than 13 weeks, it makes more fiscal sense to rent it.

Link for purchase or rent in the Highlands:
<https://www.strideon.co.uk/product/Orthomate-e-Knee-Scooter>

Scan for link to Buy or Rent
the StrideOn Orthomate
Knee Scooter



National Treatment Center -
Highland

Additional Resources

Customer reviews of the
StrideOn – Orthomate
Knee Scooter:
<https://www.strideon.co.uk/what-people-say>



NHS study of the StrideOn
Knee scooter:
<https://www.strideon.co.uk/nhs-tried-and-tested>



References

1. Patel N, Batten T, Robertson A, Enki D, Wansbrough G, Davis J. A comparison of energy consumption between the use of a walking frame, crutches and a Stride-on rehabilitation scooter. *The Foot*. 2016 Aug 1;28:7-11.
2. Workman MI, Etteladi H, Saragas NP, Ferrao RN. Knee scooter related injuries and satisfaction in patients following foot and ankle surgery. *Foot and ankle surgery*. 2022 Oct 1;28(7):887-90.
3. Kingston DC, Ferwerda S, Fontaine C, Keeping M, Stewart J, Ward R, Zapski J, Collins K, Essien SK, Zucker-Levin AR. Implications of Walking Aid Selection for Nonweightbearing Ambulation on Stance Limb Plantar Force, Walking Speed, Perceived Exertion, and Device Preference in Healthy Adults 50 Years of Age and Older. *Foot & Ankle Orthopaedics*. 2021 Mar 19;6(1):2473011421998939.

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Highland

4-Wheeled Knee Scooter

The 4-wheeled knee scooter is a great mobility aid that provides an alternative to the traditionally used elbow crutches. It is primarily prescribed to patients that are non-weight bearing on one leg, after a foot/ankle injury.

The knee scooter is suitable for indoors and outdoors and allows for carrying items with the attachable basket.

The knee scooter works by the patient kneeling on the seat with the knee of their affected leg and propelling themselves with the opposite leg. The steering wheel is much like a bike with either 1 or 2 breaks.

Below is a picture of a 4-wheeled knee scooter and on page 2 you can find a picture of a knee scooter in use.



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Highland

Is the Knee Scooter for you?

The knee scooter is a great mobility aid that provides an alternative to the traditionally used elbow crutches. Although gaining popularity, the knee scooter is not for everybody. If you cannot complete all the tasks in the list below, the knee scooter may not be for you. Most importantly, you should consult with a healthcare professional before using any walking aids.

- Your injury is below the knee
- Did not require a walking aid prior to the operation
- Can single leg stand for over 7s on each leg
- Can hold your full body weight through your knee
- You have average strength and balance
- You weigh less than 25 stone/350lbs/159 kg

Pros of the 4-Wheeled Walker

- Low energy expenditure
- Easy to learn
- No strain of the upper limbs
- Ability to carry things (with basket attachments)

Cons of the 4-Wheeled Knee Scooter

- Not light / compact
- Small turning radius
- Not good in small spaces
- Potential for falls

Comparison to traditional elbow crutches

	Knee Scooter	Elbow Crutch
Able to carry things	✓	X
Energy required	✓	X
Cost	X	✓
Stairs	X	✓

Scan for more information



How to use a Knee Crutch

Important pointers:

- Make sure the knee scooter is fitted properly. Consult the owner's manual before using.
- Practice before you need it. It takes a few days to get used to it, so practicing before the surgery is helpful.
- Prepare your home. Remove any loose rugs or obstructions and leave a clear path.

Scan the QR code for more information



Evidence

The Orthomate knee scooter is NHS tested and Approved. Studies done have shown that using a knee scooter has the closest energy expenditure to normal walking, compared to using traditional crutches [1].

Additional studies have shown that knee scooters are "safe, and well-tolerated, mobility aid for patients requiring non-weight bearing during their recovery, with a high satisfaction rate" [2].

Knee scooters were preferred by patients over crutches and walkers [3].

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NHS Highland



Meeting:

Board Meeting

Meeting date:

28th January 2025

Title:

Highland Integrated Care Service
– Model of Delivery

Responsible Executive/Non-Executive:

Fiona Davies, Chief Executive

Report Author:

Gareth Adkins, Director of People & Culture

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Emerging issue
- Government policy/directive
- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

N/A

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well		

2 Report summary

2.1 Situation

This report outlines progress to date on the discussions between NHS Highland (NHS) and the Highland Council (THC) in relation to the model of integration for Highland Health and Social Care Partnership (HHSCP).

Several drivers have led to a series of discussions during 2024 between the lead agencies for integrated health and social care services (THC and NHS) on the current model of integration and options for the future. This includes the amendments to the draft National Care Service Bill published on 24th June 2024.

These amendments remove the options and therefore choices for models of integration and replace this with National Care Service local boards which will be a reform of the existing Integration Joint Boards model. The Lead Agency model does not exist within the proposed legislation now that these amendments have been made.

The board received an update on these amendments and the implications of these at the 30th July 2024 board meeting. This included plans for THC and NHS to work together to explore the options for a future model of integration supported by a commissioned technical assessment of the key differences between the lead agency model and the body corporate model (Integrated Joint Board).

The technical assessment has been commissioned and is underway. In addition two development sessions with the Joint Monitoring Committee (JMC) have enabled THC and NHS to continue discussions resulting in a proposal to establish a formal strategic steering group between NHS and THC to progress the work required to:

- review the model of integration
- develop options for transitioning away from the lead agency model including changes to the integration scheme and associated service delivery models (care models)
- make recommendations on the preferred option and associated arrangements for delivering a new model of integration.

The difference in governance cycles between THC and NHS and the schedule of council and NHS board meetings required JMC to act as the key mechanism for both parties to have representation and a role in decision making on behalf of the wider council and the NHS Board. However, both the council and NHS Highland board also require to take any formal proposals through their respective governance mechanisms. This inevitably leads to some differences in timings of when formal consideration by each party takes place and this will continue throughout the process of developing and delivering a future model of integration that council and board members should be aware of.

The JMC considered and approved this proposal on 13th December 2024. At this meeting the JMC also received the views of the wider Highland Council which met on 12th December and had considered and approved the proposal.

NHS Highland Board is asked to:

- **Note** that preparatory work is underway to identify the optimal future care delivery in Highland and to make recommendations on modifications to the care and governance model currently in place in Highland;
- **Agree** to create a strategic Steering Group to oversee the required work with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non- executive director representation from NHS Highland; and,
- **Agree** the approach to joint communications to ensure that all stakeholders are fully appraised of plans as they evolve and have the chance to shape them.

2.2Background

In 2012 the Council with NHS Highland entered into a Partnership Agreement to deliver health and social care services on an integrated basis. It was agreed that the Council would be the lead agent for integrated health and social care services for children and that NHS Highland would be the lead agent for such services for adults. The Agreement in place provided for significant change in terms of the transfer of staff and associated assets in order to deliver upon these imperatives.

Subsequently in 2014 the Public Bodies (Joint Working)(Scotland) Act was enacted which required all health boards and local authorities to provide for integrated working in order to deliver integrated health and social care services to their communities. At that time 2 models of working were proposed:-

- The lead agency model such as that in place in Highland
- The Integrated Joint Board model which is the model in place in all other integration authorities in Scotland.

In terms of that legislation, integration authorities were required to put in place an Integration Scheme setting out the arrangements in place. Such a scheme was put in place in Highland building upon the 2012 Partnership Agreement and which has been reviewed consistent with the terms of the 2014 Act. Any further review seeking to move away from the lead agency model in place would require to comply with that legislation but also ought take into account what it is expected will be required in terms of the proposed National Care Service legislation.

The National Care Service (Scotland) Bill (NCS) was published in June 2022 with the intention of reforming how social care, social work and community

health services are delivered in Scotland. The proposal to create a National Care Service was based on recommendations made by the Independent Review of Adult Social Care, led by Derek Feeley.

Under the shared accountability agreement, local authorities and health boards will remain legally responsible for delivery functions, staff and assets within the NCS. These elements have been subject to widespread consultation including significant engagement with COSLA where agreement on the extent of the services to be overseen by the NCS has yet to be reached, especially in relation to children's services and justice social work. Further detail on reforms will be provided at Stage 2. The Minister for Social Care, Mental Wellbeing and Sport shared the Stage 2 NCS Bill pack with parliament in June and Stage 2 amendments were published on 24th June 2024, with the intention to submit to Parliament by the Scottish Government in the Autumn.

One of the elements of particular interest to Highland, and which had not previously been clarified, is the model of integration envisaged by the new NCS and whether this would still support the Lead Agency Model (LAM). As Members will be aware, the LAM is only in place between The Highland Council and NHS Highland; all other local authorities using the Integrated Joint Board (IJB) model.

These amendments remove the options and therefore choices for models of integration and replace this with National Care Service local boards. This will be a reform of the existing Integration Joint Boards model and means that the Lead Agency model does not exist within the proposed legislation.

There has been extensive negotiation between COSLA and the Scottish Government in relation to the NCS Bill as a whole in relation to children's and justice social work services; direct funding for integration authorities; and the power to remove local Integration Authority Board members, however these remain outwith the current amendment document and will be considered at a later juncture. Once published a decision pertaining to these aspects will also require local consideration given that the Lead Agency model is also in place for the delivery of children's services.

The Scottish Parliament initiated a 'call for views' on 1st July 2024 on the NCS Bill in recognition of the extent of the stage 2 amendments. This closed on 30 August.

The Scottish Government subsequently announced a pause to the further development of the NCS bill. The Scottish Government still plans to deliver the NCS bill so the potential implications of the bill in terms of the lead agency model are still extant for NHS Highland and the Highland Council

NHSH and THC agreed during Summer 2024 plans for both parties to work together to explore the options for a future model of integration supported by a commissioned technical assessment of the key differences between the lead agency model and the body corporate model (Integrated Joint Board).

The technical assessment has been commissioned and is underway. In addition two development sessions with the Joint Monitoring Committee (JMC) have enabled THC and NHSH to continue discussions resulting in a proposal to establish a formal strategic steering group between NHSH and THC which is outlined below.

2.3 Assessment

The progression of the NCS bill has been delayed and it is not possible to predict what the final form of the bill will take including the future models of integration that will be possible within the future legislative framework.

However, the draft Bill and associated amendments have been a key driver in NHSH and THC reconsidering the model of integration in place for the Highland Health and Social Care Partnership and the implications of moving away from the lead agency.

Both parties have agreed to work together to explore the options and implications of moving away from the lead agency model supported by a commissioned technical assessment that in its first phase has considered the similarities and differences between the Lead Agency Model and the Integrated Joint Board (IJB) model (and what is currently known of the future model for local care boards as provided for by the National Care Service proposals).

In parallel discussions have continued between THC and NHSH including through development sessions of the JMC. This has included exploration of the impact of service sustainability issues, seen for some time in the care home sector in Highland.

Analysis has shown that the proportion of home based to residential care for older people in Highland is not in line with other parts of Scotland, who are performing better in meeting people’s needs at the right time and in the right place. A structured transformation programme will be needed to address this and ensure that best practice in integrated health and social care be provided for the Highland population.

The first phase of the technical assessment has identified that even within the IJB model there are variations in how this has been implemented. Comparing performance between different models is not straight forward so it is not clear if there is a direct correlation between the details of integration models and outcomes different partnerships achieve.

So whilst changes to the governance model may not, in and of themselves, achieve the kinds of system change that might be required, they might accompany other technical and strategic changes, such as improvements in approaches to commissioning of social care, which might also enable change.

This will also apply to the planned strategic developments of a Care Home and Care at Home Strategy.

However, the discussions to date, in part prompted by the proposed NCS bill, have brought THC and NHS Highland together in their thinking that it is an opportune time to review the integration model and assess if changes would be an enabler to wider system change and transformation.

Given the implications of undertaking this scale of change further work is required to:

- chart options for progress from the current model to the future model for governance - including a timeline which references the legislative process
- consider options for developing a future care model to sit below that governance, in line with the agreed vision articulated in the Adult Social Care Strategic Plan for the Partnership and the Delivery plan to move away from a bed based model for adults with a view to supporting people to stay in their homes and communities as long as possible. This is also relevant to the planned changes in children's services, which are structured into the Children's Services Strategic Plan
- provide an outline of the strengths, weaknesses, opportunities and threats that might be involved in such options in relation to the delivery of both adult and children's service and to clearly define the financial, legal and workforce implications to be addressed
- provide recommendations on the resources required to support both organisations in the transition from the current model to the future model of governance
- provide recommendations on any support Highland Council and NHS Highland may require from Scottish Government in terms of taking forward any change to the lead agency model currently in place.

There needs to be an effective mechanism in place to supplement the existing governance structure for the joint working between THC and NHS Highland.

It is proposed that a strategic steering group is formed to oversee the further work required with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non-executive director representation from NHS Highland. Once set up, the intention would be to schedule meetings on a regular basis to ensure work progresses at pace and there is oversight of the direction of travel.

Future action will include engagement with key staff and partners to gather stakeholder views on potential future organisational arrangements. This will consider whether there is an emerging consensus as to how a revised model for Highland may look or if this would benefit from being explored in more detail through further engagement.

Further work will establish and collate the range of financial, legal and workforce issues involved in the current arrangements and the implication for any change in a new future model of integration. It will also include detailed consideration of

how these organisational arrangements would support future care models that would best meet the needs of Highland residents, and the priorities of the partners involved.

It is recognised that much of any agreed work is likely to be contingent on the legislative progress of the NCS bill, although any potential changes within Highland are not solely dependent on this legislation as the 2014 Act remains operational. Consequently, ongoing engagement with the Scottish Government will be important.

There will need to be planned communications connected to the proposed change and the ways in which both affected organisations will communicate with staff and stakeholders. This work will be taken forward by the lead agencies with input from Trade Unions. A draft communications plan is included in Appendix 1 which will be further developed and overseen by the strategic steering group.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>

Comment on the level of assurance

This is paper is for a decision.

3 Impact Analysis

3.1 Quality/ Patient Care

There are no specific impacts identified at this stage. However, the intention is that changes to governance and care models should enable improvements in quality and care.

3.2 Workforce

There may be changes to employment terms and conditions as a result of changes to the integration governance model. However, further work will be required to explore options. We will work closely with council leadership to support each other in relation to our individual obligations to work with staff as employers within our separate workforce policies and terms and conditions in managing any change that may be agreed in the future.

For NHS Highland this will include adhering to the principles and practice of partnership working and NHS Highland workforce policies.

3.3 Financial

A change to the model of integration will have significant financial implications that are yet to be worked through

3.4 Risk Assessment/Management

There are a range of potential risks arising from the new arrangements as is the case with any major change of this nature. It is known that there may be implications involving the employment status of staff currently working across the Council and NHS Highland with related cost/financial issues and clearly there will be governance and assurance implications for the partnership as well as possible impacts on service delivery. It is still too early to provide a more detailed assessment but it is useful that greater clarity is emerging as to the integration model that is to be rolled out across Scotland. A technical assessment of the key differences between the Lead Agency Model and Integrated Joint Board has been initiated to assist with this analysis, albeit it is expected that the IJB model will also change under the new legislation

3.5 Data Protection

No specific issues identified at this stage but this will be explored as part of exploring the implications of a change of integration model.

3.6 Equality and Diversity, including health inequalities

No impacts identified at this stage

3.7 Other impacts

Legal – There are no direct legal implications as a consequence of this report. However the work envisaged by this report will require to be compliant with The Public Bodies (Joint Working) (Scotland) Act 2014 and consequently the terms of the legislation anticipated by the National Care Service set out by the Scottish Government.

In terms of any change to the model of integration it is thought that this is likely to require a formal review of the Integration Scheme which will involve both lead agencies as signatories thereto. As such, the proposed steering group will be constituted accordingly, albeit it is recognised that there will need to be significant engagement with third sector partners and other key stakeholders, including staff and trade unions.

All of this work will require to be sense checked in relation to the relevant regulatory bodies that would have a statutory role in relation to the potential change in governance arrangements.

3.8 Communication, involvement, engagement and consultation

As outlined work has been ongoing between the THC and NHSH. Further consultation and engagement will be required supported by the draft communications approach included in Appendix 1.

3.9 Route to the Meeting

Paper submitted to JMC

4 Recommendation

NHS Highland Board is asked to:

- **Note** that preparatory work is underway to identify the optimal future care delivery model in Highland and to make recommendations on modifications to the care and governance model currently in place in Highland;
- **Agree** to create a strategic Steering Group to oversee the required work with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non- executive director representation from NHS Highland; and,
- **Agree** the approach to joint communications to ensure that all stakeholders are fully appraised of plans as they evolve and have the chance to shape them.

4.1 List of appendices

Appendix 1 – Joint Communications Plan

Appendix 1 – Joint Communication Plan – Changing the Model of Integration

Information			
Sponsor/Lead:	tbc	Project Manager:	tbc
Author/Comms Lead	Name: To be included from NHS & THC	Designation:	Contact details:
Version/Date	27-11-24		
Vuelio Subject			Media enquiries should be logged and tagged to subject
Sharepoint File			File location to be identified on Extranet
Webpage	If appropriate per THC & NHS sites		

Introduction:	Plan to end current lead agency model and align Highland with the rest of Scotland in terms of agreement made at JMC and consistent with SG expectations.
Background:	The current Lead Agency Model was established in 2012 by NHS Highland and Highland Council and continued in 2014 and subsequent reviews. The proposed National Care Service legislation provides for a common model of integration and as such there has been an agreement to consider how an independent body corporate model might work in Highland. It is recognised that such an agreement could have a significant impact on staff and other stakeholders. Hence a robust communication strategy is essential.
Aim:	To manage the complex joint communications and recognise its impact on a large and broad range of stakeholders including and, in particular, the staff groups who may be effected by such a change.
Strategic Objectives:	These are strategic objectives which support delivery of the outcome: <ul style="list-style-type: none">To provide information and reassurance throughout any period of changeTo plan engagement and consultation with all stakeholdersTo provide the rationale for the need for change to a model.

Tactical Objectives:	<ul style="list-style-type: none">• Identify Project/Programme objectives and milestones in order to plan communication needs and activities• Identify all stakeholders; with clear groups who may be impacted; all other audiences, and their communication needs and potential concerns• Identify Key messages			
	<ul style="list-style-type: none">• Identify benefits and desired outcomes• Identify what are the blockers/reasons for potential resistance to change (eg myths and rumours) • Develop FAQs for various audiences• Hold on-site and online staff engagement sessions with affected staff• Develop public/partner engagement where necessary• Consider relevant and appropriate points of contact to promote and lead change• Identify methods and channels of communication to reach specific audiences- such as Staff Connections/Intranets; social media; media features; radio interviews/adverts; drop-in sessions, FAQ, email groups; TU groups; Member/Board briefings; staff panels/focus groups;• Monitor media – press and social media to identify issues to respond to where appropriate, and effectiveness of engagement• Plan communications flowing from committee reports and decisions etc			
Stakeholders:	Identify stakeholder/audience groups and their needs and how engagement can best take place Timing, choreography of decisions and coordination is crucial.			
Stakeholder Map	Priority stakeholders	Secondary stakeholders	Needs/Issues	Methods
	Staff – NHS and THC			
	Service users – adults and children			
	Commissioned partners			
	Elected Members			
	Board Members			

	Scottish Government			
	Trade Unions			
	Etc...			
Key messages:	<ul style="list-style-type: none">• Background – Reasons for change• Vision• Benefits and/or mitigation of challenges• Links to information and resources for various audiences			
	<ul style="list-style-type: none">• Immediate/short, medium and longer term actions being taken• Project Stages/timelines• Points of contact			
Champion or Spokespersons:	Who is best to deliver the messages/do media interviews/quotes			
Joint Protocols:	A partnership protocol for communications is essential in terms of sharing partnership information; sharing if-asked lines or draft press releases with key partners, staff and Trade Unions as well as the public.			
Risks:	Capture any communication risks and mitigation here			
Managing or capturing feedback:	<ul style="list-style-type: none">• FAQs/surveys/coordination of enquiries/FOIs• Channels for involving stakeholders – eg an email; helpline; webpage• Engagement tools			

Evaluation:	<p>Describe what success means: where will this be measured, how and by whom and where reported.</p> <hr/> <p>How will the effectiveness of your communication plan be measured? Evaluation tools may include:</p> <ul style="list-style-type: none">• Surveys• Webpage hits• Staff Connections/NHS Intranet views• Feedback• Social media monitoring (reach, engagement)• Press monitoring• Measuring specific outcomes - improved response rates/higher productivity/reduced costs/better morale/staff retention/delayed discharges• Reduction in complaints/queries about the process
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NHS Highland


Highland
na Gàidhealtachd

Meeting:

NHS Highland Board

Meeting date:

28 January 2025

Title:

Implementing the Blueprint for Good Governance Improvement Plan

Responsible Executive/Non-Executive:

Sarah Compton Bishop, Board Chair

Report Author:

Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well	X				

2 Report summary

2.1 Situation

This report provides the Board with a six-month update on progress on delivery of the actions included in the Board’s Blueprint for Good Governance Improvement Plan.

2.2 Background

Scottish Government’s Blueprint for Good Governance v.2 (DL (2022) 38) was issued in December 2022. NHS Highland Board carried out a self-assessment against the provisions of the Blueprint and agreed an Improvement Plan in July 2023. Since this time, governance committees have maintained informal oversight of progress in delivering the improvement actions and the Board has received six monthly progress updates.

2.3 Assessment

While the primary implementation phase of the Improvement Plan was from July 2023 to July 2024, it was noted that some actions would extend beyond this timescale. Governance Committees considered progress on the Improvement Plan in November 2024.

The key themes emerging from the self-assessment exercise were: Performance, Finance and Best Value, Risk, Culture, Quality, Board Members development, SBAR development, and Engagement.

The plan contains 17 actions in total of which 12 are now deemed complete. The remaining five actions relate specifically to quality of care, and risk appetite and management. The activities identified to bring these actions to a closure will extend beyond the lifespan of the current Improvement Plan.

Quality of Care

Clinical Governance and Highland Health and Social Care Committees have maintained informal oversight of the actions relating to quality of care. Feedback from a joint ACF and Board session in April 2024 has helped shape this workstream. Work is now underway to review how the organisation is working prior to introducing a quality framework through a measured and planned approach. Patient feedback and experience will be included in the framework dataset and the work is being benchmarked against the approaches other Boards have taken.

Risk appetite and management

Audit Committee maintains informal oversight of these outstanding actions. The review and revision of organisational controls in line with the risk appetite and cascading associated organisational training will be ongoing activity that will extend beyond the life time of the current plan.

Appendix A to this report is the full Improvement Plan recording all progress information.

Future evaluation against the Blueprint for Good Governance

The Blueprint sets out three levels of Board governance evaluation according to the following:

- Appraisal of Board Members' individual performance
- Self-assessment of the Board's effectiveness
- External review of the organisation's governance arrangement

Board Self-Assessment

Scottish Government have advised they will contact Boards early in 2025 regarding the timing of the next self-evaluation exercise. The Blueprint for Good Governance states that NHS Boards should review their effectiveness and identify any new and emerging issues and concerns on an annual basis.

Ongoing consideration is given to the effectiveness of governance arrangements by the Executive team, Board Chair, Vice Chair and Committee Chairs. Recognising increasing pressures on the organisation and staff, and the need to efficiently scrutinise large quantities of information, the concept of 'Frugal Governance' offers an approach which supports the reduction of duplication and more efficient use of committee time. Work is currently underway to identify how this concept can be applied in NHS Highland to enable delivery of our Governance Improvements Plan and uphold the standards as described in the Blueprint for Good Governance.

External Review

To enhance and validate the Boards' self-assessment, an external evaluation of all NHS Boards' corporate governance arrangements will be undertaken in due course. Details of this will be shared with the Board once known.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<div><div>x</div></div>	Moderate	<div><div></div></div>
Limited	<div><div></div></div>	None	<div><div></div></div>

A substantial level of assurance is proposed on two counts: the Improvement Plan’s progress sits within a robust framework of control to ensure that its improvement actions and objectives can be achieved, and significant progress has been evidenced against the agreed actions.

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, the proposals will enable a more diverse range of skills and experience to be developed within the membership of the Board.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Board members.

3.9 Route to the Meeting

The subject of this report has built on the report presented to the Board in July 2023 and elements of the appendix have been considered by Governance Committees during November and December 2023 to oversee progress. The report has been considered by the Board Chair, Vice Chair, Chief Executive, Deputy Chief Executive, and the Board Secretary.

4 Recommendation

The Board is asked to:

- (a) take substantial assurance from the report and Appendix A,
- (b) **note** that informal oversight of progress of delivery of the improvement plan will be undertaken by the Chairs Group and Governance Committees in May 2025, and
- (c) **note** that a further progress update will be submitted to the Board in July 2025.

4.1 List of appendices

- Appendix A – Excel Blueprint for Good Governance Improvement Plan 2023



NHS Highland

Meeting:
Meeting date:
Title:
Responsible Executive/Non-Executive:
Report Author:

NHS Highland Board
28 January 2025
Review of Committee Memberships
Sarah Compton Bishop, Board Chair
Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well	X				

2 Report summary

2.1 Situation

This report outlines changes to Governance Committee memberships for the Board’s approval.

2.2 Background

At the Board meeting in November 2024, agreement was given to a series of revised Governance Committee memberships. This report addresses further changes to the Board’s non-executive membership and proposes changes to Governance Committee memberships.

2.3 Assessment

A new Non Executive Director has been appointed to the Board with effect from 6 January 2025. As part of their induction, they have attended governance committee meetings during January as an observer.

Appendix 1 highlights the proposed changes to Committee memberships with immediate effect for the Board’s approval.

A further report will be presented to the Board at the next meeting to finalise all committee membership reviews.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<div><div>x</div></div>	Moderate	<div><div></div></div>
Limited	<div><div></div></div>	None	<div><div></div></div>

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, it is hoped that the proposals will enable a more diverse range of skills and experience are directed to our Governance Committees.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Non-Executive Board members involved.

3.9 Route to the Meeting

The subject of this report has been shared with the relevant Non-Executive Board members.

4 Recommendation

The Board is asked to approve changes to Committee membership as set out in the appendix and to note that the changes have immediate effect.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Committee membership changes shown highlighted

Names added	Names removed
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Changes to Memberships

	<u>Membership</u>
Argyll and Bute Integration Joint Board 4 Board members	Graham Bell Karen Leach Emily Austin Janice Preston

Committee	<u>Membership</u>
Audit Committee Five non-Executives	<ul style="list-style-type: none">• Emily Austin Chair• Alasdair Christie• Alex Anderson• Bert Donald• Vacancy to be filled at a future meeting

Clinical Governance Committee Four non-Executives <u>And</u> Chair ACF	<ul style="list-style-type: none">• Karen Leach - Chair• Joanne McCoy – V Chair• Alasdair Christie• Muriel Cockburn• Catriona Sinclair, ACF Chair
Finance, Performance and Resources Committee Five non-Executives	<ul style="list-style-type: none">• Alex Anderson - Chair• Graham Bell - V Chair• Gerry O'Brien• Garrett Corner• Steve Walsh
Endowment Funds Committee Five non-Executives	<ul style="list-style-type: none">• Philip MacRae - Chair• Elspeth Caithness (Employee Director)• Joanne McCoy• Alasdair Christie• Garret Corner
Pharmacy Practices Committee At least two trained Non-Executives	<ul style="list-style-type: none">• Ann Clark (Chair)• Karen Leach• Joanne McCoy• Garret Corner
HHSCC Five non-Executives <u>including</u> The Highland Council nominated appointee to the Board	<ul style="list-style-type: none">• Gerry O'Brien - Chair• Philip MacRae - V Chair• Ann Clark• Joanne McCoy• Muriel Cockburn
Staff Governance Committee Four non-Executives	<ul style="list-style-type: none">• Ann Clark• Philip MacRae• Bert Donald• Steve Walsh

<u>And</u> Employee Director	<ul style="list-style-type: none">• Elspeth Caithness (Employee Director)
Remuneration Committee Five non-Executives <u>including</u> Board Chair, Vice Chair and Employee Director	<ul style="list-style-type: none">• Ann Clark – Chair• Bert Donald - V Chair• Gerry O'Brien• Sarah Compton Bishop• Elspeth Caithness (Employee Director)

Highland Health and Social Care Partnership Joint Monitoring Committee

<ul style="list-style-type: none">• Four Non-Executive Directors • Director of Finance• A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;• A registered medical practitioner employed by the Health Board and not providing primary medical services;• Staff representative• Chief Executive• Chief Officer	<ul style="list-style-type: none">• Sarah Compton Bishop (Co-Chair)• Ann Clark• Gerry O'Brien• Alex Anderson • Heledd Cooper• Louise Bussell • Tim Allison • Elspeth Caithness• Fiona Davies• Pam Stott
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Community Planning Partnership Board

Highland Community Planning Board	Sarah Compton Bishop
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Memberships of other Groups etc.

The Highland Council Health, Social Care and Wellbeing Committee	<ul style="list-style-type: none">• Tim Allison• Louise Bussell
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Highland Community Planning Partnership Core membership as described in the ToR: One Non-Executive Board Member, Chief Executive, Director of Public Health Public Protection Chief Officers Group Chief Executive of NHS Highland Director of Nursing	<ul style="list-style-type: none">• Sarah Compton Bishop• Fiona Davies• Tim Allison • Fiona Davies• Louise Bussell
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Mid Ross Local Community Partnership	<ul style="list-style-type: none">• Philip MacRae
Badenoch & Strathspey Local Cty Partnership	<ul style="list-style-type: none">• Boyd Peters
Argyll and Bute Community Planning Board	<ul style="list-style-type: none">• Evan Beswick as CO IJB• Alison McGrory, Public Health

A&B Public Protection Chief Officers Group	<ul style="list-style-type: none">• Graham Bell• Evan Beswick• Liz Higgins Assoc Nurse Director• Jillian Torrens, Head Adult Services• John Owen Public Health
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Operational Groups

Caithness Redesign Project Board	<ul style="list-style-type: none">• Alex Anderson• Ann Clark
Lochaber Redesign Project Board	<ul style="list-style-type: none">• Gerry O'Brien• Graham Bell

The Board has previously agreed the following additional payments:

Position	Additional payment
Board Vice Chair	4 extra days per month
Chair Highland Health & Social Care Committee	3 extra days per month
Chair/Vice Chair of Argyll and Bute IJB	3 extra days per month
Chairs of the following Governance Committees: <ul style="list-style-type: none">• Audit• Clinical Governance• Staff Governance• Finance, Resources and Performance	1 extra day per month each

Where a Non-Executive Director undertakes more than one role, only one additional payment would be made, however the payment would be at the higher rate if there was any discrepancy.

Membership of Committees of Argyll and Bute IJB

Board members also sit on several Groups and Committees associated with the IJB.

The Argyll and Bute IJB holds development sessions on alternate months to their formal business meetings, and Board Non-Executives hold the following positions on IJB Committees:

	Audit and Risk Committee	Strategic Planning Group	Clinical & Care Governance Committee	Finance and Policy Committee	Argyll and Bute Community Planning Partnership
Graham Bell			Chair	Member	Representative of the IJB
Karen Leach		Member	Member	Member	
Emily Austin	Member				
Janice Preston					

NHS Highland



Meeting: NHS Highland Board Meeting

Meeting date: 28 January 2025

Title: NHS Highland Board Risk Register

Responsible Executive/Non-Executive: Dr. Boyd Peters, Board Medical Director

Report Author: Dr. Boyd Peters, Board Medical Director

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well		All Well Themes	X		

2 Report summary

This report is to provide Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure and/or additional risks to be added. This report covers board risks that are reported through Finances, Resources and Performance Committee (FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight.

2.1 Situation

This paper is to provide Board with assurance that the risks currently held on the NHS Highland Board risk register are being actively managed through the appropriate Executive Leads and governance structures within NHS Highland and to give an overview of the current status of the individual risks.

All risks in the NHS Highland Board Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this meeting, this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

2.3 Assessment

The following section is presented to Board for consideration of the updates to the risks contained within the NHS Highland Board Risk Register. The following risks are aligned to the governance committee in which they fall within, and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

The following changes were made to the risk register, per agreement made at the appropriate governance level:

Risk Description	Agreed Action
Risk 712: Fire compartmentation	<p>Risk proposed to FRPC to be closed due to mitigations in place to prevent risk from occurring, including:</p> <p>Submission to SFRS of NHSH's management and delivery plan for the Fire Compartmentalisation works at Raigmore. Meeting between NHSH Chief Executive, Director of EF&CP and SFRS Regional Commander and Enforcement Officer on the 1st November 2024, accepting our proposal and removing NHSH from advanced monitoring.</p>

	<p>Ringfencing of funding for these works through Formula Capital allocation of £1M per annum until 2029.</p> <p>The governance route for closing this risk, prior to FRPC review, was through the Estates, Facilities and Capital Planning Health & Safety Group and Health and Safety Committee.</p>
Risk 1182 – New Craigs PFI Transfer	Downgrade risk score from 9 to 6 (moderate – not expected to happen, but potential risk remains) due to mitigations in place that are working as intended.

Finance, Resources and Performance Risks

Risk Number	1254	Theme	Financial Position
Risk Level	High	Score	16
Target Risk Level	High	Target Score	12
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
<p>There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:</p> <p>1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care</p> <p>2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise</p> <p>3. Inability to realise 3% reduction in spend in line with value & efficiency plans.</p> <p>NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set</p>			
Mitigating Action		Due Date	
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.		Ongoing	
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs		Ongoing	

Limited assurance regarding the delivery of the Adult Social Care financial position	Ongoing
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance	
Monthly monitoring, feedback and dialogue with services on financial position.	
Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	
Finance plan needed to identify the actions required to deliver financial balance for ASC and agreed position with THC - HHSCP team have been tasked with setting out a detailed plan to progress towards financial balance.	Ongoing
Discussion with SG around a plan that can be agreed from a perspective of deliverability and monitoring, which will minimise the impact of not delivering a break-even position through brokerage.	Ongoing
Recovery plan in place to offset the reduced Value & Efficiency workstreams delivery to deliver planned opening outturn	January 2025

Risk Number	666	Theme	Cyber Security
Risk Level	High	Score	16
Target Risk Level	High	Target Score	15
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.			
Mitigating Action		Due Date	
NHS Highland is in the process of rolling out Trend Deep Security Tool. This tool mitigates disclosed vulnerabilities in out of support operating systems.		March 2025	
Implement new eHealth Major incident plan aligned to NHSH Major incident plan.		March 2025	
Create run and assess periodic phishing tests against NHSH staff.		March 2025	
Introduce scheduled desktop exercising program to test response to cyber security major incidents.		March 2025	
Implement Cylera IoT discovery and management tool.		March 2025	

Implement Panorays 3rd party security assurance tool. embed this tool into the procurement process and ongoing 3rd party security monitoring process. Process documentation to be produced/updated.	March 2025
Deploy Microsoft defender for identity.	June 2025
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the audit.	December 2025
Refresh the NHSH Information Security Management System documentation set using the national information Security Policy pack.	December 2025

Risk Number	712 – <u>Proposed</u> for closure	Theme	Fire Compartmentation
Risk Level	Medium	Score	16
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			
Mitigating Action		Due Date	
Submission to SFRS of NHSH's management and delivery plan for the Fire Compartmentalisation works at Raigmore.		September 2024 (complete)	
Meeting between NHSH Chief Executive, Director of EF&CP and SFRS Regional Commander and Enforcement Officer on the 1 st November 2024, accepting our proposal and removing NHSH from advanced monitoring.		November 2024 (complete)	
Ringfencing of funding for these works through Formula Capital allocation of £1M per annum until 2029.		Current - 2029	

Risk Number	1097	Theme	Strategic Transformation
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future regarding what it can and cannot do for our population. The ability to			

achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.	
Mitigating Action	Due Date
Implementation of NHS Highland's Decision-Making Framework.	Complete
Refresh and implementation of Performance Management Framework (alignment of IPQR with ADP, performance reviews and EDG performance dashboard) to monitor implementation of strategic design and change programmes.	Complete
Set-up of monitoring and assurance structure for strategic design and transformation of services, including reporting of portfolio progress against deliverables, key risks and improvement trajectories.	Complete – approach to strategic transformation priorities in development through Strategic Transformation Assurance Group (STAG).
Governance of strategic design programmes through a portfolio approach is embedded within the NHS Highland governance structure	Complete
Agreement of strategic design priorities within the current portfolio approach	Complete
Appointment of Senior Responsible Officers and embedding programme management approach to document, mitigate and escalate risk to achievement of strategic transformation.	Complete
Integration of financial planning into strategic change programmes to ensure any financial benefits can be achieved.	Ongoing and will be reviewed in line with transformation programmes quarterly.
Strategic change priorities will be assessed by a Professional Reference Group to ensure appropriate involvement to ensure change is clinically led.	Ongoing
Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete

Risk Number	1255	Theme	ADP 24-25 Delivery
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to fragility of services and reliance on additional / unfunded resource to cope with current levels of demand and activity, there is a risk that ADP 24-25 will fail to			

deliver the outcomes being pursued to improve patient quality, care delivery and efficiency.	
Mitigating Action	Due Date
Value & Efficiency Accountability Group (VEAG) established to monitor efficiency opportunities across system against agree priorities	Meeting fortnightly.
Annual service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.	In process of being established.
Review associated governance of ADP deliverables across SLTs, STAG and VEAG underway.	Ongoing through STAG.

Risk Number	1279	Theme	Financial Balance – Adult Social Care
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2024/25 due to: 1. Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £16.252m 2. Further reduction in Quantum of £7m 3. Inability to realise 3% reduction in spend in line with value & efficiency plans of £5.71m			
Mitigating Action		Due Date	
SLT review of cost reduction action being taken for Q4. Some areas still to quantify cost in relation to ASC plan against younger adult / complexity care packages		End January 2025	
£2.3.9m achieved of VEAG schemes for ASC.		End January 2025	
Further remedy required in Q4 and financial plan for in development for 2025/26. Finance Clinic held with CEX and DoF 06/01/2025. Monthly monitoring and review and progress against action identified in place		February 2025	

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	8
Strategic Objectives	Progress Well		
Governance Committee	Finance, Resources & Performance		

Risk Narrative	
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.	
Mitigating Action	Due Date
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.	March 2025
Preparing a Whole System plan (Business Continuity Plan) collating and prioritising all backlog maintenance for submission to Scottish Government to inform future funding levels - Planned Submission Date January 2025	January 2025

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	6
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			
Mitigating Action		Due Date	
PFI hand-back Programme Board in place and actions are progressing in line with anticipated due dates. Meeting frequency increased to monthly as handover date is approached.		Established and meeting monthly.	
Development sessions being progressed to model the future estate utilisation and service delivery model.		In progress through the Programme and will be ongoing until hand-back date	
Working with Scottish Futures Trust.		Ongoing	
Programme Management commissioned from independent intelligence.			
Programme structure in place.			
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register.		Ad-hoc	

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	Score	20
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			
<p>There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.</p> <p>Strategic objective ‘to be a Great Place to Work’ included in board strategy ‘Together We Care’ and range of activities included in annual delivery plan aligned with strategic outcome of ‘plan well’</p> <p>New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs</p> <p>International recruitment team and processes developed in partnership with North of Scotland Boards</p>			
Mitigating Action		Due Date	
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled September 2023		Recruitment improvement project plan developed and project team in place Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. It has been agreed that further work is required to review the service model as ongoing work to improve performance is having little impact. Further data analysis will be completed to review where delays are occurring and if this is related to capacity of managers to use the self-service model. Update to November staff governance committee. Further data analysis has identified that 75% of new starts are within the national target time to hire with outliers impacting on the average that is reported currently. Suggests focus now needs to be on the outliers and not	

	the service model. Next update March 2025
Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc November 2023	Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place – Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied into the proposal to review the models for recruitment we currently use. Further work will now be completed on strengthening existing self-service model and offering bulk recruitment where there are clear workforce plans developed and in place for services and/or job families. Next update March 2025
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships January 2024	Employability working group being established and project charter agreed Work ongoing and will be reported through people and culture portfolio board. Workshops planned to progress these discussions. Work progressing well with initial workshops complete. Draft framework complete, work to finalise ongoing. Next update March 2025
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care November 2023	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024 Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week. This will be picked up through establishing workforce planning groups in each operational area to feed into strategic workforce

	planning group. Next update March 2025
Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce November 2023	Integrated service planning approach agreed and first cycle to be completed by end of March 2024 e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out Effective rostering programme agreed by Health and Care Staffing Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs. First cycle of integrated service planning complete and proposal agreed for second cycle of integrated service planning for 2024-2025. We are gaining better insights from this process into workforce challenges and potential solutions and it is anticipated this will improve further through the second cycle with a more robust and detailed workforce plan developed during 2024-2025. Next cycle currently being planned. Next update March 2025
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle March 2024	Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024. HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self assessment 1st Quarterly report produced for staff governance committee and board Work ongoing. Next update March 2025

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	Score	20
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			
<p>There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.</p> <p>The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.</p>			
Mitigating Action			Due Date
<p>I Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes.</p> <p>September 2024</p>			<p>Short life working group now established and 6-month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to the area partnership forum and will be considered by staff governance committee in July 2024 Some progress made but more required. Data on compliance now disaggregated to operational areas for further scrutiny by staff governance committee</p>

	Progress still limited, considering alternative approach to scheduling a module each month for all staff to complete. In addition, protected learning time programme will implement recommendations from the national group. Next update March 2025
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Risk Number	632	Theme	Culture
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Our People	
Governance Committee		Staff Governance	
Risk Narrative			
There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.			
Mitigating Action		Due Date	
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – October 2023		Refreshed leadership and management development programme now in place. Phase two of the culture and leadership framework and programme ongoing with a focus on development of the learning system and consideration of cohort training for key groups of managers. Next update March 2025	
Further development of staff engagement approach including board wide 'living our values' project – December 2023		Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting COG and APF approved the staff engagement approach currently being delivered/tested with result due at end of the year to evaluate this approach. Next update March 2025	
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers – September 2023		Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and	

	<p>ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. Update on action plan and review of progress to date has been provided to the area partnership forum and will be considered by staff governance committee in July 2024. Some progress made but more required. Data on compliance now dis-aggregated to operational areas for further scrutiny by staff governance committee. Progress still limited, considering alternative approach to scheduling a module each month for all staff to complete. In addition protected learning time programme will implement recommendations from the national group. Next update March 2025</p>
<p>Appraisal (personal development review - PDR) and PDP improvement plan approved in March 2024 to ensure all managers have PDR and PDP completed in 2024-2025</p>	<p>Short life working group in place to finalise details of PDR and PDP improvement plan including supporting materials, actions required and timelines. Plan launched with reports issued to managers and requirements to agree plans and trajectories for their areas. 1st two levels of management below director to be completed by December 2024. Next update January 2025</p>

Clinical and Care Governance Risks

Vaccination uptake and delivery remain risks for NHS Highland. Adult vaccination uptake is close to national levels, but childhood uptake has fallen within Highland HSCP. Considerable work continues to be undertaken to improve the service and uptake including that relating to SG escalation and implementation of the recommendations of the PHS peer review. Action plan implementation is overseen by the Vaccination Improvement Group.

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.			
Mitigating Action		Due Date	
Actions to increase uptake rate and other measures of performance and quality improvement are in place		October 2024	
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place		October 2024	
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model		January 2025	

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

X

Moderate
None

3 Impact Analysis

3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

3.2 Workforce

A robust risk management process will enable risks relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Staff Governance Committee.

3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in line with our strategic objectives and outcomes once strategy is approved.

3.9 Route to the Meeting

Through EDG, FRPC, SGC, CGC and Board.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

None as summary has been provided for ease of reading

NHS Highland



Meeting: NHS Highland Board

Meeting date: 28 January 2025

Title: Integrated Performance and Quality Report

Responsible Executive/Non-Executive: David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CCGC)

Report Author: Bryan McKellar, Whole System Transformation Manager

1 Purpose

This is presented to FRPC for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well	All Well Themes	X

2 Report summary

The NHS Highland FRPC Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance based on the latest information available.

2.1 Situation

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee, Staff Governance Committee and the Health and Social Care Partnership Committee a bi-monthly update on performance and quality based on the latest information available.

A narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements in the service, and what the anticipated impact of these improvements will be.

Further performance and quality indicators are being scoped to ensure ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

2.2 Background

The IPQR is an agreed set of performance indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3 Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<div></div>	Moderate	<div></div>
Limited	<div>x</div>	None	<div></div>

The level of assurance has been proposed as Limited due to the current pressures faced across the health and care services in NHS Highland. The system requires to redesign systematically to maximise efficiency opportunities and to enable service

changes that bolster resilience and utilise resources that are cost effective for the Board and maximise value for our population.

3 Impact Analysis

3.1 Quality/ Patient Care

IPQR provides a summary of quality and patient care across the system.

3.2 Workforce

This IPQR gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Sections through the relevant Governance Committees;

- Clinical Governance Committee – 8th January 2025
- Finance Resource Performance Committee – 9th January 2025
- Staff Governance Committee – 14th January 2025

4 Recommendation

The Board is asked:

- To note limited assurance and the continued and sustained pressures facing both NHS and commissioned care services.
- To consider the level of performance across the system.

4.1 List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – January 2025

Integrated Performance and Quality Report



Assuring the Finance, Resources and Performance Committee and the Clinical and Care Governance Committee on the delivery of the Board's 2 strategic objectives (Our Population and In Partnership) through our Well outcome themes



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Integrated Performance & Quality Report Guidance

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee and the Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics will be included in the NHS Highland Board IPQR as an appendix.

For this IPQR, the format and detail has been modified to bring together the measurable progress against ADP deliverables across the Together We Care "Well" themes and to start to embed the themes of the quality framework across Highland. This is an update to end of Quarter 2 (30th September 2024) for deliverables linked to these performance measures.

In addition, a narrative summary table has been provided against each "Well" theme to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements detailed in the ADP, and what the anticipated impact of these improvements will be.

ADP Due Date Colour	Interpretation
R	ADP Deliverable is not on track to deliver by planned due date. Issues being resolved locally to ensure progression towards implementation.
G	ADP Deliverable is on track to deliver by planned due date OR ADP Deliverable has been achieved.
No Colour	Update to be provided at subsequent committee/Board meetings within Q3 and/or Q4 as target date is in the future.
A	Due date in next quarter (Q3) or ADP Deliverable has been delayed due to factor outwith NHS Highland's control







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Executive Summary of Performance Indicators

		National Targets			Performance Against Targets	
Well Theme (Slide #)	Area	Average 23/24 Performance	Current Performance	National Target	Activity (ADP) Target Set	Performance Rating
Thrive Well (4)	CAMHS	70.8%	63.3%	90%	No	
Thrive Well (5)	NDAS	n/a	1828 waiting list	n/a	No	
Stay Well (6)	Screening	Various	Various	90%	No	Increasing uptake
Stay Well (7)	Vaccinations (Children)	n/a	n/a	n/a	No	Uptake below national averages
Stay Well (8)	Alcohol Brief Interventions	n/a	77.4% vs. trajectory	n/a	Yes	Below activity trajectory
Respond Well (9)	Emergency Access	78.5%	75.0%	95%	No	Within national average, but significant pressures in Ragimore ofset by RGH performance
Care Well (10)	Delayed Discharges	195	253	30% reduction (interim)	Yes	
Treat Well (11-12)	Outpatients	39.2%	37.0%	95%	Yes	Activity levels above trajectory.Near Scotland average
Treat Well (13-14)	Treatment Time Guarantee	56.5%	61.0%	100%	Yes	
Treat Well (15)	Diagnostics - Radiology	70.3%	67.6%	100%	Yes	
Treat Well (16)	Diagnostics – Endoscopy		71.0%	100%		
Treat Well (17)	Diagnostics Wait List – Other	n/a	n/a	n/a	No	n/a
Journey Well (18)	31 Day Cancer Target	93.6%	90.3%	95%	No	Below national average and target <5%
Journey Well (19-20)	62 Day Cancer Target	68.8%	67.2%	95%	No	Below national average and below target
Live Well (21)	Psychological Therapies	83.1%	88.8%	90%	No	Sustained improvement

Guide to Performance Rating

-  Meeting Target
-  <5% off target
-  >5% off target
-  >10% off target

Additional Guidance

Where applicable, upper and lower control limits have been added to the graphs as well as an average mean of performance.

Within the narrative section areas where action was highlighted in the previous IPQR all Executive Leads have been asked for assurance of insights to current performance and plans and mitigation in progress.

Not all performance indicators are included within this summary table.



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Exec Lead
Katherine Sutton
Chief Officer, Acute

CAMHS (Child and Adolescent Mental Health Service)

ADP Deliverables

Progress as at End of Q2 2024/25

Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations.

Mar 25

Insights to Current Performance

CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies

Service remodelling and performance management around activity rates in place. all of which have brought improvements both in waiting times and in clinical quality and outcomes.

Dec 2024, performance continues to decrease.

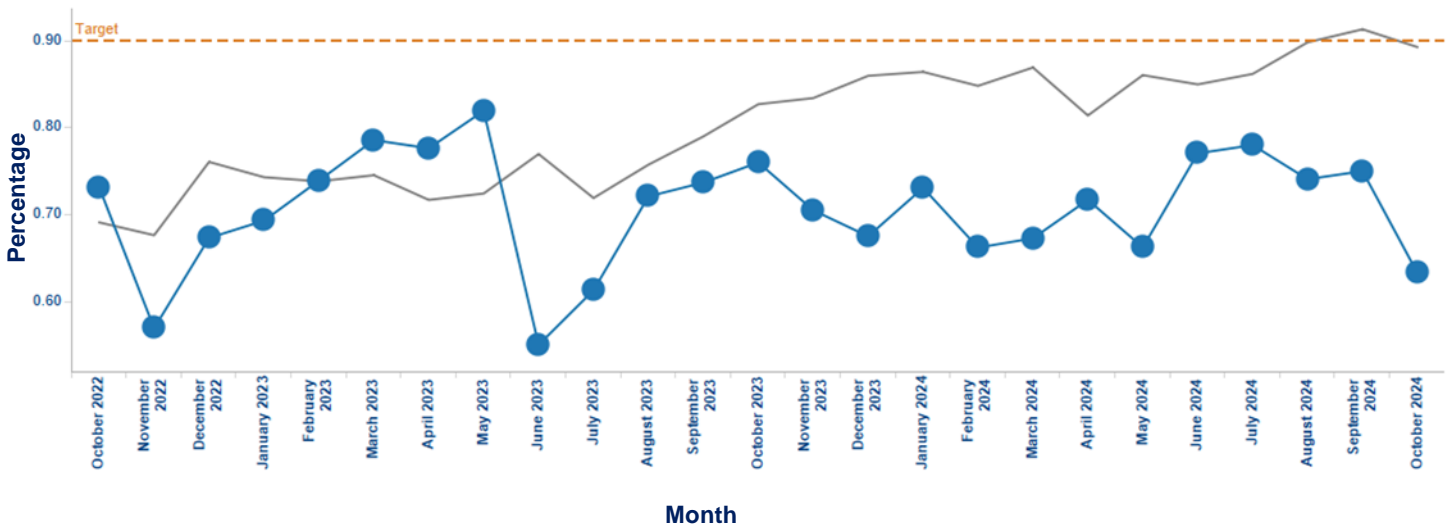
Plans and Mitigations

- Engagement appointments for all new referrals
- Unused capacity directed to these cases most recently placed on wait list
- New system for wait list management in place.
- Unscheduled care team realignment in place
- CAMHS Programme Board reestablished from Nov 2024, including A&B representation
- Working closely with SG on the most effective service model to support delivery across A&B and the Highland HSCPs

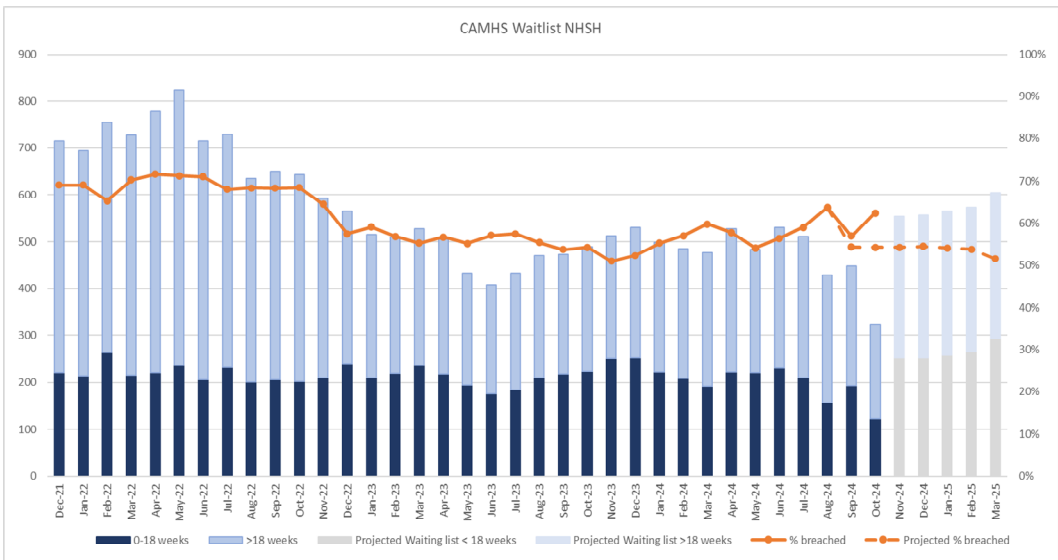
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	63.3%
National Average	89.3%
National Target	Full compliance to the Service Spec by end March 2026
National Target Achievement	n/a
Position	14 th out of 14 Boards

CAMHS Waiting Time < 18 Weeks (P)



CAMHS Waiting List in Weeks (P&Q)
(Draft trajectories currently being reviewed by service)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Neurodevelopmental Assessment Service (NDAS)

ADP Deliverables

Progress as at End of Q2 2024/25

Waiting list validation to offer 1st appointment <4 weeks	June 2024
All to receive a comprehensive NDAS, leading to shared and collaborative formulation and intervention plan	July 2024
Ensure systems and processes are in place to flex capacity	Dec 2024
Improve service user experience through communications	Dec 2024
Progress NDAS Service Development including reviewing structure, leadership and governance.	Mar 2025
Develop data recording SOP and reporting dashboard	Mar 2025

Insights to Current Performance

The NDAS North Highland / Highland Council position was presented to the Joint Monitoring Committee in November 2024.

- Interim Clinical Director in post
- Authority Framework is in place
- Targeted waiting list interventions using current resource / private assessment options investigated
- Comms delivered to all on waiting list. Comms strategy established to update colleagues / partners / public
- ICSP ND Programme Board is established and has been meeting monthly
- New referral process in place
- Waiting list cleansing exercise is completed
- ICSP GIRFEC and Child Planning training for MDTs rolled out

Plans and Mitigations

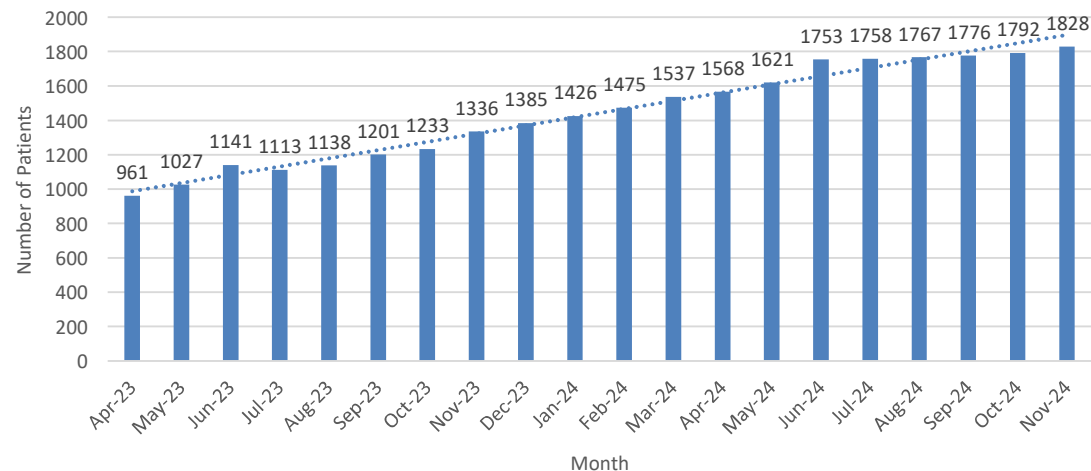
Actions agreed at NDAS programme board being progressed:

- Progression of joint leadership to improve NDAS position across NHS North/ HC Co-chaired Programme Board
- Mapping of services (and associated resource) that contribute to Neuro-diversity pathways (to include health and education)
- 1 year interim workforce plan to be developed to target backlog waiting list
- Development of network of support and care, moving focus away from diagnosis (3 to 5 year plan)
- Review of key data from across Education, HC Children's services, NHS H North systems
- Communication with service users and professionals

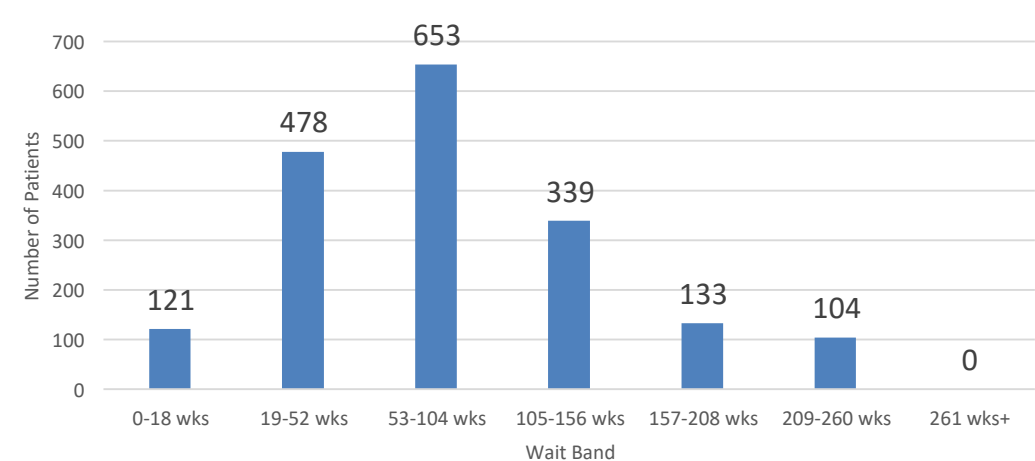
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	1828 on waiting list
National Benchmarking	n/a
National Target	Full compliance to the National NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a

NDAS Total Awaiting 1st Appointment (inc unvetted)

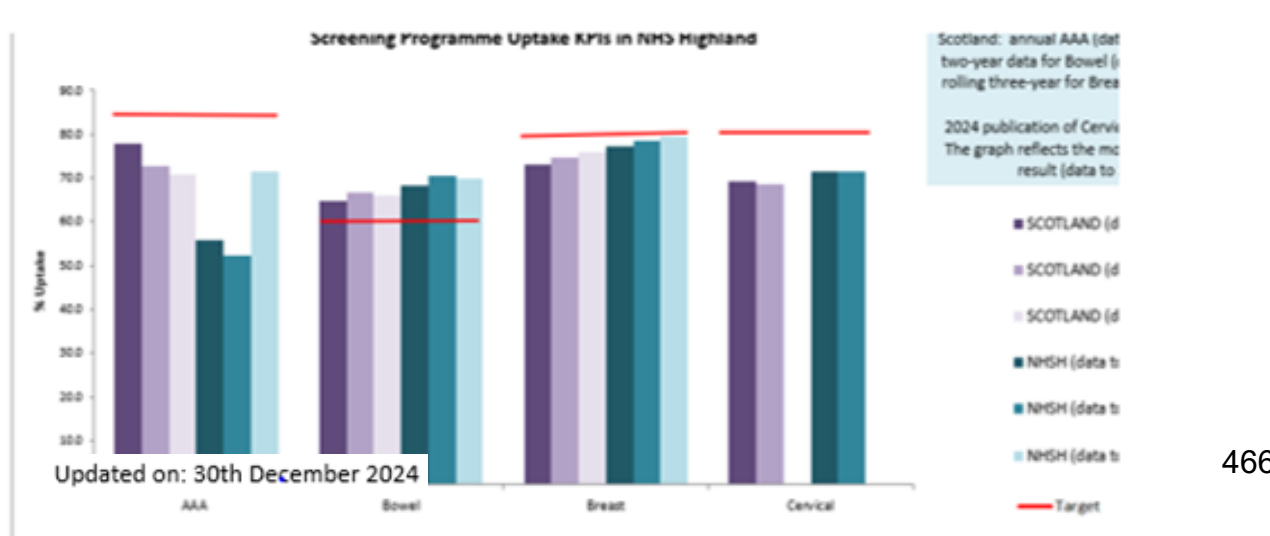


New + Unvetted Patients Awaiting 1st Appointment by wait band



Screening			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Encourage and promote screening programmes and increase uptake across available screening programmes above national targets.	Ongoing	<ul style="list-style-type: none">A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHSH is higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes (based on latest information arising from locally sourced management data).For performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet have just been completed at end of 2024.Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is pending, so it is not possible to report on performance for DES, and Pregnancy & Newborn.The backlog in reporting on the UNHS (Universal Newborn Hearing Screening) has been almost filled by the newly established team in Raigmore at the beginning of 2024.It must be acknowledged that the latest official figures are used to monitor uptake trends, so that comparisons against benchmark figures can be made. Such official figures are published with 1 year delay at the beginning of each financial year. For this reason, no official figure is available beyond Spring 2023.	<p>Work continues to drive improvements within the screening programmes.</p> <p>The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.</p>

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	Increasing
Latest Performance	See chart
National Benchmarking	See narrative
National Target	n/a
National Target Achievement	n/a
Benchmarking	n/a





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Exec Lead
Dr. Tim Allison, Director
of Public Health

Vaccinations (Children's)

ADP Deliverables

Progress as at End of Q2 2024/25

Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.

Medium-Term Plan priority:

Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.

October
2024

March
2027

Insights to Current Performance

Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination.

The Winter COVID vaccination programme has been undertaken for people aged 65+ and those more vulnerable. Other adult and child programmes also continue.

There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations.

Plans and Mitigations

Scottish Government is working with Highland HSCP in level 2 of its performance framework.

Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented.

Options are being considered for delivery models in Highland HSCP.

The Vaccination Improvement Group has a detailed action plan for service improvement

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating

Below national
averages

Latest Performance

Range of 84-94%

National Benchmarking

Below national
average

National Target

95%

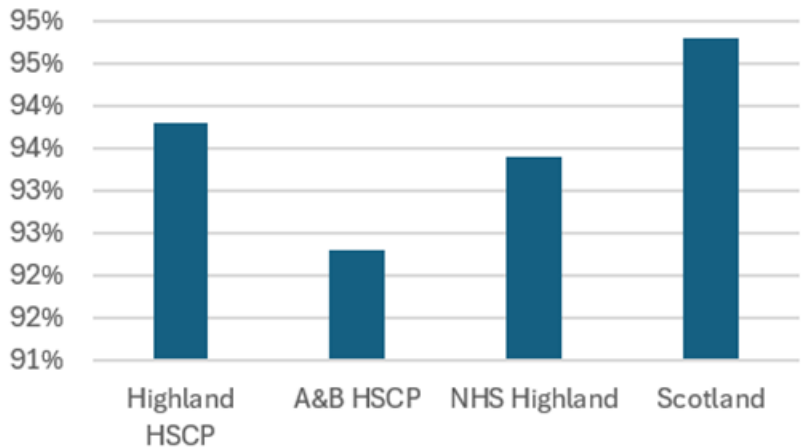
National Target Achievement

n/a

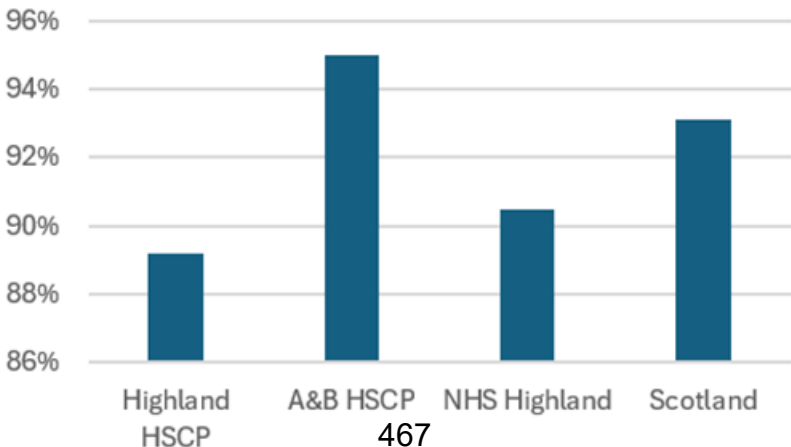
Position

n/a

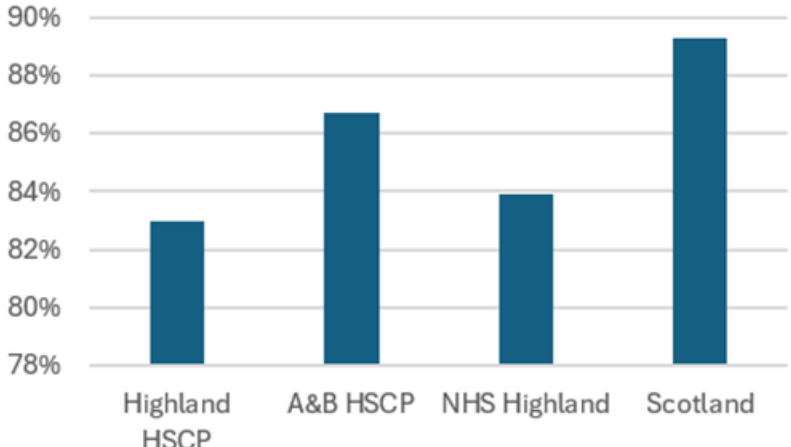
6 in 1 @ 12 months (2024/25 Q3)



MMR 1 at 24 months (2024/25 Q3)



MMR 2 at 5 years (2024/25 Q3)





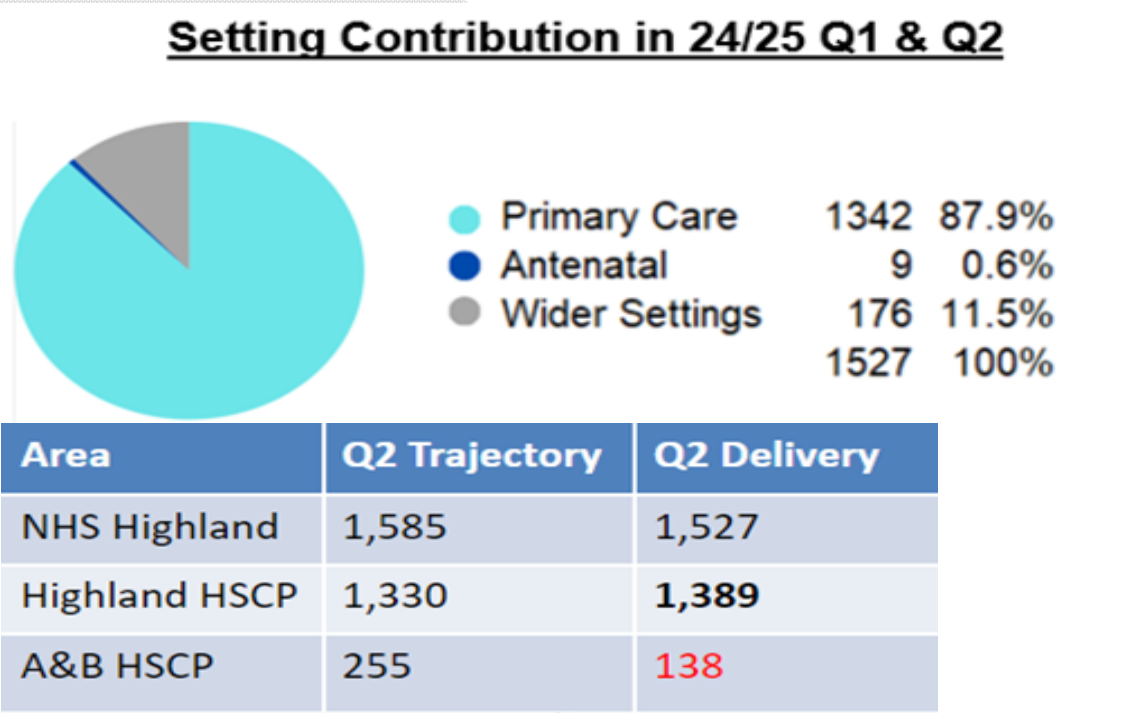
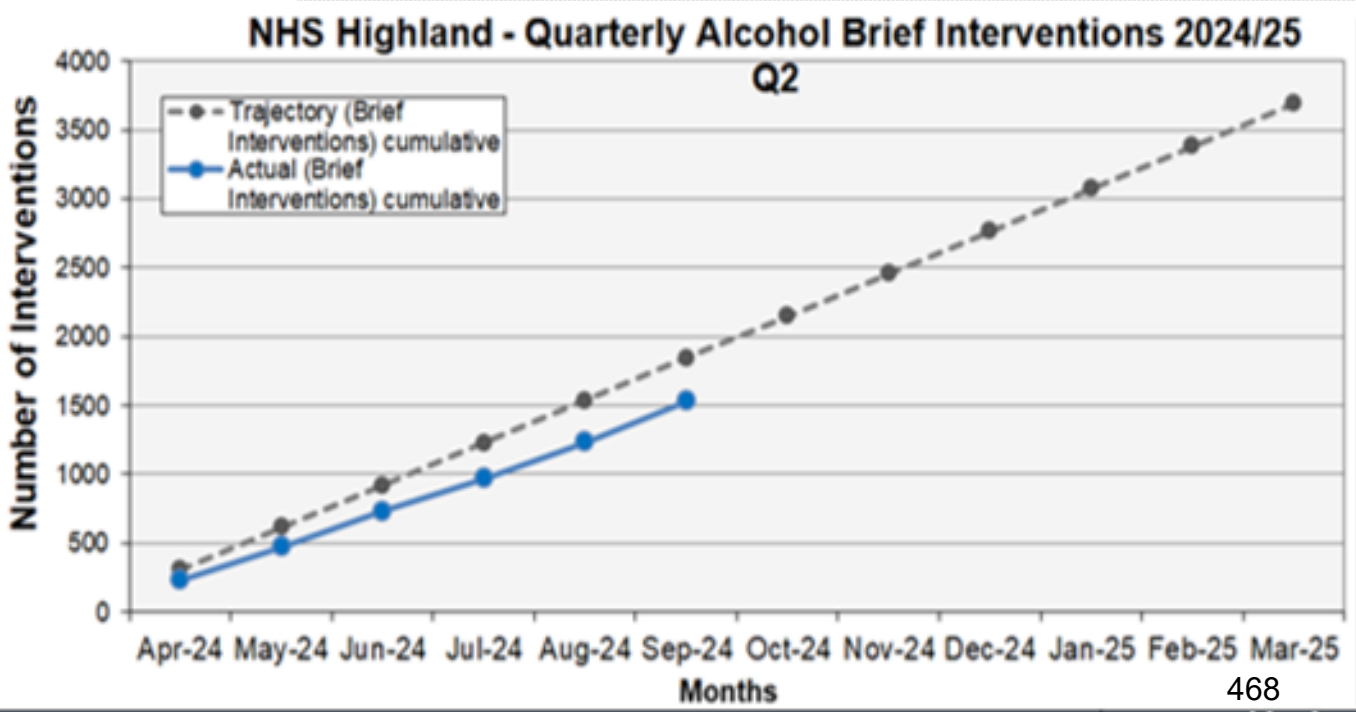
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Exec Lead
Dr. Tim Allison,
Director of Public
Health

Alcohol Brief Interventions (ABIs)			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	<ul style="list-style-type: none">ABI delivery remains below target trajectory in each month for NHS Highland.Almost 88% of delivery in NHS Highland is due to delivery in GP settings.ABI delivery has increased to being very slightly above trajectory for Highland H&SCP area in Q2.A small number of ABI's have been recorded in Argyll & Bute in wider settings, which is why this is reflected as being below trajectory for NHS Highland.	<ul style="list-style-type: none">Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement has been agreed for Highland H&SCP area. New contract will begin in Oct/Nov 24. Argyll and Bute plan to increase ABI across wider workforce and third sector, with no current plans to reinstate GP LES.ABI meeting/training held in Sept to enhance whole Highland approach to Abi training. Plan to meet quarterly.National ABI Strategy and Performance review due to be published 29th October 2024.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	Below trajectory
Latest Performance	712 actual vs. 919 trajectory
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a





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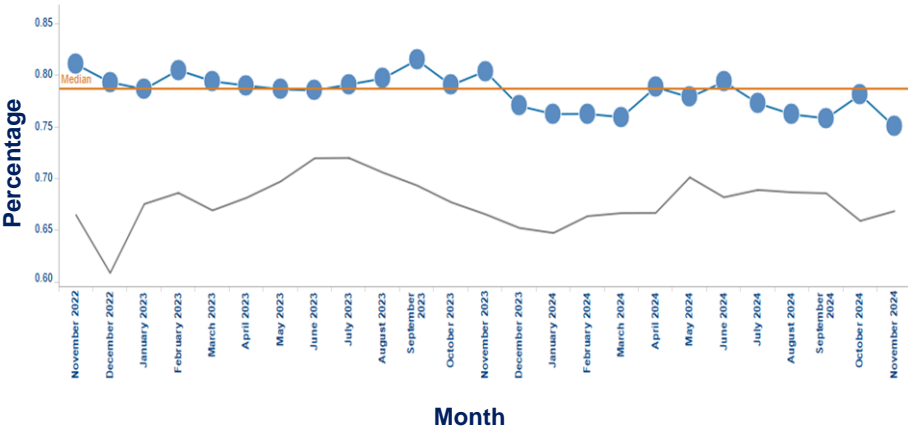


Exec Lead
Katherine Sutton
Chief Officer, Acute

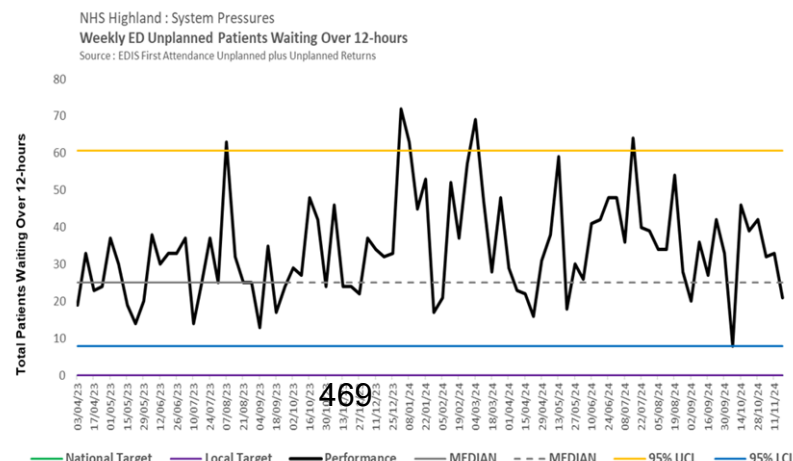
Emergency Department Access		
ADP Deliverables	Progress as at End of Q2 2024/25	
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	<div>Insights to Current Performance</div> <div>NHS Highland remains the 3rd best performing mainland board for under 4-hour Emergency Department turn-around. From 01-Dec First Attendance Planned patients will be included in the 4-hour performance result.</div> <div>Performance for % of ambulance patients conveyed within 60 mins is currently 76.1% (aim = 100%). The downturn in Aug-24 may be attributed to a 16% increase in unplanned patients being conveyed to ED by road ambulance.</div> <div>Over the past 4-weeks the number of patients waiting over 12 hours in ED has decreased by 50% across Nov-24. This may be attributed to a 7.7% decrease in patients attending ED in the period.</div> <div>**Please note the data reported here is board-wide and significant pressures remain at Raigmore Hospital.**</div>
Acute Front Door; Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.	March 2025	
Optimising Flow; Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission	March 2025	
OPEL; Develop whole system OPEL collaboratively to respond when our services are experience pressures to manage and mitigate risk across all services	March 2025	
Plans and Mitigations		<div>Initial 90 Day Urgent & Unscheduled Care recovery plan is complete with consolidating and new actions brought forward into a second 90-day plan. Focuses are:</div> <ul style="list-style-type: none">Community Response/CapacityManaging demand for EDFlow at the Front Door (ED)Flow through HospitalsManaging transitions of care <div>Next steps are to review opportunities in the Urgent Care "Heatmap" identified by CfSD to support flow</div>

PERFORMANCE OVERVIEW	
Strategic Objective: Our Population Outcome Area: Respond Well	
Performance Rating	Decreasing performance
Latest Performance	75.0%
National Benchmarking	66.9% Scotland average
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	6th out of 14 Boards

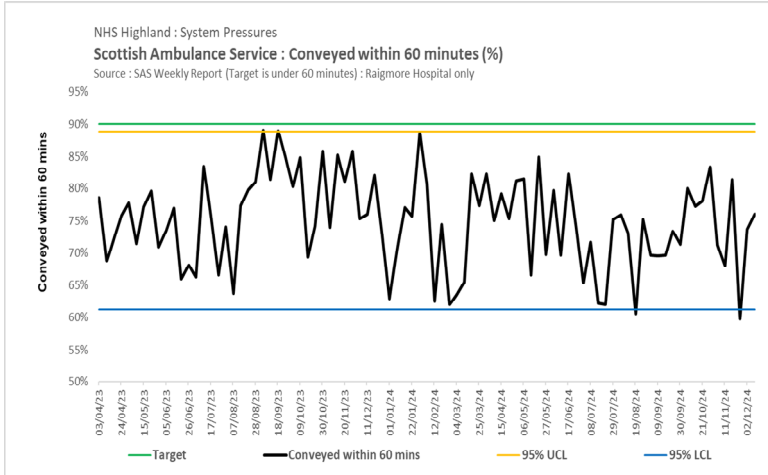
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)





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Exec Lead
Pamela Stott
Chief Officer, HHSCI

Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables underpinned by Urgent & Unscheduled Care 90-plan,, incorporating ADP discovery work and delivery of ADP actions

Oct
2024

Insights to Current Performance

At the census point of 28th November, the number of standard delays has increased to 195, split as 169 for Highland HSCP and 26 in Argyll & Bute.

Availability of Care at Home and Care Home capacity has direct impact on the current number of Delayed Discharges. Workforce availability is an ongoing challenge.

Plans and Mitigations

Initial 90 Day Urgent & Unscheduled Care recovery plan is complete with consolidating and new actions brought forward into a revised UUSC Improvement Plan.

Our System Capacity Group has made progress in discovery work which has led to the development of initiatives to reduce DHDs.

- Increased Care Home placements
- Increased Community Hospital capacity
- Surge capacity identified in Acute services
- Specific focus and plans in Inverness
- AHP at the front door in Raigmore
- Development and delivery of SOPs to support discharge without delay

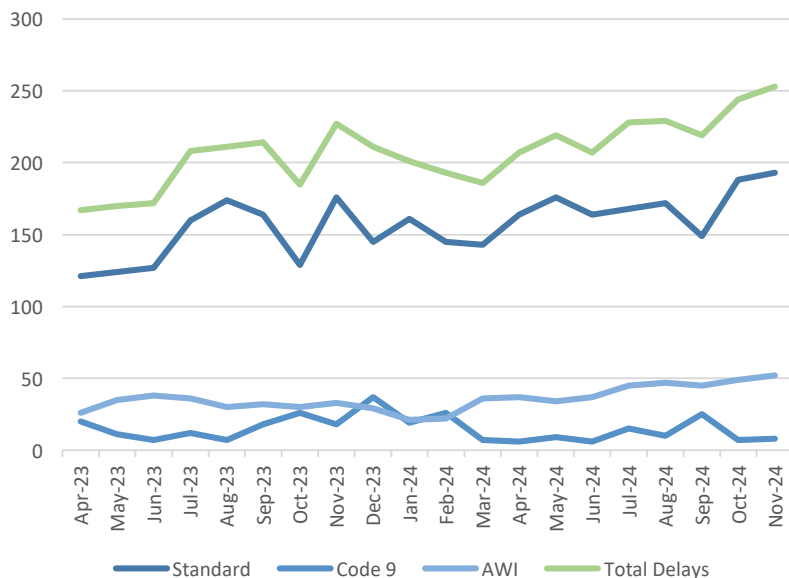
The planned development of our Frailty programme will support longer term transformational change in how we reduce delayed hospital discharges. Mental Health pathways also to be developed.

PERFORMANCE OVERVIEW

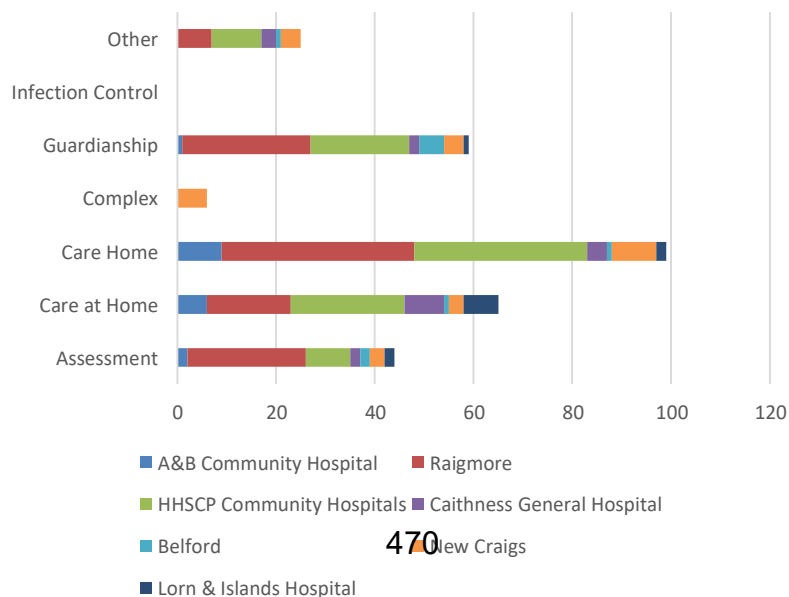
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory
Latest Performance	253 at Census Point 7,647 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14 th out of 14 Boards

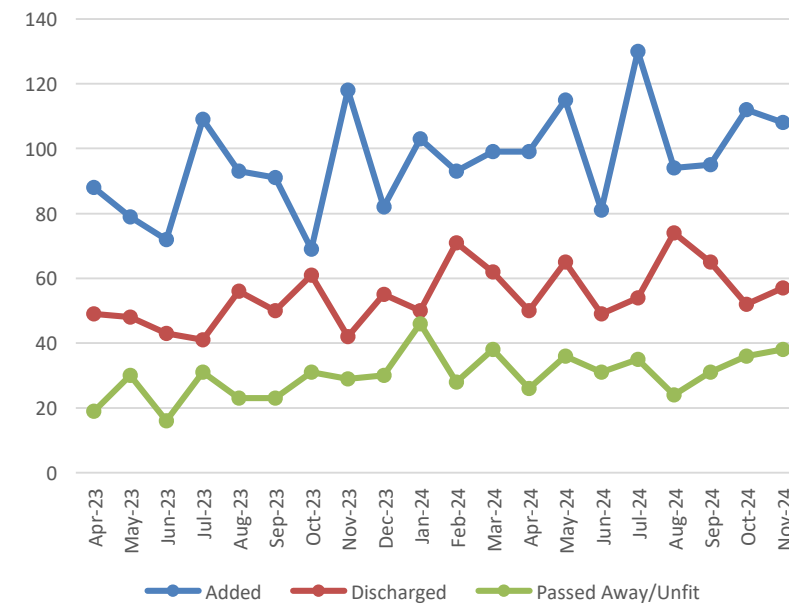
Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



Delayed Discharge – Location and Code (P&Q)



HHSCP Delayed Discharge – Patients Added VS Discharged (Q)





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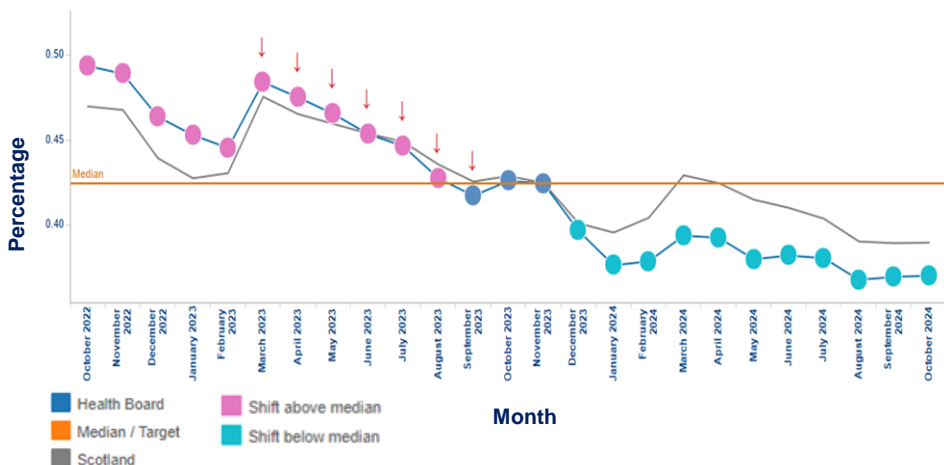
Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (New Outpatients – NOP – seen within 12 week target) – Slide 1 of 2

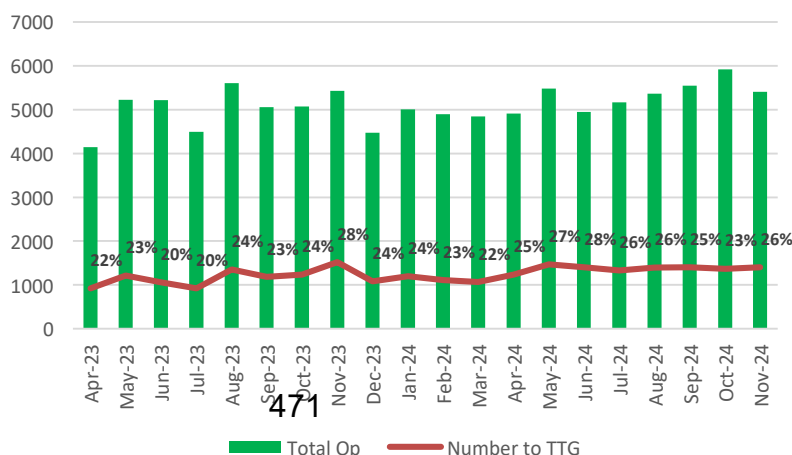
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Increase in virtual appointments to improve efficiency and reduce travel associated.	Aug 24	<p>The number of NOP seen within 12 weeks is 37% which is below the Scottish average.</p> <p>Reasons for level of performance include:</p> <ul style="list-style-type: none">• Inconsistencies in the application of clinic booking processes and Patient Access Policy• Approach to adherence to principles of WTG at service level.• Approach to list management for long waits at service level• Managing the efficient use of clinic rooms and spaces to correlate with clinic types, e.g. face to face clinics/NHS Near Me clinics/telephone clinics• CfSD initiatives not fully embedded across all specialties. This will move further forward when eHealth systems can be updated to accept the required changes on TrakCare PMS• Overall increasing numbers of NOP referrals into services	<p>Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provide a better patient journey and supports the validation of waiting lists, ensuring that appropriate patients only are waiting to be seen. Use NECU admin. Validation with CfSD agreement.</p> <p>Focus on the delivery of ISP continues, zoning in on core new outpatient activity and its close management. Shortfalls in core delivery are identified early and required delivery targets increased to address shortfalls quickly.</p> <p>Continuous governance and management of allocated SG additional activity funds to target longest NOP waiter.</p> <p>Robust patient access/WTG policy management with teams at all levels.</p> <p>Additional clinic space identified and now in use for dermatology, progressing well.</p>
Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans	May 24		
Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.	Mar 25		
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.	Mar 25		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Decreasing performance but near Scotland average; activity levels above target
Latest Performance	37.0%
National Benchmarking	39.0% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	11th out of 15 Boards

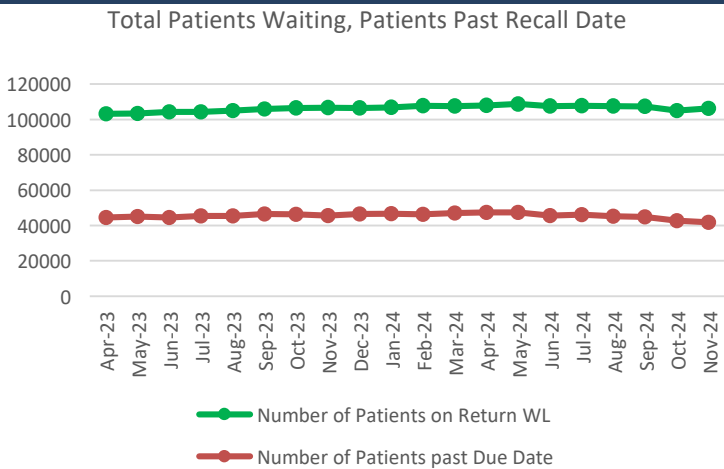
Outpatients Seen <12 Weeks (P)



OP Conversion Rates to TTG (Q)



Return Outpatients Wait List (P)





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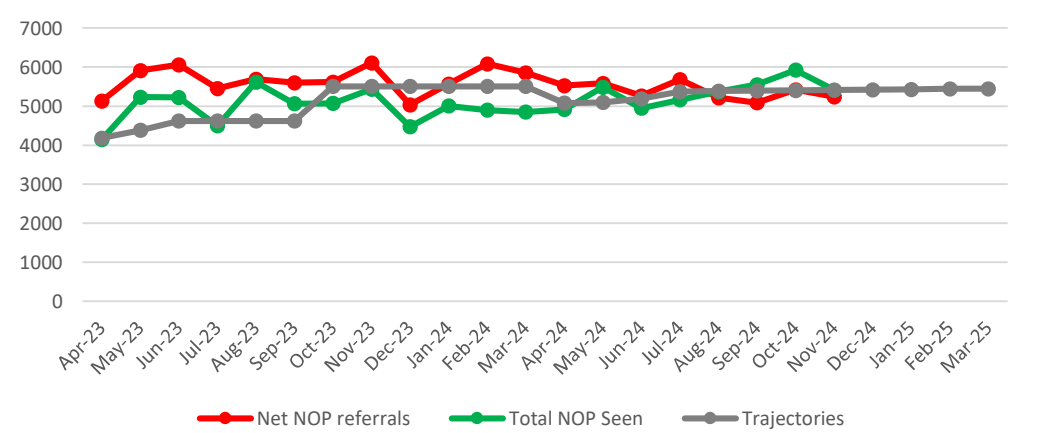
Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (Delivery Plan and Long Waits) - Slide 2 of 2

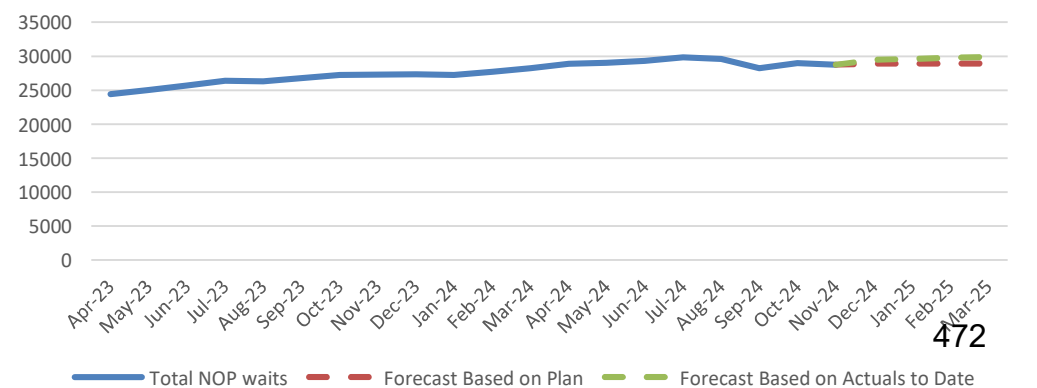
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen - Nov 24	Overall
64,045	42,318 (66.08%)	42,763 (66.77%)	0.69% above target

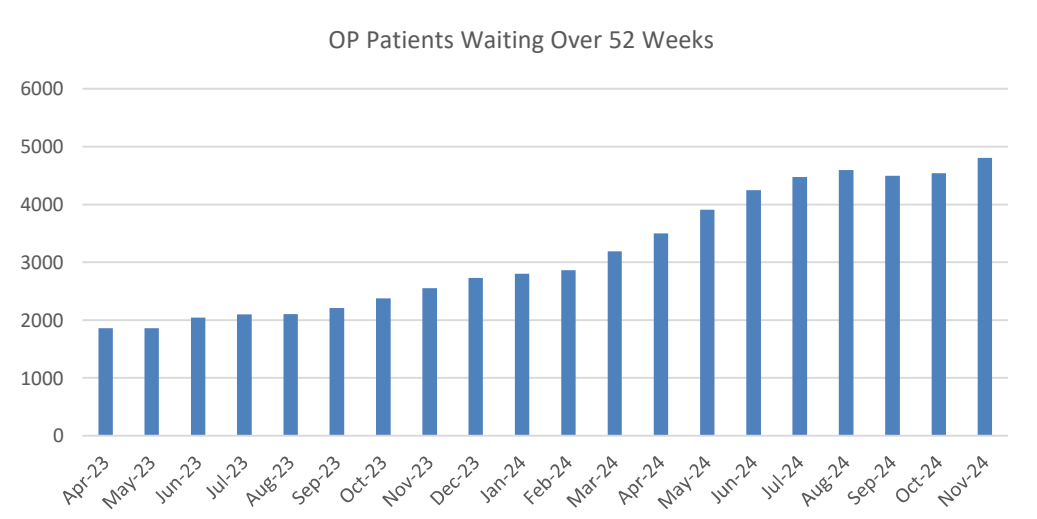
Referrals, Patients Seen & Trajectories (P)



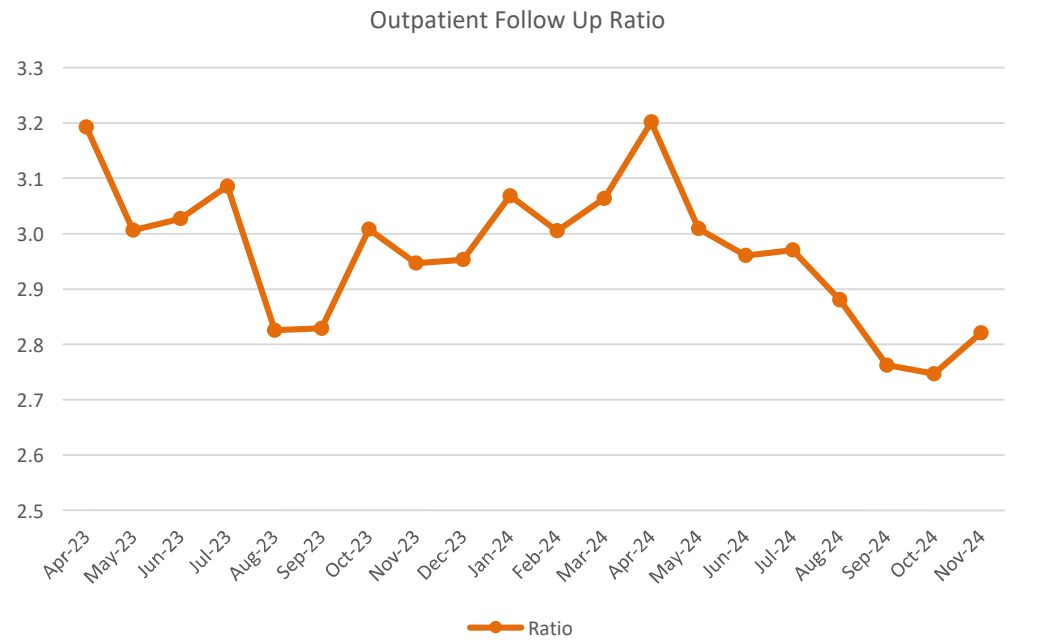
Waiting List & Projection (P)



Target 3 – Long Waits



Follow Up (Q)





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Exec Lead

Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee Slide 1 of 2: TTG < 12 week target

ADP Deliverables

Progress as at End of Q2 2024/25

Reduction in number of procedures of low clinical value	Aug 24
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU	Mar 25
Review of SLAs in Acute for patients who travel out with the board for treatment	Mar 25
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	Mar 25
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews	July 24
Continue to maximise the opportunities of the NTC with partner boards	Mar 25

Insights to Current Performance

- Increasing demand and complexity.
- Lack in some specialties of workforce to deliver care pathways.
- Patients referred into services with long waits who may realise better outcomes if care managed in primary care.
- Currently behind on TTG however confident that we can turn this around with focus on long waiting patients along with the use of the RGH capacity.

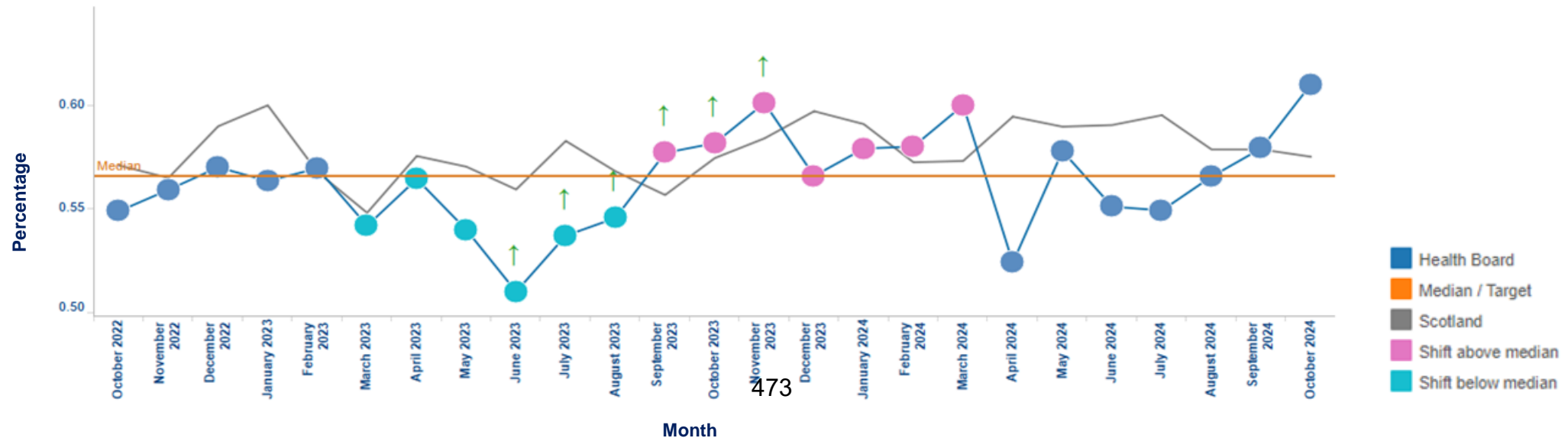
Plans and Mitigations

- Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models.
- Implementation of CfSD initiatives.
- Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list.
- Review of waiting list management processes
- Delivery of NHS waiting times dashboard to support appropriate management of care pathways.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	0.02% below ADP target
Latest Performance	61.0%
National Benchmarking	57.5% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	6 th out of 15 Boards

TTG Seen <12 Weeks (P)





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Katherine Sutton
Chief Officer, Acute

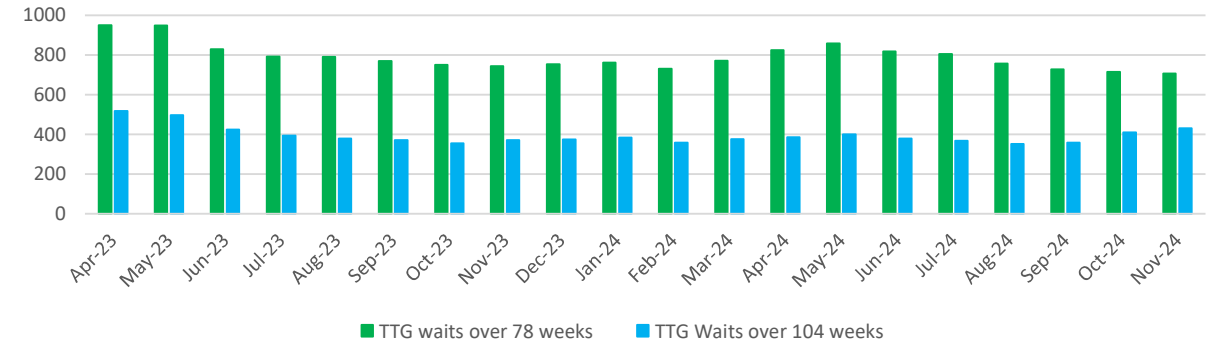
Treatment Time Guarantee Slide 2 of 2: TTG Activity, Long Waits & Projections

ADP Targets (P)

Yearly Trajectory	YTD Performance	Patients Seen - Nov 24	Overall
17,603	11,744 (66.72%)	11,741 (66.70%)	0.02% behind target

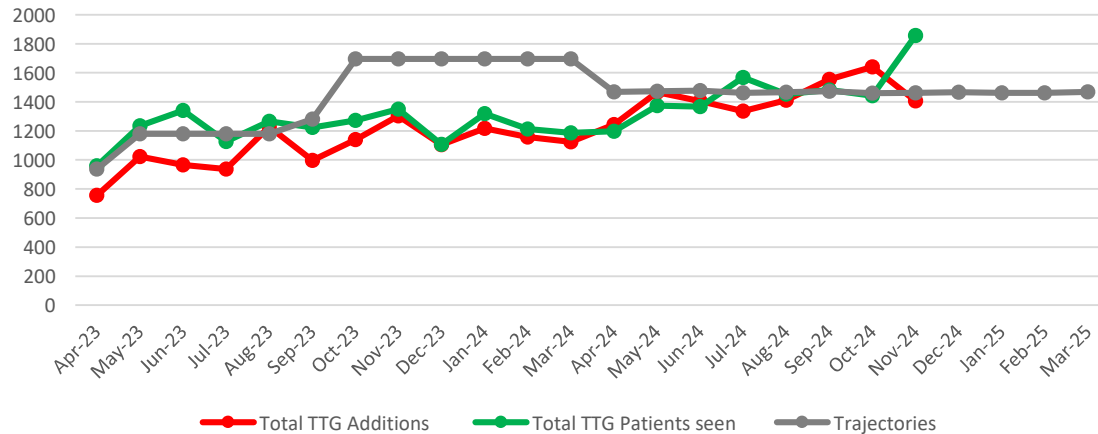
Long Waits (P&Q)

TTG Patients Waiting Over 78/104 Weeks

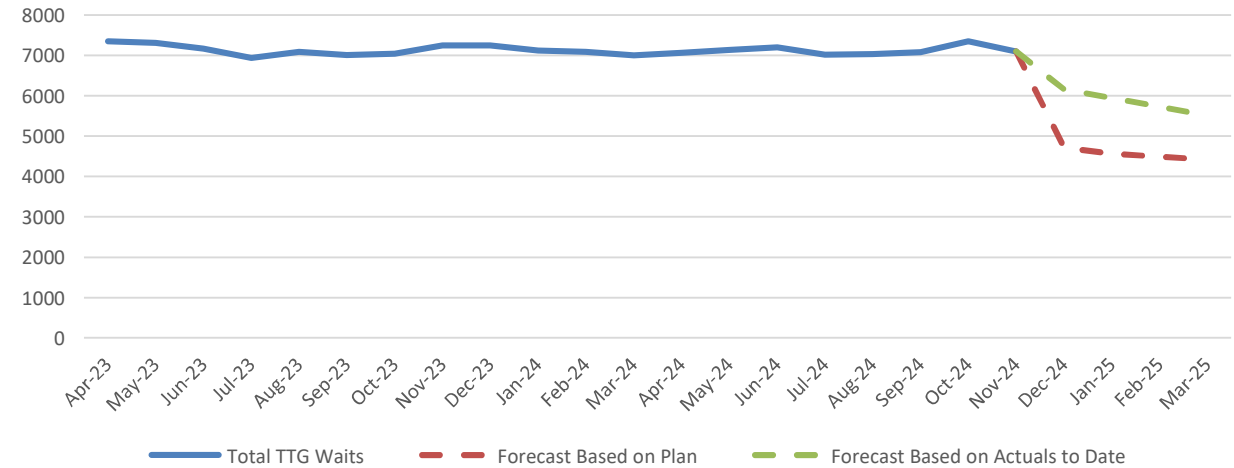


Referrals, Patients Seen & Trajectories (P)

Planned Care Additions, Patients Seen & Trajectories



Waiting List & Projection (P)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Radiology

ADP Deliverables Progress as at End of Q2 2024/25

Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.

Mar
2025

Insights to Current Performance

Current performance is meeting planned trajectories. Unplanned demand remains fairly constant.

Plan and Mitigation

A workshop was held Dec 2024 to identify areas of improvement. Priorities moving forwards:

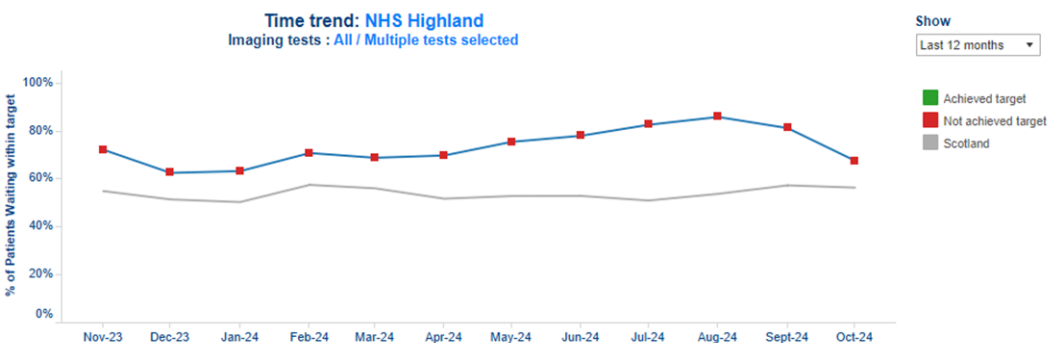
- Centralise radiology booking team
- IR(ME)R admin review
- Implement Patient Hub waiting list validation
- Cost conversion model
- Input / engagement with the OPEL system and how radiology plays a part in this
- Cost of missed appointments investigation and awareness

PERFORMANCE OVERVIEW

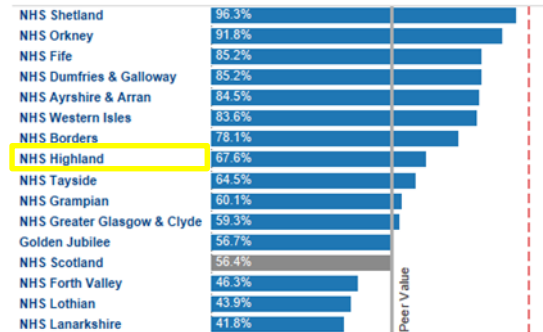
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	0.13% below ADP
Latest Performance	67.6%
National Benchmark	56.4%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHH is best ahead of Scotland average
Benchmarking	8 th out of 15 Boards

Imaging Tests: Maximum Wait Target 6 Weeks

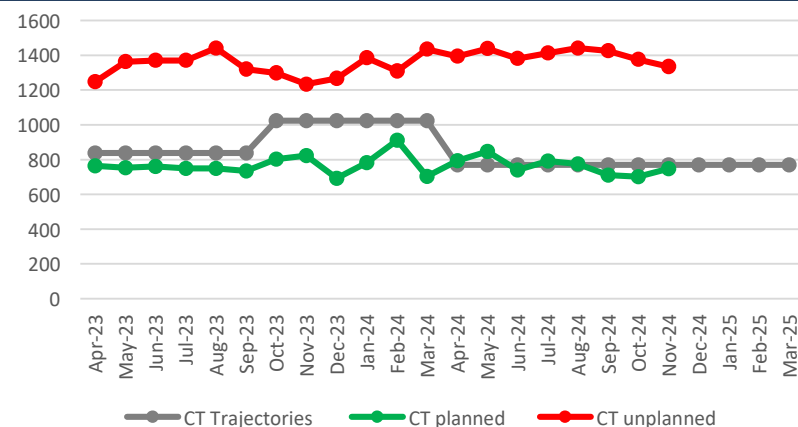


Benchmarking with Other Boards

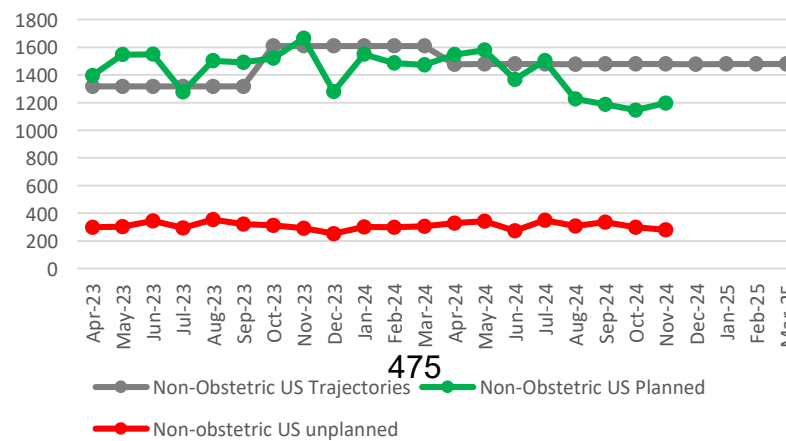


Yearly Trajectory	YTD Target	Patients Seen- Nov 2024	Overall
33,229	22,150 (66.66%)	22,106 (66.53%)	0.13% Below target

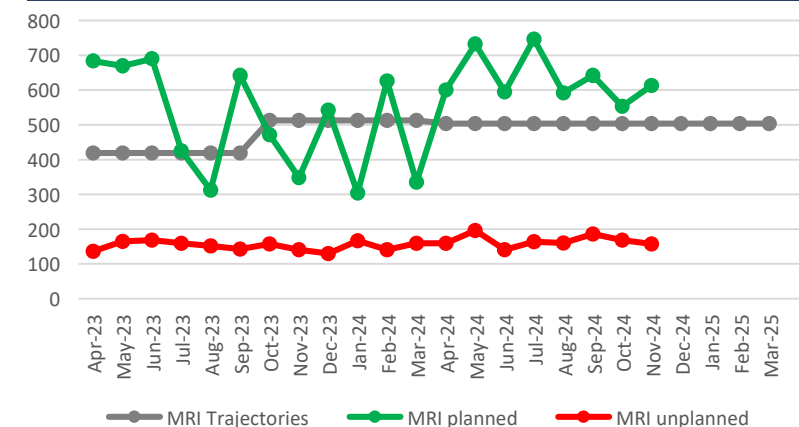
CT Patients Seen & Trajectories



Non-Obstetrics Patients Seen & Trajectories



MRI Patients Seen & Trajectories





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Endoscopy

ADP Deliverables Progress as at End of Q2 2024/25

GI Endoscopy – on track

Cystoscopy – recovery plan and strategic plan to be developed. Medilogik EMS to be used for all Cystoscopy procedures from 1st February 2025

Insights to Current Performance

TrakCare PMS to be reconfigured to measure waiting time rules against national 42-day target rather than local 28-day standard. This would provide a true reflection of current performance.

Plan and Mitigation

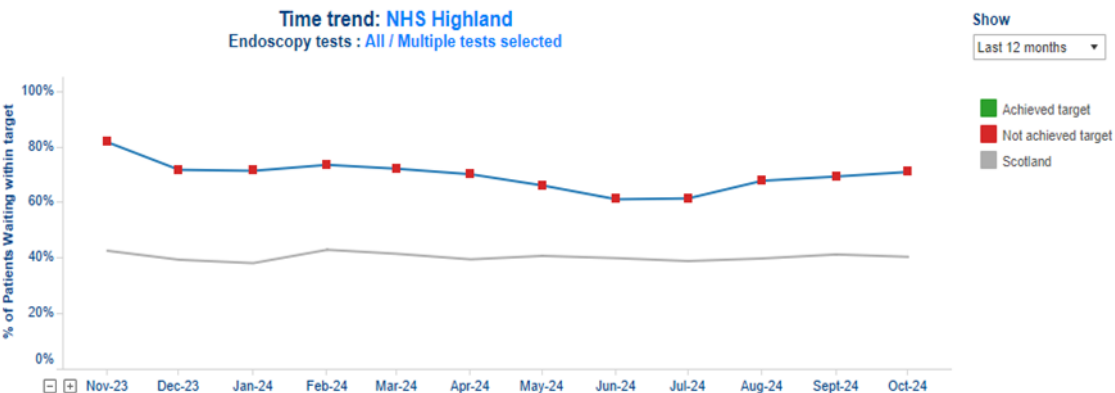
GI Endoscopy now in strong position, surveillance backlog reduced to just two months across Highland. Next step to reduce new urgent and routine wait.

Cystoscopy – appointment type review to be completed

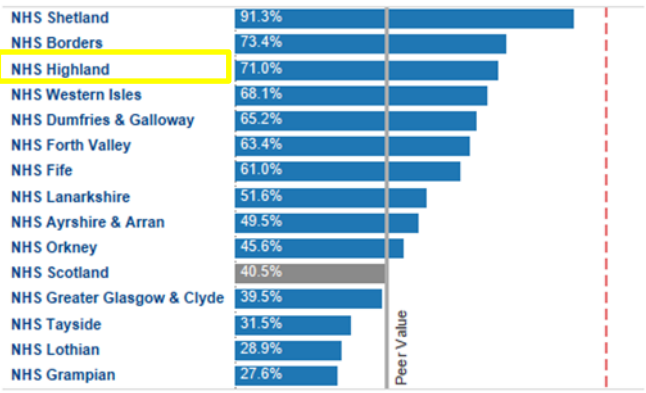
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	Meeting ADP Target
Latest Performance	71.0%
National Benchmark	40.5%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	3 rd out of 14 Boards

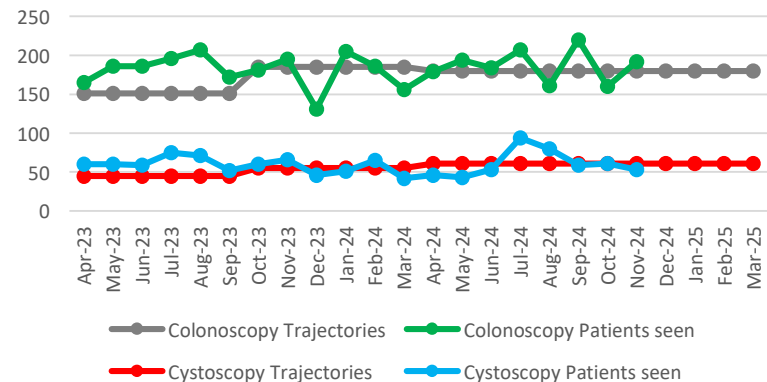
Endoscopy Tests: Maximum Wait Target 6 Weeks



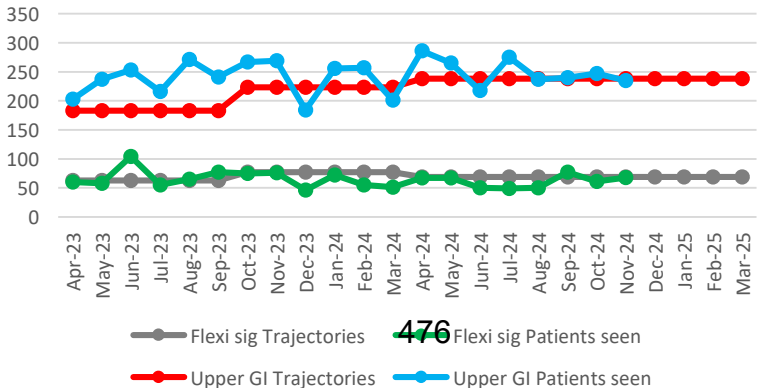
Benchmarking with Other Boards



Colonoscopy & Cystoscopy: Patients Seen & Trajectories



Flexi Sig & Upper GI: Patients Seen & Trajectories



Yearly Trajectory	YTD Target	Patients Seen - Oct 2024	Overall
6,576	4,384 (66.67%)	4,478 (68.10%)	1.43% over target



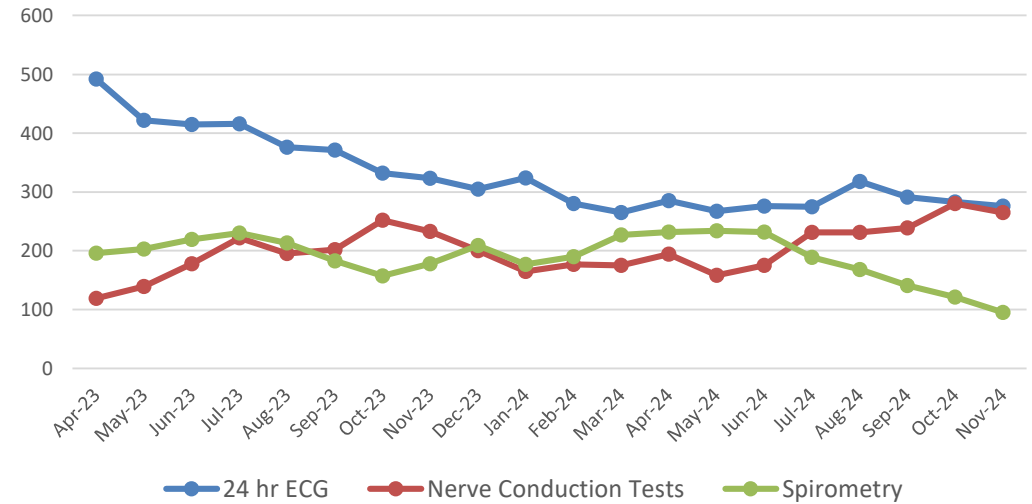
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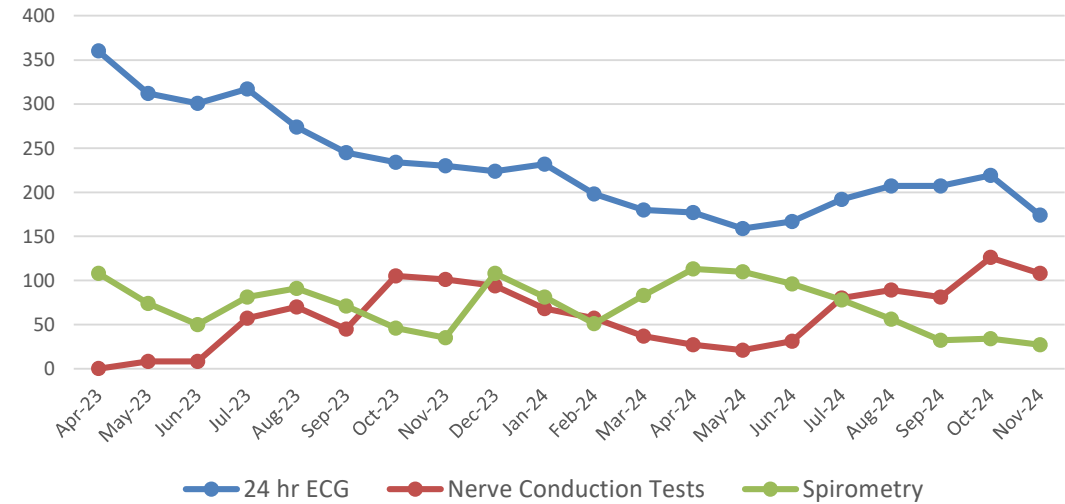
Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics Wait List - Other

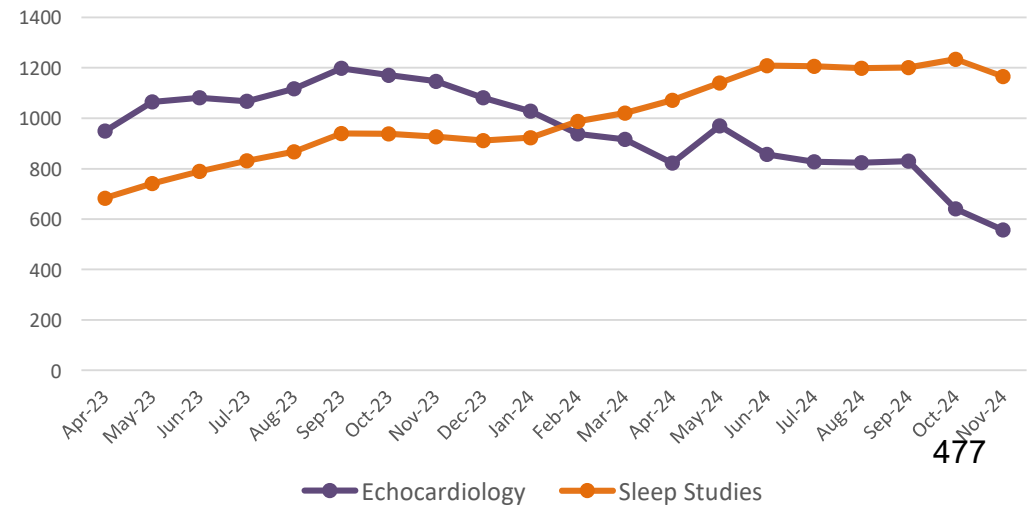
Total Waiting List Size
24hr ECG, Nerve Conduction Tests & Spirometry



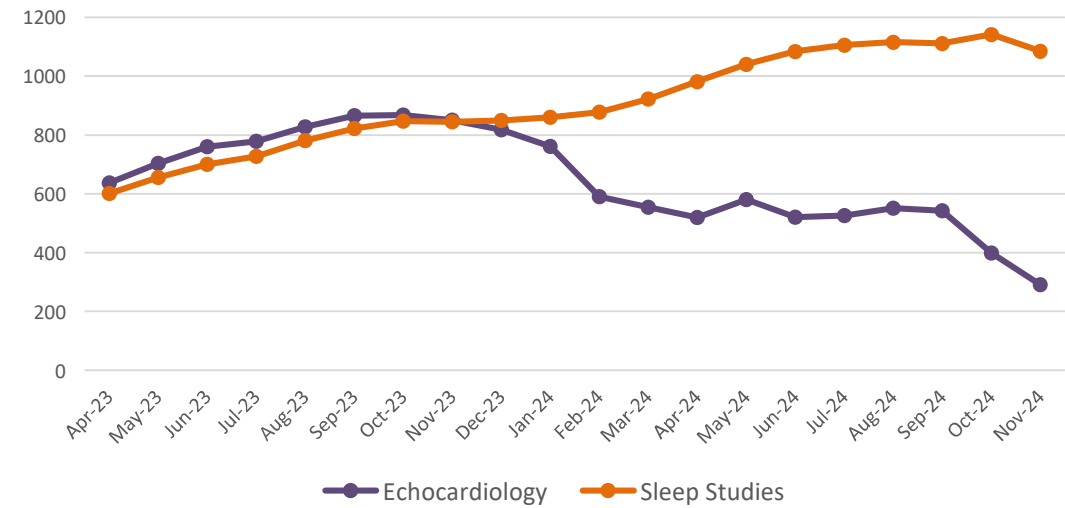
Patients Waiting >6 Weeks
24hr ECG, Nerve Conduction Tests & Spirometry



Total Waiting List Size
Echocardiology & Sleep Studies



Patients Waiting >6 Weeks
Echocardiology & Sleep Studies





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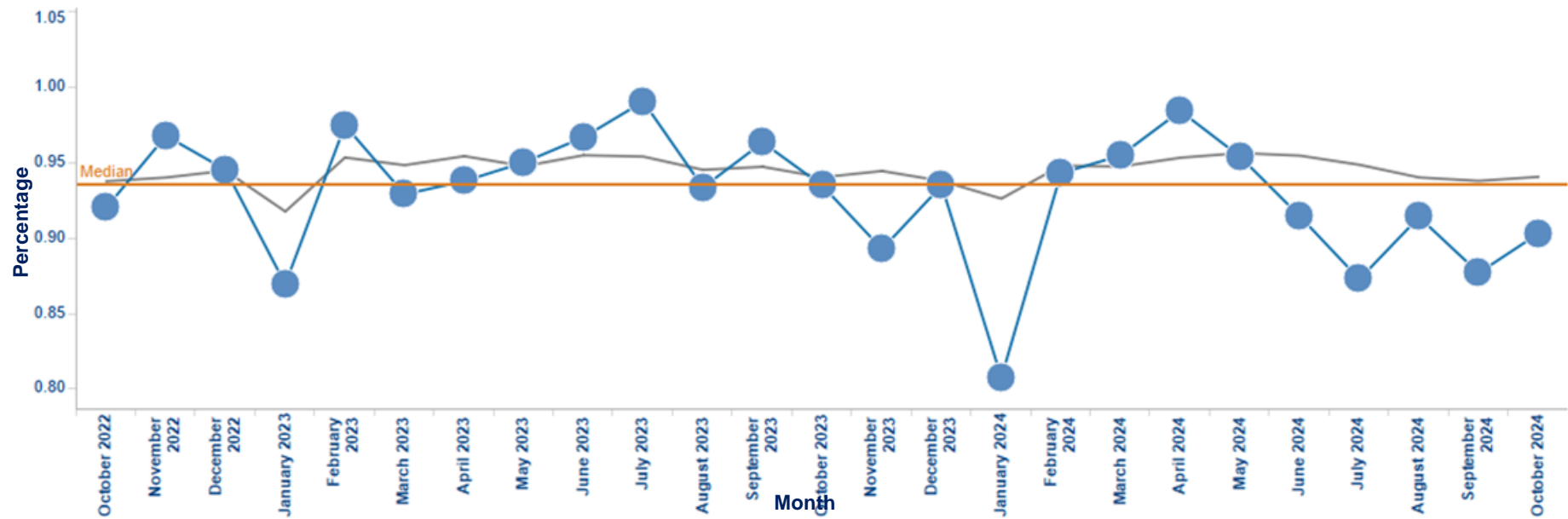


Exec Lead
Katherine Sutton
Chief Officer, Acute

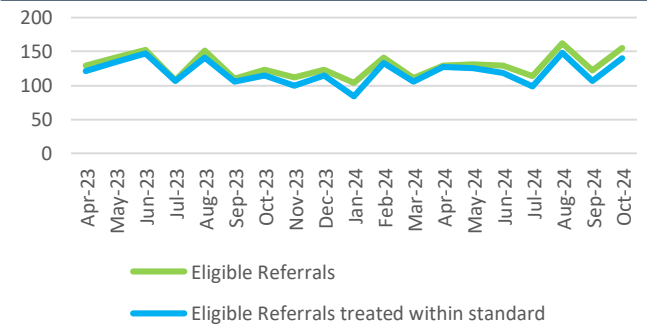
31 Day Cancer Waiting Times			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implement the local actions identified to meet the Framework for Effective Cancer management	Mar 25	Increasing demand and lack of workforce to manage / deliver oncology services.	Breach analysis of every patient to learn lessons, on-going. 1. Additional Operating availability for Urology and 2. Mutual aid for Breast assessment & treatment w/c 28 Oct from FV 3. CRC Oncology Mutual Aid from 15/12
Implement review of Breach Analysis areas e.g. Breast, Renal, Bladder & Colorectal to understand issues re 31/62 day targets	Mar 25	Performance most recently improved but deteriorated in this quarter & month due to lack of capacity for Bladder & Renal Operating and for Breast Radioisotope supply and Radiology resulting in reduced performance	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below national average
Latest Performance	90.3%
National Benchmarking	94.1% Scotland average
National Target Achievement	Last met in May 2024
Position	14th out of 15 Boards

31 Day Cancer Waiting Times



Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards





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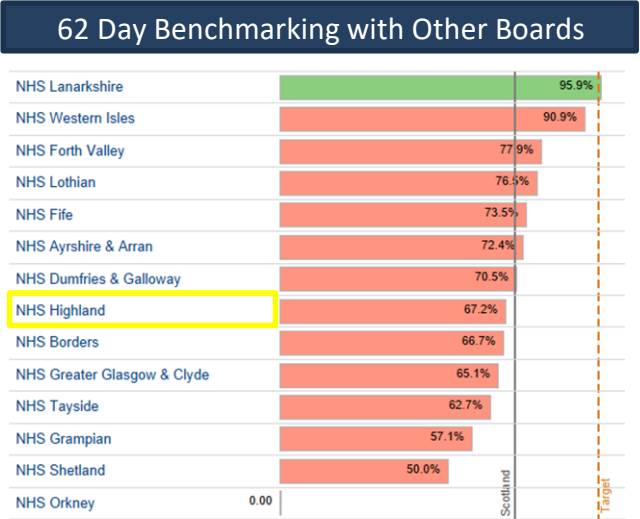
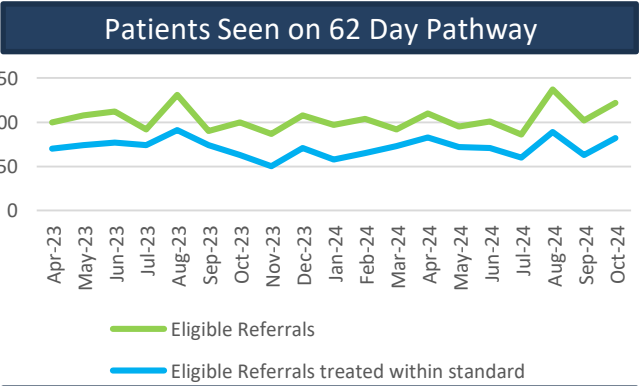
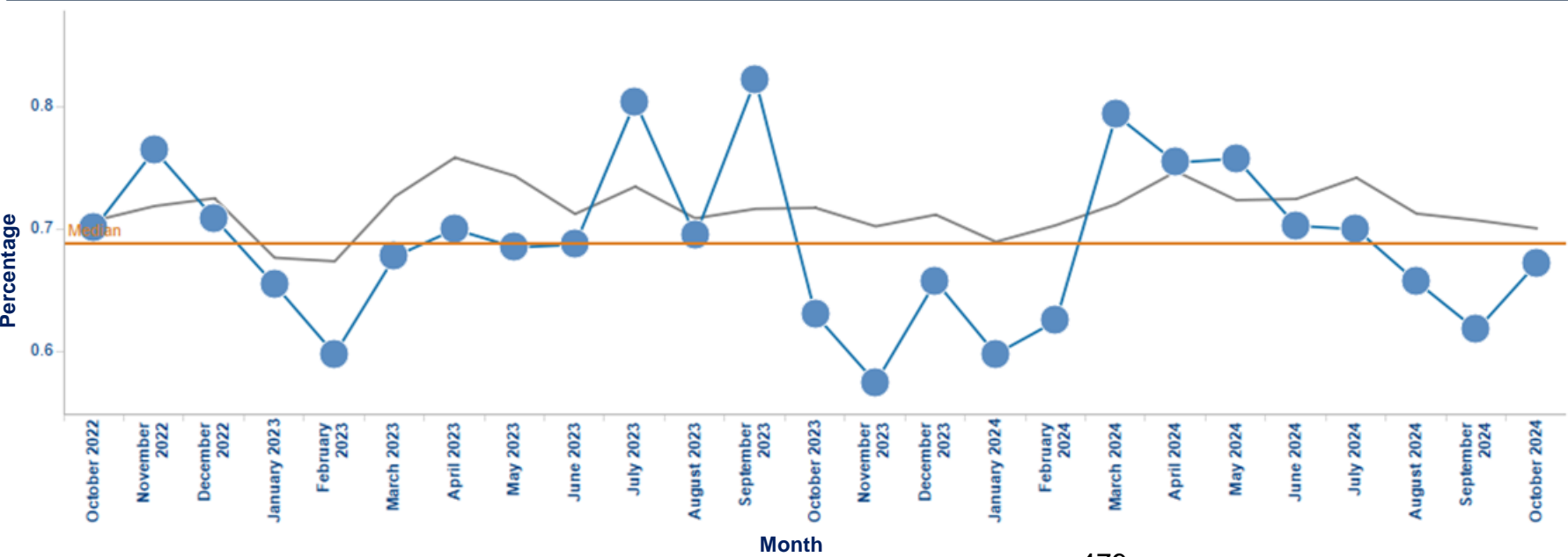


Exec Lead
Katherine Sutton
Chief Officer, Acute

62 Day Cancer Waiting Times		
ADP Deliverables Progress as at End of Q2 2024/25		
Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Consider capacity and demand for cancer surveillance	Sept 24	<div>Insights to Current Performance</div> <p>The total number of patients receiving treatment increased but consequently performance decreased in August 2024.</p> <p>Nationally, there are long-standing challenges with meeting the 62-day standard due to the number of referrals for urgent cancer investigation.</p> <div>Plans and Mitigations</div> <p>Development of national oncology target operating model. Finance and workforce gap analysis underway to realise national working.</p> <p>Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation. Overlapping Plans with 31 Day Standard in order to improve performance</p>
Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.	Mar 25	
Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.	Mar 25	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below national average
Latest Performance	67.2%
National Benchmarking	70.1% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	8th out of 14 Boards

62 Day Cancer Waiting Times





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Exec Lead
Katherine Sutton
Chief Officer, Acute

SACT Access and Benchmarking

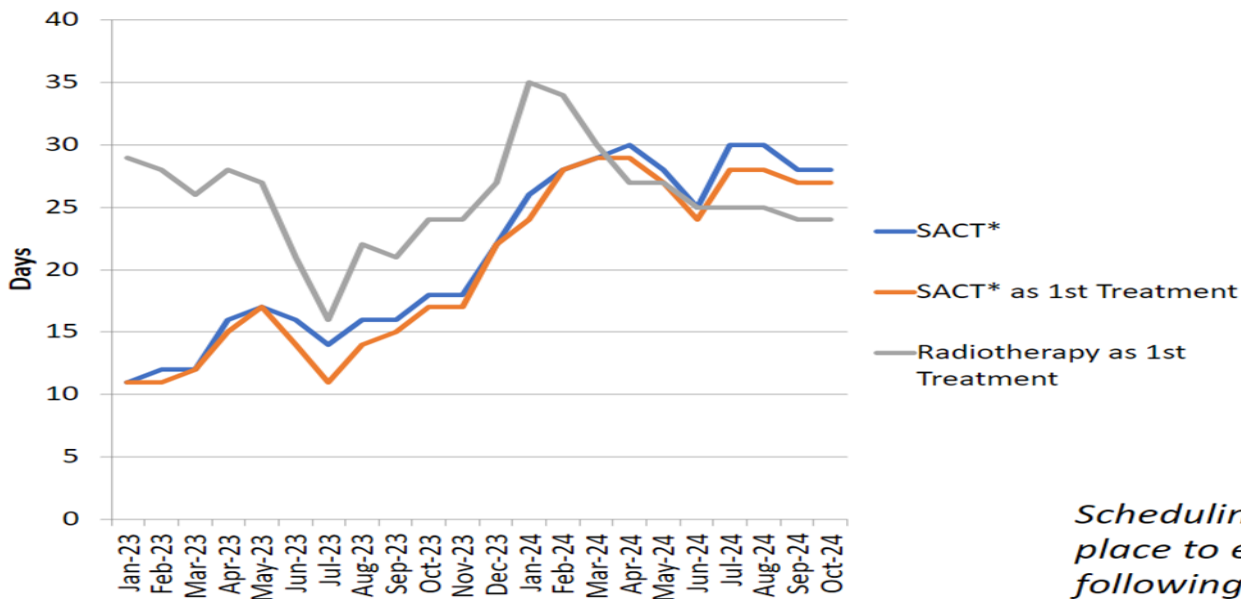
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy	Mar 25	Waiting times to start SACT and Radiotherapy treatment remain stable in 2024 following a sharp increase in recent years. The service is very much dependent upon senior clinicians to prescribe and trained nurses to administer. The latter position has improved with 2 additional nurses in post and 1 additional nurse being interviewed This is against a backdrop of increasing number of patients being treated in Highland, mirroring the national trend.	Development of national oncology target operating model to improve Oncologist capacity initially
Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.	Mar 25		Appointment of 3rd additional SACT trained nurse.
Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment	Mar 25		Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Stable
Latest Performance	24-29 days to start treatment
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	NHS Highland activity matches national trends

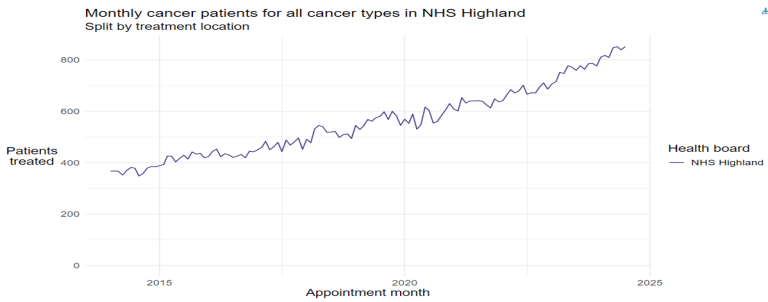
Systemic Anti Cancer Therapy – Waiting Times



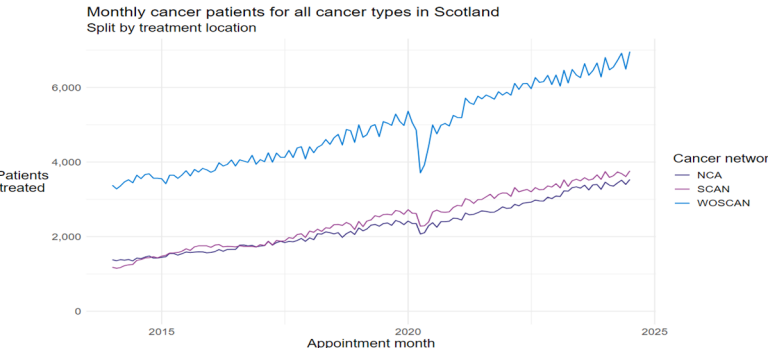
Scheduling
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*Excludes all

480

Highland Patient Numbers (P)



Scotland Patient Numbers (P)





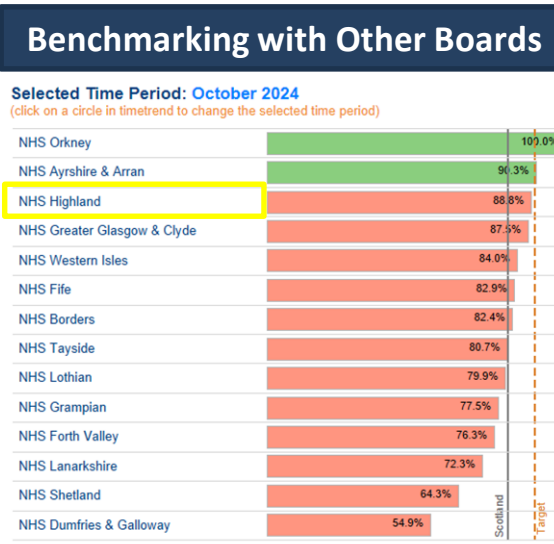
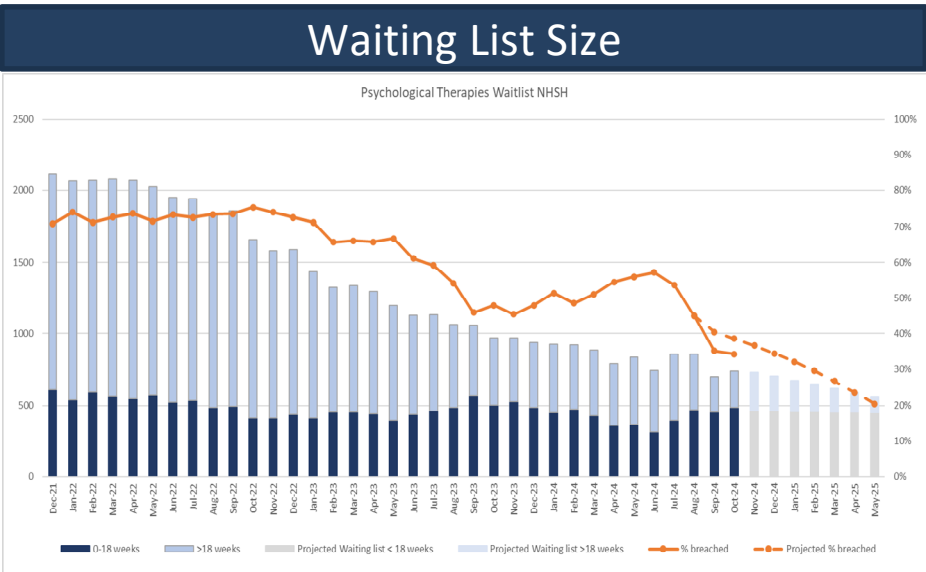
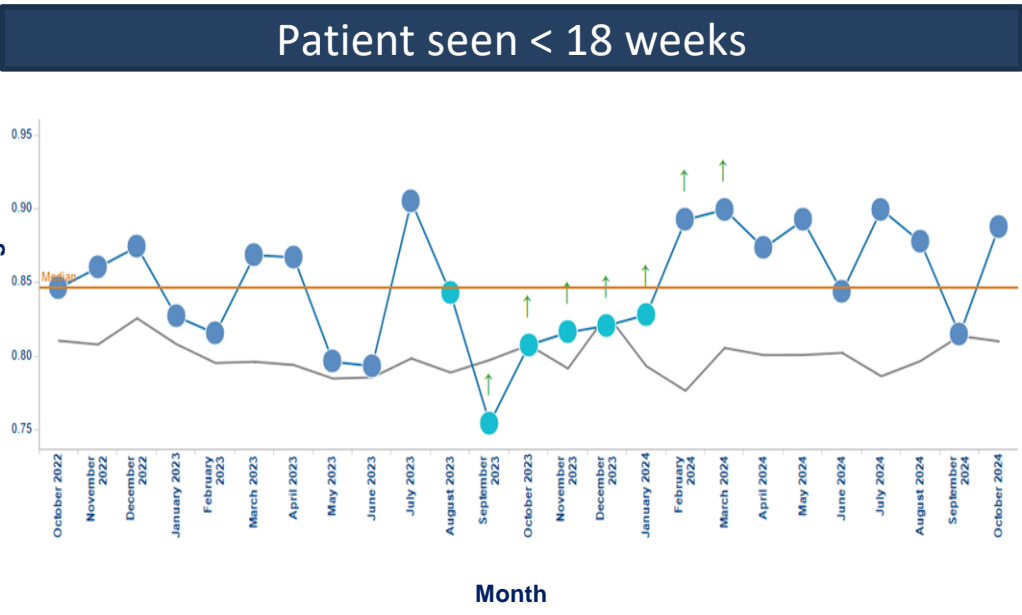
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Exec Lead
Pamela Stott Chief
Officer, HHSCP

Psychological Therapies Waiting Times			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations		Scottish Government response to PT Improvement Plan submission confirmed that NHS PT no longer require enhanced support from SG due to the recent performance improvement in 2024.	<ul style="list-style-type: none">•Recruited x2new Clinical Psychologists in Adult Mental Health Psychology.•The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification•Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government.•The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.
		Mar 25	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below target but performance improved
Latest Performance	88.8%
National Benchmarking	81% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	3rd out of 14 Boards





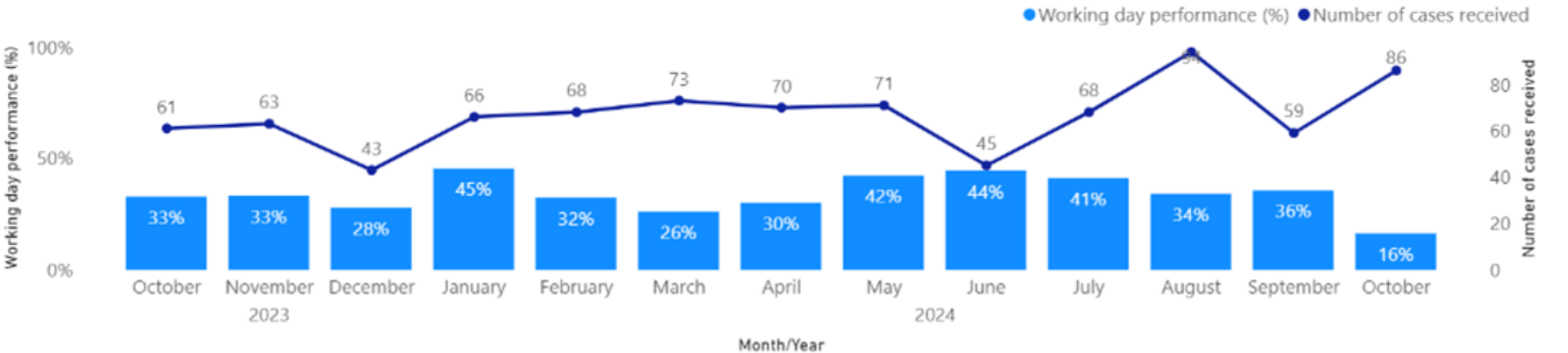
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Exec Lead
Boyd Peters

Complaint Activity (October 2023 – October 2024)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations	Performance Rating
N/A		There has been an increase in the number of stage 2 complaints received. Performance in October has been poor.	Complaints training has been arranged for acute services on 14 and 21 January. This will cover investigation, preparing a response and action planning. Improvement work continues in HHSCP	
				Latest Performance
				National Benchmarking
				National Target
				National Target Achievement
				Position

Stage 2 Cases (excluding further correspondence and SPSO)



Top 3 complaint Issues (last 3 months)

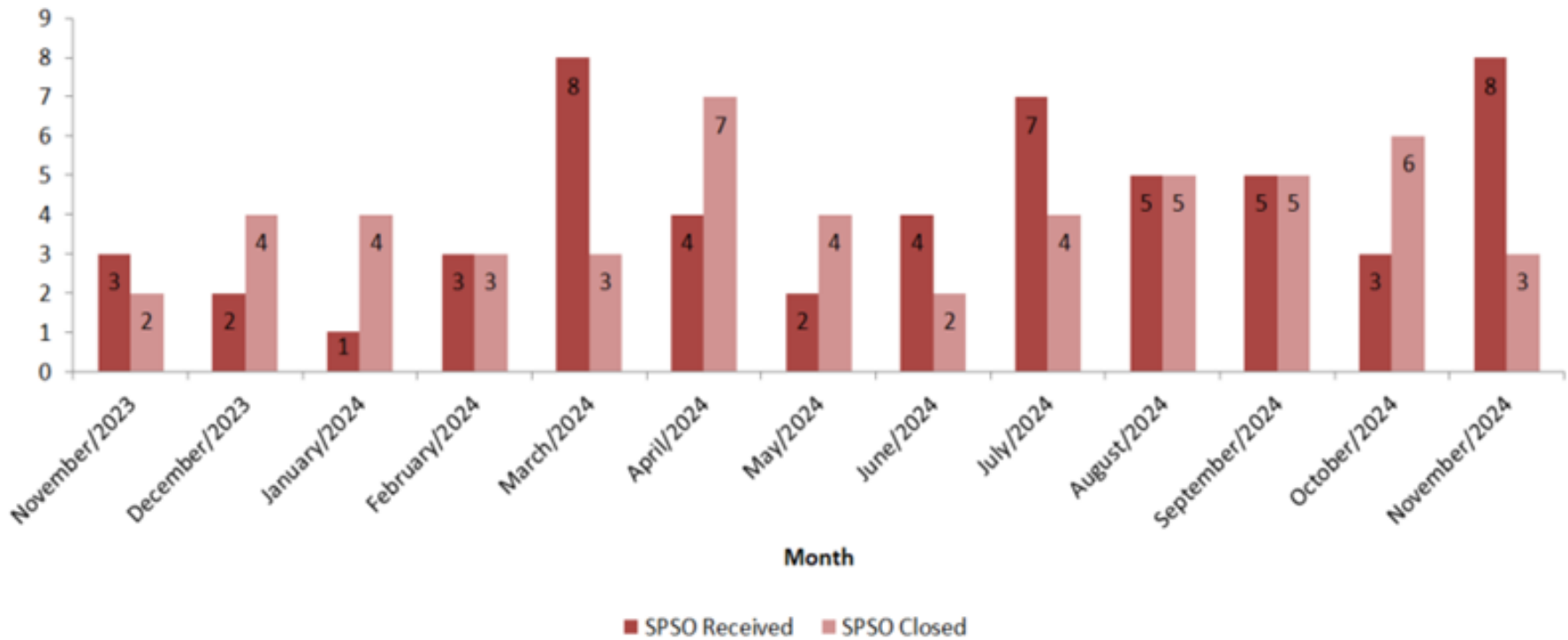
- 1. Treatment
 - Poor care
 - Delays in diagnosis / treatments
- 2. Communication
 - Patient / carers not given full information
 - Patient / carers not fully involved in treatment decisions
- 3. Waiting times / delays
 - Outpatients



SPSO Activity (November 2023 – November 2024)		
ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
N/A	There has been an increase in the number of enquiries received from the SPSO. Most of the cases are not taken forward following initial review by the SPSO.	SPSO cases continue to be closely monitored. The BND and BMD have oversight of response to decision letters and investigation reports.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Number of SPSO Cases received / closed



SPSO cases received last 3 months:
16 received: 8 Acute, 3 A&B and 5 HHSCP. These relate to care and treatment, NDAS service and Adult Social Care Services.

SPSO cases closed last 3 months:
14 SPSO enquiries closed. 13 not taken forward, 1 not upheld

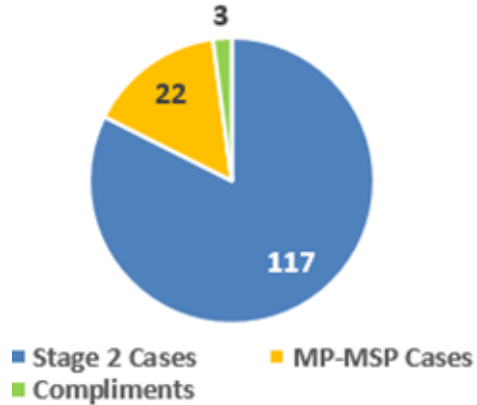


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Exec Lead
Boyd Peters

Type of Correspondence
Received



3 compliments have been registered. Patients praised:

- Excellent care and treatment received.

Within the 12-month period a total of 117 complaints were received relating to Mental Health services. The main issues included communication, waiting times, treatment and discharge arrangements

Within the 12-month period there has been a total volume of 2997 incidents raised relating to Mental Health Services. The main categories were falls, medication, self-harming behaviour, and violence and aggression



The Patient Said...

There was a lack of Psychiatric care and treatment since their discharge from Lochgilphead Hospital almost a year ago.

What We Did..

Apologised and arranged for patient to be reviewed by Consultant Psychiatrist every 3 months and contact with CMHN every 2 weeks to manage medication.



The Family Said..

There was poor communication regarding brother's care and discharge planning from MHS to a community care setting.

What We Did..

Reviewed daily management practices and ensure that any discharge planning meetings are clearly communicated.



Family Involvement in patient care...

Learning from a Case Review was included at the MHL & DARS Learning Event. Discussion around themes from NCISH '10 Ways to Improve Safety' that includes family involvement.

Next steps... to consider cyclical self-assessment against NCISH '10 Ways to Improve Safety' as part of MH Clinical Governance.



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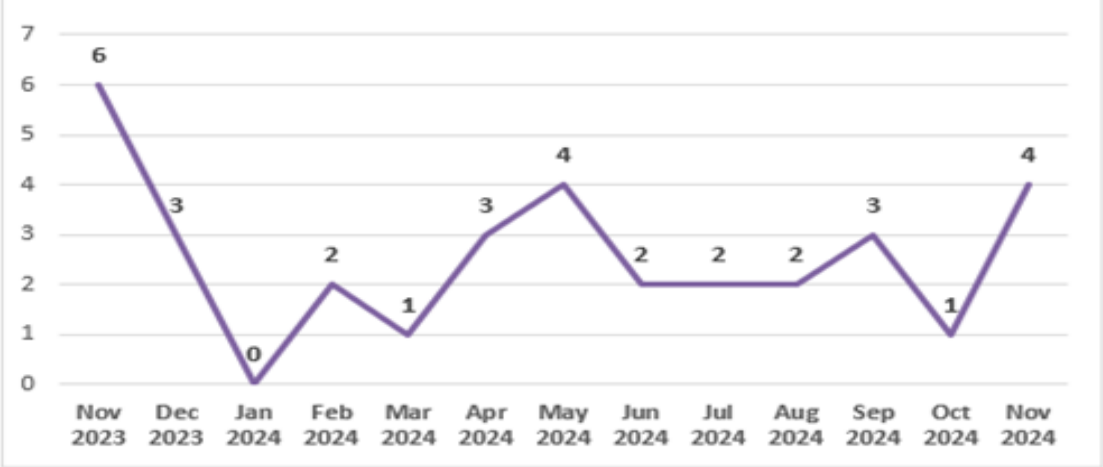


**Exec Lead
Boyd Peters**

Level 1 (SAER) & Level 2A incidents (November 2023 – November 2024)			
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		Work has been progressing to reduce the number of overdue SAER actions. There has been improvement.	New national frameworks for adverse events is due to be published in 2025. There will be a review and refresh of our SAER policy and procedures.
		7 SAER cases have been active for more than 26 weeks	Continue to review and close actions.
		45 Level 2a cases been active for more than 12 weeks	Review of all the over due active SAERs and Level 2a

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

SAERs declared Nov 23 to Nov 24



OUTSTANDING ACTIONS	LEVEL 1 / SAER	LEVEL 2A
Acute	40	11
HHSCP	6	1
Argyll	32	10
Corporate	0	3
NHS Highland	78	25
All Level 1 / SAER actions are overdue, apart from 5 due in the next month. All Level 2A actions are overdue apart from 1 due this month.		

All incidents reported in Datix are reviewed through the Quality Patient Safety review structure.

In the 13-month period a total of 17,184 incidents have been raised across NHS Highland. A total of 33 Level 1 (SAERs) have been declared, giving a conversion rate of 0.19%.

Current Status (no date restriction) :

- 93 major and extreme risk graded incidents remain open
- 20 active level 1 cases, 7 have been active for over 26 weeks.
- 52 active level 2A cases, 45 have been active for over 12 weeks



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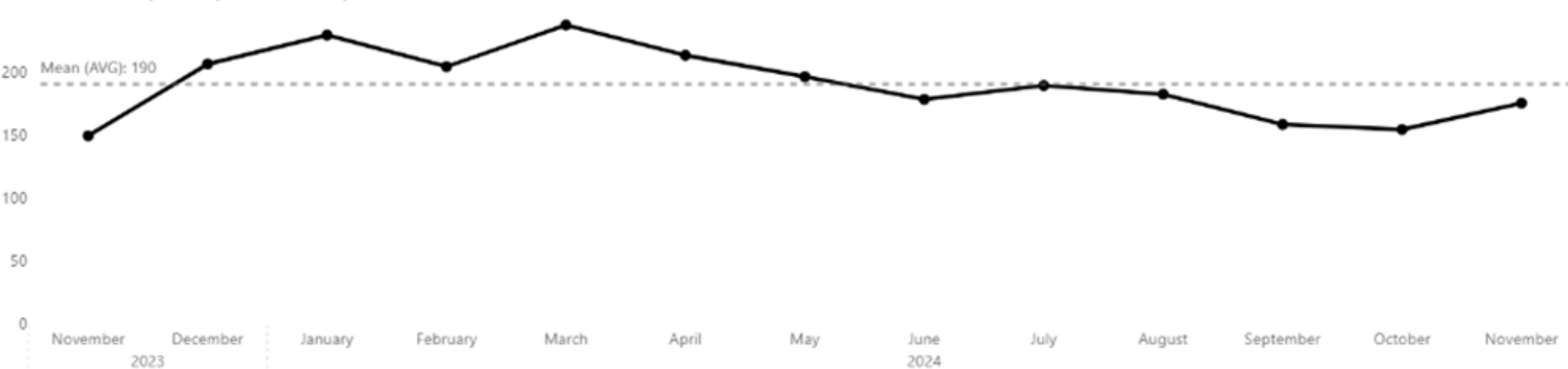


**Exec Lead
Louise Bussell**

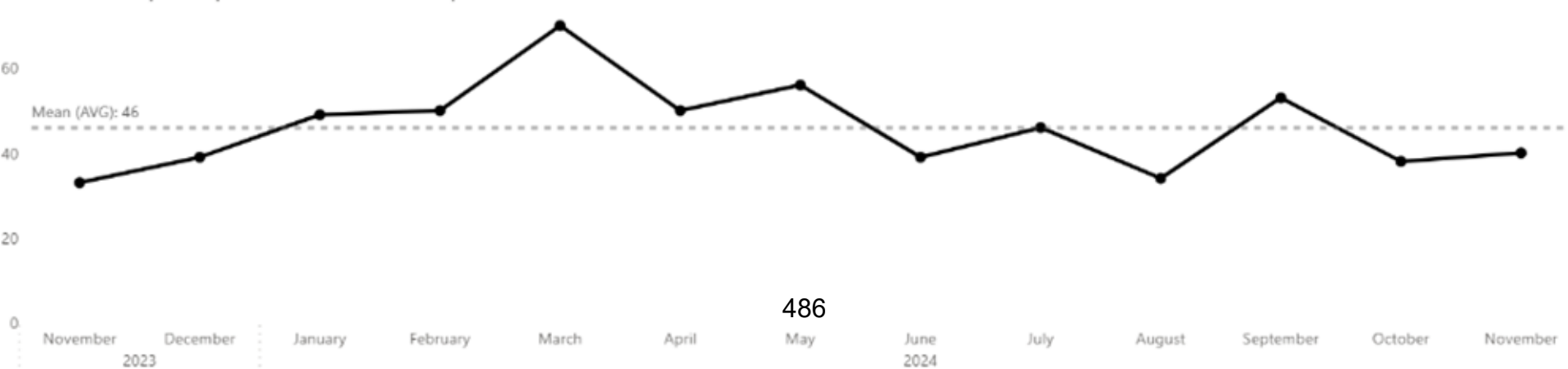
Hospital Inpatient Falls (November 2023 – November 2024)

ADP Deliverables Progress as at End of Q3 2024/25			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Insights to Current Performance			Performance Rating	
Plans and Mitigations			Latest Performance	
			National Benchmarking	
			National Target	
			National Target Achievement	
			Position	

Number of Hospital Inpatient Falls | Run Chart



Number of Hospital Inpatient Falls with Harm | Run Chart





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Louise Bussell

Tissue Viability (November 2023 – November 2024)

ADP Deliverables
Progress as at End of Q3 2024/25

Insights to Current Performance

Consistent concerns around grade 2 pressure ulcers, which are much higher than other grades across the Board.

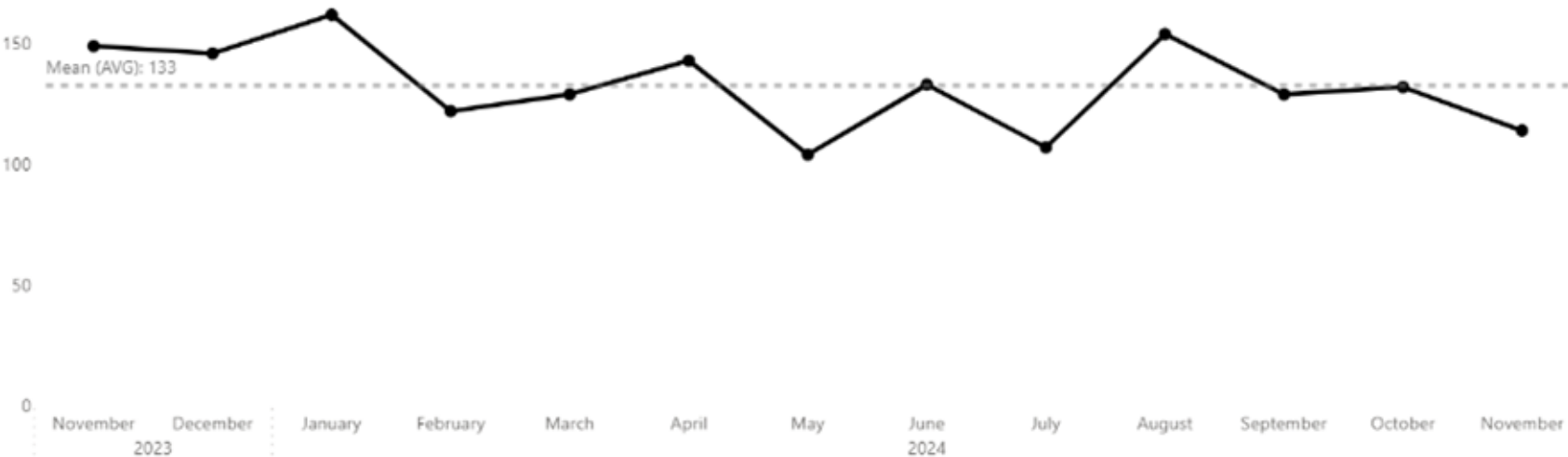
Plans and Mitigations

Targeting key high, risk areas. Seeking to increase the uptake of Tissue Viability training across the Board. Continuing to audit compliance.
Update Guidelines and NHS Policy once EPUAP/NPUAP has published this

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Number of Tissue Viability Injuries | All Subcategories and Injury grades



Previous 3 Month Period (Jun 2024 - Aug 2024)

- 5%

Decrease in injuries

Previous 13 Month Period (Nov 2022 - Nov 2023)

3%

Increase in injuries

Sub-category | Injury

Subcategory	Mucosal Pressure Damage	Pressure Ulcer - combination lesions	Pressure Ulcer - deep tissue injury	Pressure Ulcer - ungradable	Pressure ulcer (grade not specified)	Pressure ulcer Grade 1	Pressure ulcer Grade 2	Pressure ulcer Grade 3	Pressure ulcer Grade 4	Total
Developed/discovered in community	1	10	98	104	8	180	385	63	15	864
Discovered on admission	11	5	15	40	7	103	172	43	19	415
Developed in hospital	22	6	26	32	3	102	169	16		376
Known ulcer deteriorating		2	7	16		6	10	18	10	69
Total	34	23	146	192	18	391	736	140	44	1724



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Louise Bussell

Infection Control - SAB, CDI and ECOLI

ADP Deliverables

Progress as at End of Q3 2024/25

Clostridioides difficile healthcare associated infections rate 30 (24 cases)

Staphylococcus aureus bacteraemia healthcare associated infections rate 9 (7 cases)

Escherichia Coli Bacteraemia healthcare associated infections rate 28 (22 cases)

Insights to Current Performance

Concern over higher-than-expected case numbers of Clostridioides difficile over recent months. Although not reporting as an exceedance with ARHAI Scotland. During the meeting with ARHAI we were informed that both NHS England and NHS Scotland are reporting national increases.

Plans and Mitigations

Continue to review individual cases for learning. Targeted work with antimicrobial prescribing. Continue to ensure adherence to national guidance for the management of infections.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating

Latest Performance

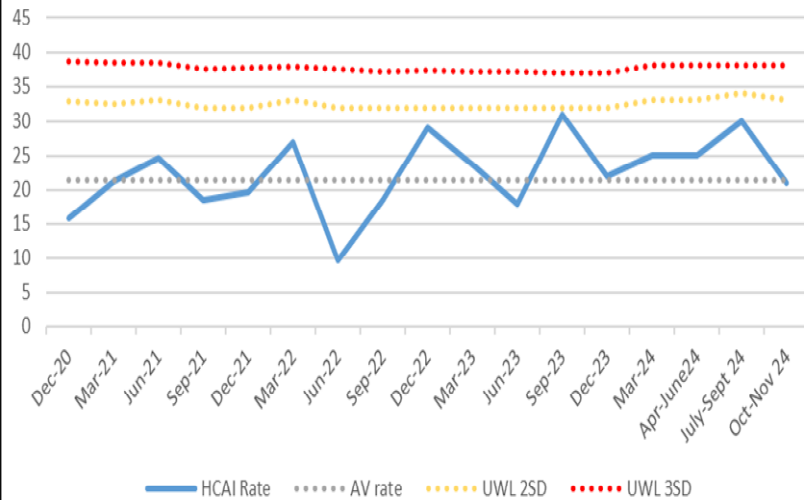
National Benchmarking

National Target

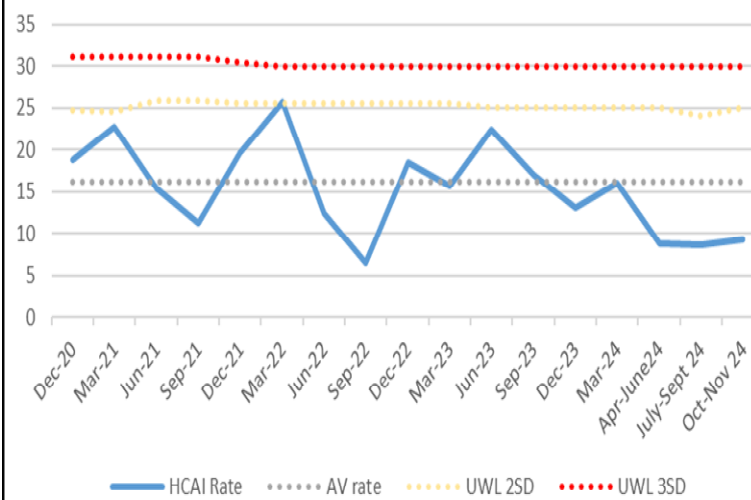
National Target Achievement

Position

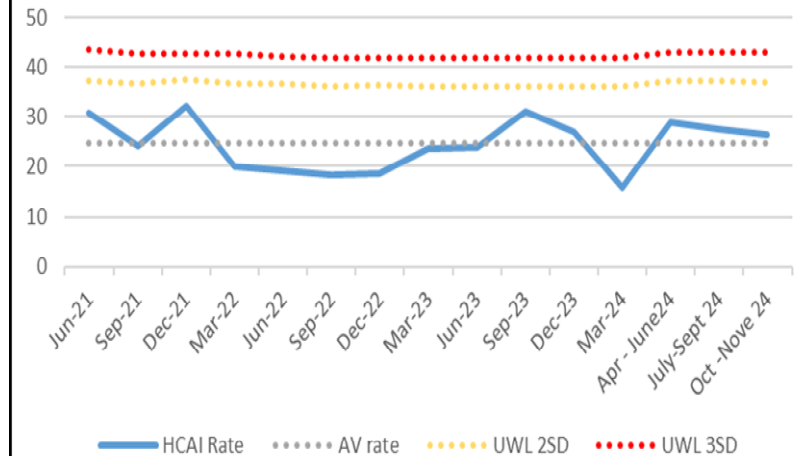
Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data



Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data



Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data



Organisational Metrics Nov 2024

Sickness Absence Rate (%)

5.97

Long Term SA Rate (%)

3.18

Short Term SA Rate (%)

2.74

Recorded Absence Reason (%)

75.35

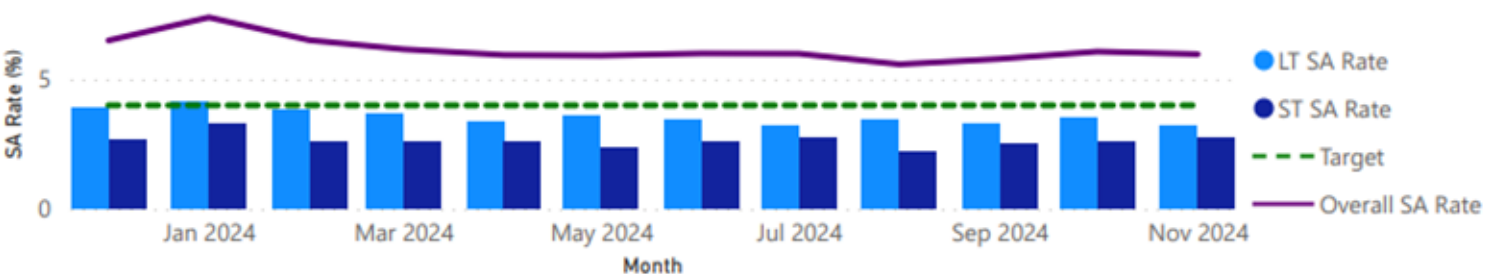
Vacancy Time to Fill (Days)

111.24

Annual Employee Turnover (%)

8.35

Sickness Absence Rates (%) by Month



Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



Training Metrics Nov 2024

Mandatory eLearning Completion (%)

69.9

Note that from Jul 2024 V&A e-Learning module has been reintroduced to Mandatory Training compliance figures as a new course was launched in June for all Job Families. V&A Practical figures have dropped due to a new template report which is mirroring the new V&A training pathway requirements.

V&A Practical Training Completion Rate (%)

16.4

M&H Practical Training Completion Rate (%)

33.7

Appraisal Completion Rate (%)

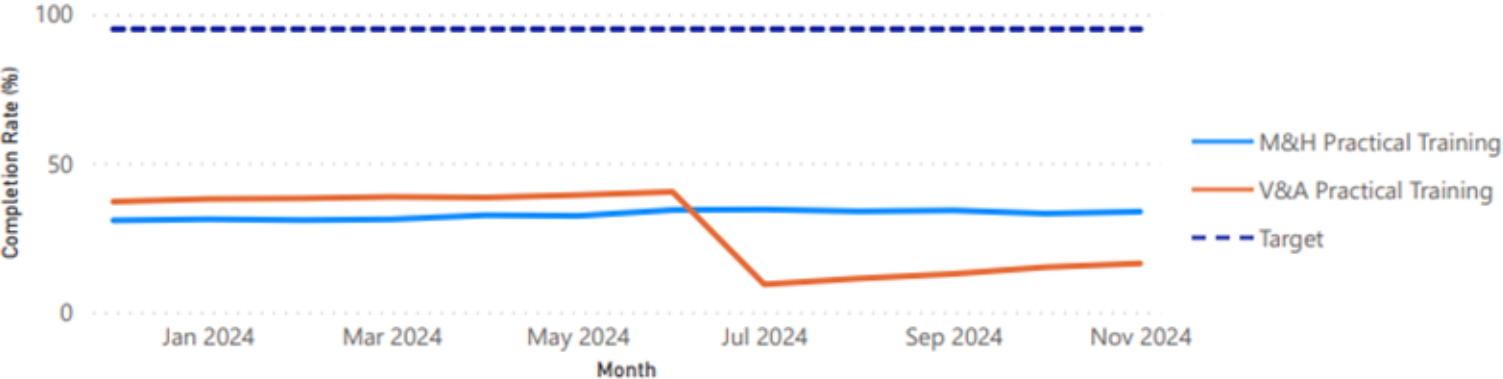
27.9

Note that from Sep 2024, new starts are no longer excluded from Appraisal figures.

Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



- NHS Highland absence remains above the national 4% target and has remained at around 6% for September, October and November 2024 . The absence rate has decreased since a peak of 7.39% in January this year. 23.7% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (21.2% of short-term absences) remain high as well as gastro-intestinal problems (15.2% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 24.65% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Manger attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.
- Attendance Management audit concluded with number of actions to progress to support managers
- The [NHS Highland Health and Wellbeing Strategy](#) is in final draft and being presented to the appropriate Governance Committees prior to launch. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long-term actions is being progressed by the Health & Wellbeing Group.
- The average time to fill vacancies has dropped below the NHS Scotland KPI of 116 days. Its has improved markedly since its peak of 134.5 days in April and is now 111.2 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 8.35% for November 2024.
- In November 2024 we continued to see high levels of leavers related to voluntary resignation (27.6%) and retirement (25.9%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 22.4% of our leavers. Further encouragement is required to capture leaving reasons.
- An improvement plan for Appraisals is being progressed with refreshed awareness sessions for managers and staff. Compliance reports are distributed monthly to Senior Managers. All direct reports of a Director level post and the tier below them must be completed by Oct 2024.
- Detailed Statutory and Mandatory training compliance reports continue to be shared with the senior managers across the organisation to support planning and discussions with teams

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
4	18 Weeks CAMHS Services Treatment	Monthly	January 2025	March 2025
4	CAMHS Waitlist HHSCP	Monthly	January 2025	March 2025
5	NDAS Total Awaiting 1 st App (incl unvetted)	Monthly	January 2025	March 2025
5	New + Unvetted Patients Awaiting First Appointment	Monthly	January 2025	March 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	January 2025	March 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	January 2025	March 2025
7	Children’s Vaccination Uptake	Quarterly	January 2025	March 2025
8	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	January 2025	March 2025
8	ABI Trajectory & Delivery	Quarterly	January 2025	March 2025
8	Setting Contribution 2024/25	Quarterly	January 2025	March 2025
9	A&E – 4 Hour Target	Monthly	January 2025	March 2025
9	Weekly ED Patients Waiting 12-Hour Plus	Monthly	January 2025	March 2025
9	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	January 2025	March 2025
10	Delayed Discharges at Monthly Census Point	Monthly	January 2025	March 2025
10	Delayed Discharge – Location and Code	Monthly	January 2025	March 2025
10	HHSCP Delayed Discharge – Patients Added VS Discharged	Monthly	January 2025	March 2025
11	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	January 2025	March 2025
11	Outpatient Conversion Rates to TTG	Monthly	January 2025	March 2025
11	Return Outpatients Wait List	Monthly	January 2025	March 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	January 2025	March 2025
12	New Outpatient Total Waiting List & Projection	Monthly	January 2025	March 2025
12	OP Patients Waiting Over 52 Weeks	Monthly	January 2025	March 2025
12	Outpatient Follow Up Ratio	Monthly	January 2025	March 2025
13	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	January 2025	March 2025
14	Planned Care Additions, Patients Seen and Trajectories	Monthly	January 2025	March 2025
14	Total TTG Waits & Projection	Monthly	January 2025	March 2025
14	TTG Patients waiting over 78/104 weeks	Monthly	January 2025	March 2025
15	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	January 2025	March 2025
15	Board Comparison % met Waiting time standard	Monthly	January 2025	March 2025
15	CT Patients Seen & Trajectories	Monthly	January 2025	March 2025
15	Non-Obstetric Patients Seen & Trajectories	Monthly	January 2025	March 2025
15	MRI Patients Seen & Trajectories	Monthly	January 2025	March 2025
16	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	January 2025	March 2025
16	Board Comparison % met Waiting time standard	Monthly	January 2025	March 2025
16	Colonoscopy & Cystoscopy: Patients Seen & Trajectories	Monthly	January 2025	March 2025
16	Flexi Sig Upper GI: Patients Seen & Trajectories	Monthly	January 2025	March 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
17	Diagnostic Waiting List: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	January 2025	March 2025
17	Diagnostic Patients Waiting > 6 Weeks: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	January 2025	March 2025
17	Diagnostic Waiting List: Echocardiology & Sleep Studies	Monthly	January 2025	March 2025
17	Diagnostic Patients Waiting > 6 Weeks: Echocardiology & Sleep Studies	Monthly	January 2025	March 2025
18	Cancer 31 Day Waiting Times	Monthly	January 2025	March 2025
18	Board Comparison % Met waiting time standard	Monthly	January 2025	March 2025
18	Patients Seen on 31 Day Pathway	Monthly	January 2025	March 2025
19	Cancer 62 Day Waiting Times	Monthly	January 2025	March 2025
19	Board Comparison % Met waiting time standard	Monthly	January 2025	March 2025
19	Patients Seen on 62 Day Pathway	Monthly	January 2025	March 2025
20	Systemic Anti Cancer Therapy – Waiting Times	Monthly	January 2025	March 2025
20	Monthly Cancer Patient Numbers Highland	Monthly	January 2025	March 2025
20	Monthly Cancer Patient Numbers Scotland	Monthly	January 2025	March 2025
21	18 Weeks All Ages Psychological Therapy Treatment	Monthly	January 2025	March 2025
21	Board Comparison % Met waiting time standard	Monthly	January 2025	March 2025
21	Psychological Therapies Waitlist HHSCP	Monthly	January 2025	March 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
22	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	January 2025	March 2025
23	SPSO Feedback Cases	Monthly	January 2025	March 2025
24	Type of Correspondence in Relation to Mental Health	Annual	January 2025	March 2025
25	SAER & Level 2A Volumes: Declared Last 13 Months	Monthly	January 2025	March 2025
26	Number of Hospital Inpatient Falls 2023/24	Monthly	January 2025	March 2025
26	Number of Hospital Inpatient Falls 2023/24	Monthly	January 2025	March 2025
27	Number of Tissue Viability Injuries All Subcategories and Injury Grades	Monthly	January 2025	March 2025
27	Number of Tissue Viability Injuries All Subcategories and Injury Grades Sub-Category	Monthly	January 2025	March 2025
28	Quarterly Rate of Healthcare Associated CDI per 100,000 Bed Days	Quarterly	January 2025	March 2025
28	Quarterly Rate of Healthcare Associated ECB per 100,000 Bed Days	Quarterly	January 2025	March 2025
28	Quarterly Rate of Healthcare Associated SAB per 100,000 Bed Days	Quarterly	January 2025	March 2025
29	Organisational Workforce Metrics	Bi-monthly	January 2025	March 2025
30	Workforce Training Metrics	Bi-monthly	January 2025	March 2025
31	Workforce IPQR Narrative	Bi-monthly	January 2025	March 2025

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/	
Draft MINUTE	9 January 2025 – 9.00am (via MS Teams)	

Present

Alasdair Christie, In the Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Board Nurse Director
 Ann Clark, Board Vice Chair
 Muriel Cockburn, Non-Executive Board Director
 Sarah Compton-Bishop, Board Chair
 Elizabeth Henderson, Non-Executive Board Director
 Karen Leach, Non-Executive Board Director
 Joanne McCoy, Non-Executive Board Director
 Gerry O'Brien, Non-Executive Board Director
 Dr Boyd Peters, Medical Director/Lead Officer

In attendance

Evan Beswick, Chief Officer, Argyll and Bute HSCP
 Ruth Daly, Board Secretary
 Alison Felce, Senior Business Manager
 Alison Felce, Senior Business Manager
 Stephanie Govenden, Consultant Community Paediatrician
 Evelyn Gray, Associate Nurse Director
 Rebecca Helliwell, Deputy Medical Director, Argyll and Bute HSCP
 Elaine Henry, Deputy Medical Director (Acute)
 Carolyn Hunter-Rowe, Public Health Intelligence Manager
 Jo McBain, Deputy Director (AHPs)
 Bryan McKellar, Whole System Transformation Manager
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Andrew Nealis, Information Governance & IT Security Manager
 Janice Preston, National Lead for MacMillan Cancer Support in Scotland (Observing)
 Leah Smith, Complaints Manager
 Simon Steer, Director of Adult Social Care
 Pamela Stott, Chief Officer (North)/Director of Community Services
 Katherine Sutton, Chief Officer Acute Services
 Dr Kirsty Wilson, Scottish Clinical Leadership Fellow

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from non-Committee members R Boydell and C Copeland.

The Chair advised a number of scheduled agenda items had been postponed and would be rescheduled for future meetings as indicated. Future early year Committee meeting scheduling would also be reviewed.

1.2 DECLARATIONS OF INTEREST

The Chair advised that being Chief Executive of the Inverness Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

1.3 MINUTE OF MEETING THURSDAY 7 NOVEMBER 2024, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 7 November 2024 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee:

- **Approved** the draft Minute.
- **Approved** the updated Committee Action and Work Plans.

1.4 MATTERS ARISING

There were no matters discussed in relation to this Item.

2 SERVICE UPDATES

2.1 Vascular Services Update

The Board Medical Director advised the NHS Highland service was being maintained, with external support however the position remained complex and subject to change. The wider position across North Scotland was challenging, with additional assistance for the area being considered. The NHS Highland position was then outlined in terms of workforce, service provision, configuration of external assistance being provided, and associated clinical pathway considerations. A national plan was being considered.

The following was discussed:

- External Assistance Arrangements. Confirmed organised on a rota basis with the external NHS providers, further detail of which was provided. Future arrangements remained under active consideration at senior level. Future service enhancement and additionality requirements were also being discussed.

After discussion, the Committee Noted the reported position.

2.2 Update on New Craigs Activity

The Committee **Agreed** a full report be prepared for the next meeting on this subject.

2.3 Health Protection Reporting

The Director of Public Health advised as to vaccination activity and associated potential future Highland service model considerations and options appraisal consideration progress. A formal decision from the GMS Oversight Committee and Cabinet Secretary in relation to the options appraisal was awaited. He went on to reference the current position relating to maximising immunisation rates and quality in Highland, and rates of a range of adult and childhood immunisation activity. A detailed report was to be brought to the next meeting.

There was discussion of the following:

- Drop-In Delivery Model. Confirmed clinics were available at that time and that wider service delivery improvement opportunity considerations were being actively considered. An improved model, maximising both Primary Care and NHS Board delivery would be beneficial.
- Public Communication. Agreed to continue to discuss improvements in relation to drop-in clinic availability and location, noting existing website detail provision.

After discussion, the Committee otherwise Noted the reported position.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Introduction of InPhase System within NHS Highland

The Board Medical Director advised there had been technical implementation issues impacting the rollout of the InPhase system, as previously reported and advised other NHS Boards had also reported associated challenges. An implementation date later in 2025 was expected, with national discussion ongoing with the relevant service provider. Use of the DATIX system was continuing.

The Committee Noted the reported position.

3.2 Update from Argyll and Bute by Exception

R Helliwell advised as to the position in relation to the temporary closure of the Campbeltown Kidney Dialysis Unit and associated interim service arrangements; activity in relation to mental health care in acute settings; challenges relating to continuity of sexual health services; and review of patient care in Psychiatry settings.

The Committee:

- **Noted** the reported position.
- **Agreed** a detailed report on sexual health services be submitted to the next meeting.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints activity; Scottish Public Services Ombudsman activity; Responding to Patients; Adverse Events; Hospital Inpatient Falls, and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance

against the 20-day working target for Complaints had decreased, with the main themes relating to treatment, communication and waiting times. There had been a significant increase in the number of stage 2 complaints received in October 2024; SPSO activity remained steady, with spotlight services provided being relation to Mental Health Services. The status of SAER open actions had been discussed with Professional Leads, with the number of open actions reduced. There was a continued reducing trend in falls; ongoing activity relating to pressure ulcers and an increase in C.diff cases over recent months. An update was also provided in relation to the new national framework for adverse events. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** the next update include a focus on Stage 2 complaint activity improvement actions.
- **Agreed** to take **Moderate** assurance.

6 ANNUAL DELIVERY PLAN OUTCOMES/GENERAL UPDATE

L Smith spoke to the circulated report, providing an update on progress on deliverables with specific reference to the Quality outcomes relating to the relevant Well themes as of November 2024. It was reported that as part of the annual planning cycle, NHS Highland was in the process of preparing the 2025/26 submission for the Scottish Government, in line with relevant submission dates. Members were advised the oversight report format presented would continue to be developed. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Reported RAG Ratings and Wider Reporting. Advised as to national reporting requirements and criteria being referenced; associated reporting period considerations; deliverables and mitigating actions; and current activity focus on KPI reporting.
- Provision of Trend Analysis Data. Agreed this be considered further.
- Future Reporting. Suggested a Board Development Session be considered. Assurance in relation to quality indicators and RAG indicators was raised. The focus and consistency of associated data provided to individual Governance Committees was also highlighted.
- Service Improvement Activity. Emphasised requirement for associated contextual information.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices.
- **Agreed** a Board Development Session on future reporting be considered.
- **Agreed** to take **Moderate** assurance.

7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

7.1 Argyll and Bute

The Committee **Noted** consideration of this Item had been Deferred to the next meeting.

7.2 Highland Health and Social Care Partnership

P Stott introduced the circulated report providing assurance in relation to the clinical and care governance delivery for the Highland Health and Social Care Partnership. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. Detail was provided in relation to relevant Statutory and Mandatory training activity;

workforce; complaints activity; and adverse events. Updates were also provided in relation to Care Homes and wider Primary Care aspects. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 5 December 2024. The report proposed the Committee take **Moderate** assurance.

The following was then discussed:

- Exception Reporting. Noting references in the circulated minute document, noted ongoing process engagement improvement and agreed to seek an update for the next meeting.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to receive an update on local process engagement activity at the next meeting.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, providing updates in relation to Hospital Acquired Infection (HAI), emergency access activity, delayed discharge, quality and patient care, workforce matters, and wider aspects relating to audit and assurance. Areas of good practice and areas for improvement were included, as were areas of concern and associated mitigating actions. There had also been circulated a number of appendices and Minute of Meeting of the Acute Services Division Clinical Governance Committee on 19 November 2024. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Future Reporting. Members requested an Executive Summary on key issues, such as specific areas of concern and relevant improvement activity relating to delayed discharge.
- Urgent Suspected Cancer Referrals. Noted the increase in referrals, wider impact on associated system activity, and ongoing service provision considerations.
- CAMHS. Noted and welcomed recent service improvements.
- NDAS. Requested a formal update be provided to the next meeting.
- Vascular Services. Recognised the improved service position.
- Stroke Services. Requested consideration be given to a detailed update on NHS Highland services at a future meeting.
- Delayed Discharge Impact. Noted the discharge within Raigmore Hospital had been developed into an additional bed area.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Recognised** the ongoing service pressures and commitment of all staff within NHS Highland.
- **Agreed** a formal update on the NDAS Service be provided at the next meeting.
- **Agreed** an update on the wider delayed discharge position be provided to the next meeting.
- **Agreed** to take **Moderate** assurance.

7.4 Infants, Children and Young People's Clinical Governance Group

The Board Nurse Director spoke to the circulated report, providing detail of the work of the Infants, Children and Young People's Clinical Governance Group. The report covered two ICYPCGG meetings in November and December 2024, with a range of regular areas reported upon including the digital roadmap, NDAS and child death reviews with the group being the designated reporting pathway for child deaths. A number of topic areas formed the rest of the agenda in order to ensure visibility of child health services across the Board area. Specific updates were provided in relation

to the Family Nurse Partnership service; NDAS; the Orchard residential unit; digital roadmap; maternity and neonatal specialist activity; Child Death Reviews and a review of the ICYPCGG Terms of Reference. Further matters were highlighted in relation to quality and patient care, workforce and financial aspects. There had been circulated Minutes of meetings of the ICYPCGG held on 18 November and 20 December 2024, plus two Child Death Review Reports. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

8 INFECTION PREVENTION AND CONTROL

The Board Nurse Director spoke to the circulated report and advised the validated data covered from April to June 2024 and showed NHS Highland was within the predicted levels and within the variation across the three yearly trend for all Healthcare Associated Infections (HCAI). It was reported a national review of existing NHS Board local delivery plan outcomes for infection control 2024/2025 was underway. NHS Boards awaited the outcome of the review and expected to be informed the baseline denominator data would change. NHS Highland were continuing with existing reduction aims. Members were advised infection prevention and control activity levels remained high and considerable time was being spent focusing on preventing and managing cases of infection, managing water incidents, outbreaks in hospitals and the community settings. Focus also continued on work to achieve reductions in CDI, SAB and EColi infections in line with national objectives. Aspects relating to quality and patient care, workforce matters, finance and risk assessment/management activity were also highlighted. There had also been circulated a six-monthly update in relation to the NHS Highland Infection Prevention and Control Annual Work Plan. The report proposed the Committee take varying levels of assurance across a number of areas, as indicated in the report.

The following was discussed:

- Resource Requirements to Meet Targets. Advised additional resource available through Covid period had been stepped back, with relevant activity being actively prioritised as appropriate.
- Assurance Provision. Advised the provision of assurance on levels of infection would require further discussion in terms of associated governance requirements etc.

After discussion, the Committee:

- **Considered** the report content.
- **Agreed** to accept the levels of assurance being offered in the circulated report.

9 TRANSFUSION COMMITTEE – 6 MONTHLY UPDATE

The Committee **Noted** consideration of this matter had been deferred to the next meeting.

10 INFORMATION ASSURANCE GROUP – 6 MONTHLY UPDATE BY EXCEPTION

A Nealis spoke to the circulated report, advising as to the work being undertaken by the Information Assurance Group through July to December 2024 and to provide assurance that NHS highland was operating in compliance with applicable Information security and data protection legislation. Group meetings continued to be well attended by its membership, with dates for 2025 meetings yet to be arranged. The report gave specific updates on Regulatory Audits during the reporting period in

relation to the Data Protection audit 2022 (Information Commissioners Office) and Network and Information Systems (NIS) regulations audit. Specific updates were provided in relation to activity relating to the Caldicot Guardian role, Adult Social Care activity, Corporate Records, Clinical Records Management, Freedom of Information; Subject Access Requests and Policies that had been ratified. Other significant areas of discussion were detailed, noting there were no new or open reportable incidents occurring during the reporting period. There had also been a circuit minute of meeting of the Information assurance Group held on 10 September 2024. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- Clinician Engagement. Advised as to an associated clinical based steering group, where matters such as relevant interface arrangements were appropriately discussed. Other matters discussed included Electronic Patient Records, ongoing HEPMA Rollout and InPhase arrangements. The transfer of Primary Care based records were also under consideration. The need for improved information systems across services had been acknowledged and was being taken forward.

After discussion, the Committee:

- **Considered** the report content.
- **Agreed** to take **Substantial** assurance.

11 RISK REGISTER – WAY FORWARD

The Committee **Noted** consideration of this matter had been deferred to the next meeting.

12 PUBLIC HEALTH – HEALTH INTELLIGENCE AND SUPPORT FOR SERVICES UPDATE

C Hunter-Rowe spoke to the circulated report, outlining the public health intelligence work being developed and delivered to support the work of the NHS Board and partners across both Highland and Argyll and Bute areas to improve outcomes for the population of NHS Highland. Specific updates were provided in relation to recent needs assessment activity; input to healthcare services; work of the Clinical Advisory Group; geospatial activity; data management and training activity. The report proposed the Committee take **Substantial** assurance.

There was discussion of the following:

- Ongoing Modernisation. Advised this was part of general ongoing improvement consideration of aspects including the wider data landscape and analytics. The importance of developing links with other intelligence functions and the wider NHS Board Strategy were highlighted.
- Feedback on Children's Services Feedback. Noted informal feedback to date from the Scottish Government had been positive.
- Impact of Artificial Intelligence. Issues relating to regulation and data safety were raised. Advised relevant issues were under wider consideration, in relation to which the need for further guidance would likely be required. Executive leadership for medical devices was noted as sitting with the Board Medical Director, including relevant governance requirements. There was ongoing discussion at a national level.

After discussion, the Committee:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Substantial** assurance.

13 ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE

The Board Secretary spoke to the circulated report, inviting consideration and agreement of minor revisions to the existing Committee Terms of Reference. It was noted there was a change being proposed, clarifying the Director of Midwifery and Director of Allied Health Professions should be formal Attendees at Committee meetings. The report further proposed the Committee take **Substantial** assurance.

The Committee:

- **Noted and Agreed** the proposed changes to the Committee Terms of Reference.
- **Agreed** to take the **Substantial** assurance.

14 CALENDAR OF MEETINGS

The following schedule was **Noted**, subject to the January 2026 and 2027 dates being reviewed:

6 March 2025
1 May 2025
3 July 2025
4 September 2025
6 November 2025
8 January 2026
5 March 2026
7 May 2026
2 July 2026
3 September 2026
5 November 2026
7 January 2027
4 March 2027

15 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 6 March 2025 at 9.00 am.

16 REPORTING TO THE NHS BOARD

The Chair confirmed the position in relation to Vascular Services, and the possible need to raise associated matters with the NHS Board would be discussed with the Board Medical Director.

The Committee so Noted.

17 ANY OTHER COMPETENT BUSINESS

The Board Medical Director took the opportunity to acknowledge this as the last meeting to be Chaired by A Christie, and paid tribute and thanks to his commitment to and leadership of improving the work of the NHS Highland Clinical Governance Committee over a number of years and into the future. The Chair in turn acknowledged the kind words offered and expressed gratitude for the opportunity to Chair such an engaging and rewarding Committee with such a focus on patient care.

The meeting closed at 11.00am

<p>HIGHLAND NHS BOARD</p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk</p> <p>NHS Highland na Gàidhealtachd</p>
<p>DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE</p>	<p>14 January 2025 at 10.00 am</p>

Present:

Elsbeth Caithness, Employee Director
Ann Clark, Chair
Bert Donald, Whistleblowing Champion
Kate Dumigan, Staffside Representative
Alison Fraser, staffside Representative
Claire Laurie, Staffside Representative
Philip MacRae, Vice Chair (until 11.55am)
Gavin Smith, Staffside Representative (from 10.25)

In Attendance:

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll and Bute Health and Social Care Partnership
Gaye Boyd, Deputy Director of People
Louise Bussell, Director of Nursing
Sarah Compton Bishop, Board Chair
Heledd Cooper, Director of Finance
Ruth Daly, Board Secretary
Fiona Davies, Chief Executive
Karen Doonan, Committee Administrator
Ruth Fry, Head of Communications and Engagement
Arlene Johnstone, Head of Service of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Janice Preston, Non-Executive Director
Simon Steer, Director of Adult Social Care
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Katherine Sutton, Chief Officer, Acute

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Committee Members Dawn Macdonald and Steve Walsh.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 05 November 2024

The minutes were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

Action no 127 – Staff Governance Monitoring Letter Scottish Government, as an update on this was on today's agenda, this action was closed.

Action no 129 – PDP Improvement Action Plan – as a paper would come to the next committee in March, this action was closed.

Action no 130 - this would be discussed further under Agenda Item no 5.5

The Committee

- **Noted** the latest version of the committee Action Plan and
- **Agreed** to the proposed closure of noted actions.

2.3 COMMITTEE WORKPLAN 2024-2025

It was noted that for 2025 each of the workstreams within the People and Culture Portfolio Board would be highlighted allowing a more in-depth update provided to committee moving forward.

It was noted the committee self-assessment for this year would be done in the form of a survey. The Chair confirmed no development session would be held but a separate report would be brought to committee.

The Chair highlighted that the appointment of a new Committee Chair and Non-Executive Director member would be confirmed at the Board at the end of January.

The Committee **Noted** the Workplan as circulated.

3 MATTERS ARISING

3.1 Staff Governance Monitoring Report

Verbal Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture outlined the Staff Governance Monitoring process that had been in place until the start of 2024. This process had been paused by Scottish Government until November 2024 when a request for an assurance report had been received from Scottish Government, there had however been no detailed guidance on the submission required.

Following concerns raised by staff side members, it had not been possible to reach a consensus at the APF on the content of NHS Highland's submission to Scottish Government. A meeting was due to take place to try and reach a consensus prior to any submission. Should this not prove possible, one option would be to submit a majority position. A further update would be provided to the next meeting.

Action: Director of People and Culture to provide an update at the next committee meeting

The Committee **noted** the update

3.2 PDP and Appraisal Action Plan

Verbal Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture stated that a report would come to the next committee meeting and gave a verbal update on progress to date.

The action plan agreed in 2024 was progressing with all those reporting into directors and their direct reports to have appraisals completed by end of December 2024. Progress against this target would be reported but it was evident that overall there has been no change in the data.

It had been discovered that around 2400 staff records had some activity within the last 12 months but had not been signed off fully. If this was addressed this could lead to around a 21% increase in compliance to 48%. Further instructions have been issued to assist managers in reviewing their staff's records and addressing any incomplete sign offs.

A different report is also being produced to enable reporting by management level in addition to the current reporting by operational area.

Bert Donald asked whether the reasons for the lack of improvement in performance were understood. The Director of People and Culture responded that system pressures were likely to be having an impact especially in the nursing cohort but some teams with low completion rates were non patient facing. Dialogue with Executive colleagues would continue including through the performance review framework to understand the barriers to progress.

The Director of Finance raised a concern in respect of the recent reports citing that appraisals had been completed within the Corporate Directorate yet the figures in the reports had not reflected this. Work was ongoing to look at this at a deeper level to understand why this had occurred. The Deputy Chief Executive suggested looking at areas where appraisals had not been completed for a longer period than 12 months to identify any further risk and to provide support for managers in prioritising the completion of appraisals.

The Director of Nursing highlighted the need to be creative in finding solutions and highlighted the need for support for managers, as some managers had a higher number of appraisals to complete than others. She went on to raise a concern around the digital completion of appraisals highlighting the large number of appraisals sitting "open" on the system due to managers not realising that another "button" required to be pressed to close off the appraisal on the system.

The committee agreed on the importance of training of managers in the completion of appraisals and the need to communicate the correct way of closing off appraisals on the system. It was noted that communications to this end had recently been sent out to managers.

The Committee **noted** the update.

4. **Spotlight Session – Estates**

Presentation by Richard Macdonald, Director of Estates, Facilities and Capital Planning

The Director of Estates, Facilities and Capital Planning spoke to the circulated presentation and highlighted:

- Estates Operational Department – they were responsible for the day-to-day maintenance works and all statutory and mandatory maintenance.
- Facilities – included catering, porters and domestics which was the largest component department in the directorate and employed over 700 staff.
- Capital Planning – oversaw all capital projects and also managed property leases and small building works.
- Environment and Sustainability – they were responsible for all compliance aspects in terms of waste, environment and sustainability. They also supported the project and work groups across the directorate.
- Decontamination – They were responsible for the sterilisation of all theatre equipment and processed over two million items per year.
- It was noted that the directorate had over 758 permanent staff, 181 bank staff with most facilities staff employed at a Band 2 level. The age profile was generally within

50 to 60 years of age. Absence continued to be a challenge, particularly around sickness where it remained above the national average. However, many impacted had an increased physical work schedule than other staff with issues relating to muscular/skeletal followed by mental health issues.

Various initiatives had been put in place to support staff including regular staff engagement sessions with management and the placement of Mental Health First Aid workers. Staff had been made aware of other support measures such as Money Counts and the Employee Assistance Programme. Measures had been put in place to mitigate any long-term issues for staff working in places of high noise and/or vibration. A high number of absence reports had not identified the cause of the absence and work was underway to ensure managers recorded absence appropriately.

There had been challenges for staff in relation to Violence and Aggression training in whether they were patient facing or not however there was a new Violence and Aggression unit due to be rolled out and all staff were encouraged to complete this unit.

Within the directorate there were many staff who did not use a laptop or pc as part of their role which presented a challenge for completion of appraisals and work was ongoing to address this. The creation of workspace where staff could sit down with their manager to complete an appraisal was being reviewed along with an option of completing an appraisal on a handheld device. The issue of incomplete appraisals due to the manager not fully finalising the process had been identified and a communication had been issued to ensure managers completed appraisals correctly.

Upgrading of rest areas, vending machine accessibility and several other pieces of work had been implemented to improve staff welfare across the organisation. Staff accommodation continued to be upgraded annually with positive feedback received. Work had been done with Argyll and Bute colleagues as some discrepancies had been identified around working practices which had now been resolved.

As a result of the pause on capital expenditure a restructuring of the Capital Planning Team was underway. It was hoped that vacancies in the Operations teams would mean it was unlikely there would be any redundancies. The recruitment and retention of skilled tradesmen had also been addressed and moving forward upskilling of maintenance assistant staff would take place. It was confirmed the apprenticeship programme would be changed to further enhance the workforce.

Work to complete the handover of staff from Robertson Facilities Management to NHS Highland on completion of the PFI contract at New Craigs was underway. This work was dependent on the TUPE process however the ambition is to be ready to welcome all staff transferring from Day1.

How staff were made aware of the whistleblowing service was queried by the Board Whistleblowing Champion and the Director of Estates, Facilities and Capital Planning advised communications were sent out via newsletters to staff about the service. As many staff worked shift patterns that saw no direct contact with their manager regular meetings had been organised to enable managers to brief their staff. It was noted that knowledge of the whistleblowing process and what staff need to do had helped to ensure issues were resolved at an early a stage as possible.

It was noted that the areas within the directorate who had the highest appraisal completion rate had set aside time to conduct these appropriately and a review of regular protected time would continue to aid this.

The Chair queried the involvement of staffside within the directorate given the previously mentioned changes planned. The Director of Estates, Facilities and Capital Planning confirmed there had been improvements, particularly around staffside being involved early in any process to help bolster partnership working.

The Committee **noted** the presentation.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 People and Culture Portfolio Board Update

Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture spoke to the paper which was to enable oversight of the complete portfolio of ongoing work. Positive progress had been made across all the workstreams with some of the workstreams on the agenda for further discussion.

In the update it was highlighted:

- The Health and Wellbeing Strategy would go to the Board for final approval
- The Employability Strategy was on today's agenda for further discussion
- Health and Care Staffing Act was also on the agenda for discussion.
- Cultural Leadership – networks were being set up and there would be a Leadership Conference held in due course along with master classes.
- Corporate Learning and Development – a workshop had taken place just before Christmas, the name of this group would change to Board Learning and Development.
- There would be a workforce group set up within Acute with a group already set up within Argyll and Bute.

Work was progressing with a clearer direction of travel identified. Although there was a workstream with a RAG rating of Red within the paper, work was still ongoing with discussions involving management and staffside.

Committee Members sought clarity around the purpose of the Leadership Conference, The Director of People and Culture explained that the Leadership Conference was created to build networks and connections. He highlighted the benefits of existing networks and how sharing experiences strengthens them. The Deputy Director of People mentioned a paper on the conference, scheduled for Spring, might be presented at the next committee meeting.

Details on attendees, experience levels, and shared content were still being determined, with a future paper to address these points planned. It was noted that a one-size-fits-all solution isn't feasible, and further work was needed, but the networks are expected to include a diverse group of people.

A. Fraser asked about training for newly qualified or promoted managers and the implementation of a preceptorship program. The Director of People and Culture responded that a Leadership and Development brochure had been developed, with ongoing discussions about linking it to the induction program and various development pathways for clinical and non-clinical areas which should be identified through the PDP/Appraisal process as well as induction.

The need to prioritise and to find balance within workloads was highlighted by the Chief Officer of Acute. The Director of People and Culture agreed and it was noted that this also being discussed.

The Committee **Noted** the content of the report and took **Moderate** Assurance.

5.2 Health and Care Staffing Act Quarter Two Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated report and highlighted the scheduling of reports to maintain governance. Moderate assurance was requested as although there are known gaps in systems and processes to ensure compliance with the Act, there are plans in place to address these gaps. The appropriate mechanisms and

governance is in place to enable continuous improvement against the requirements of the Act.

As the first Annual Report was due in April, the Quarter three and annual report would be presented together with the Quarter Four report to a later meeting. It was noted that quarterly reporting showed little change and might be too frequent for meaningful updates, as highlighted to Health Care Improvement Scotland.

The Chair queried the Quarter two report, asking why Quarter Three RAG rating figures were included. The Director explained that the figures reflected the current period despite the report covering Quarter Two.

Feedback on the report's accessibility was welcomed. The Chair also queried what would improve staff confidence in the tool available and which of the gaps in systems were the biggest risk to compliance. The Director provided examples of tools used in Acute and noted that tools in Community were more subjective. These limitations were recognised nationally, with ongoing efforts to address them. Staff also needed to be more confident that appropriate actions are taken as a result of use of the tools and various workshops were being held to identify clearer actions. He confirmed that the main risks are in relation to compliance with the Act as he was confident that the organisation is implementing the principles of the Act in practice, the issue is being able to demonstrate consistency across the organisation.

The Committee noted:

- The requirements placed on the Board by the Act
 - **Moderate** assurance and the information provided in the paper and appendices
-

The Committee Took a short break at 11.20am and returned at 11.30am

5.3 Statutory and Mandatory Training Improvement Action Plan

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People explained that a Short Life Working Group (SLWG) had been set up for a period of eight months. Within the report it was highlighted:

- The paper covered the 19 actions but two were amalgamated which left 18 actions.
- Of these actions nine of were completed by the time the SLWG ended leaving a balance of nine actions.
- One of these actions was with the national team with the remaining eight actions now themed.
- Some of the actions aligned with the Corporate Learning and Development Group (to be called the Board Learning and Development Group).
- Four of the actions related to updates of policies and these would go through the HR Subgroup and then to the Area Partnership Forum in due course.

The Chair asked if the outstanding actions would significantly impact completion rates or if the reasons for low completion rates were still unknown. The Deputy Director of People explained that performance reporting was part of the action plan, with all managers receiving the report so that they could continue with efforts to improve performance. Statutory and Mandatory Training was reported to the APF and IPQR, which went to the Staff Governance Committee. Efforts were being made to improve compliance in each area, but the focus was currently on completing appraisals.

The Director of People and Culture explained that there were certain areas within the e-learning modules where compliance was higher than in others. Some had new modules released and this had affected the data collated. One of the lowest completion rates was "Staying Safe Online" which was one of the longest modules and work was ongoing to look at the digestibility of training and ease of access. So moving forward a focus on those modules where performance is particularly low would be where effort should be directed to raise the overall compliance rates.

The Board Chair queried the writing of the modules and whether they were nationally standardised or written in house and whether the content of the modules could be standardised. The Director of People and Culture explained that there was a National Working Group looking at the subject of modules with discussions of whether to have standard modules across all Boards but it was noted this was not always the best format to deliver training. The Employee Director highlighted the non-pay agreement and how this could help address this issue, particularly around providing protected time however the issue became more complex in larger teams coupled with the requirement for individual staff members to book their own training.

The Director of People and Culture explained there was a risk associated with the ability to demonstrate valuing staff and supporting their learning, particularly around compliance with the staff governance standards. There was also an operational risk in the low levels of compliance and there were further discussions required around the content of the modules. Given the need to now focus on appraisals and PDPs efforts in relation to Statutory and Mandatory training should prioritise modules with the lowest rates and continued use of the performance reports by managers.

The Committee **noted** the content of the report and took **substantial** assurance. That the work of the Oversight Group was complete and that a plan was in place for all remaining actions.

5.4 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the circulated paper and highlighted:

- Additional work was required to improve appraisal completion, particularly around those awaiting sign-off.
- The report contained the draft set of level 2 risks which were operational risks that applied to more than one area.
- The decision to start over with the risks identified had been taken as previous risks had become outdated.
- Many risks related to Health and Safety with a large number also relating to staff governance standards. Ownership of these risks sat with the People and Culture Portfolio Boards, APF and the Health and Safety Committee

It was noted that not all the risks had been rated yet but once rated the focus would be on the high and very high risks.

The Committee **noted** the content of the report and took **moderate** assurance from:

- The review and refresh of the people and culture strategic risks
- Plan to present the finalised level 2 people and culture risk to the next committee meeting.

5.5 Integrated Performance and Quality Report

Report by Gareth Adkins, Director of People and Culture

The Deputy Director of People spoke to the report highlighting that some changes had been made after discussion at the last committee meeting in October. It was noted:

- The "time to fill" KPI had reduced and was now sitting at 111.2 days
- Absence rates had levelled at 6%, this was a reduction of the previous rates of 7.39%
- E-learning completion had increased slightly to 69.9%
- Appraisals had reduced to 27.9%

The Board Chair sought clarity around addressing high "time to fill" percentages and what actions were being taken. The Deputy Director of People said work was underway to address

outliers and improve recruitment in those areas. The Director of People and Culture added that efforts to create a detailed report and system triggers to identify process issues was being developed.

Committee Members highlighted the requirement for robust communication when improvements in performance are achieved, to alleviate concerns of those who had raised them but recognised caution may be required as those with a negative experience may not recognise improvements. The Director of People and Culture suggested focusing on process issues and encouraging those with problems to contact the team for support however the data was regularly discussed in Local and Joint Partnership Forums.

The Head of Communication and Engagement suggested using case studies of hard-to-fill posts to help managers understand their part in the process and what adjustments were made to improve other teams' compliance.

The Chair sought clarity around some of the completion rates within Adult Social Care and asked what had impacted these. The Director of Adult Social Care noted ongoing work to improve data accuracy, especially for smaller staff groups. Additional concerns around data accuracy were raised and the Director of People and Culture highlighted the overall staff figures were correct but the confusion may have arisen around what teams those staff were aligned with and suggested further discussions outside the committee.

The Chair indicated that it was difficult to understand the overall picture of the head count across the entire organisation and asked whether this should be a focus for the Committee. The Director of People and Culture suggested that perhaps a future one off 'deep dive' into relevant data including comparisons with other Boards would be better than adding to the regular report.

With further discussion due to take place around Adult Social Care metrics the committee did not agree to close off the **action no 130** – Adult Social Care Metrics and agreed further explanations would come back to the next committee meeting.

Action: Further assurance on Adult Social Care metrics to come to the March 2025 committee

The Committee took moderate assurance , noted the content of the report and agreed a further report would come to the next committee meeting on ASC metrics
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5.6 Equality, Diversity and Inclusion Strategy

Report by Gaye Boyd, Deputy Director of People and Culture

The Director of People and Culture introduced the Equality, Diversity and Inclusion (EDI) Strategy and the Equality Outcomes and thanked the team for all their hard work. He went on to explain that the strategy consultation process was due to close the next day. There was a requirement to publish this report every four years which was divided into two elements, the strategy and the outcomes as per the Equality Act.

The Deputy Director of People explained that this paper was the draft strategy with the final version coming to committee in March prior to it going to the Board for approval and launch in April.

The Board Chair queried the Scottish Government's expectations on anti-racism and whether this was included within the strategy with the Director of People and Culture confirming that there was a section in the strategy which covered all protected characteristics and anti-racism was one of them. The Chair welcomed the sections on discrimination and queried whether Sexual harassment was captured in any way by the organisation. The Director of People and Culture explained that any incident of sexual harassment should be reported through the workforce policies route, the policies were currently being worked upon.

A Fraser queried Domestic Abuse and whether there was work done to provide safe spaces and conversations around how home life was for staff. It was noted that there was a Once for Scotland Policy that would be launched in the coming months. Discussions had also taken place with public health around understanding the needs and what support was required for the workforce.

The Committee **noted** the report and took **moderate** assurance.

5.6.1 Equality Outcomes

Report by Gaye Boyd, Deputy Director of People

This item was discussed as part of item 5.6

The Committee **noted** the content of the report and took moderate assurance.

5.7 Employability Strategy

Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People explained that the Employability Strategy was one of the outcomes from the Annual Delivery Plan (ADP), an employability group had been formed and this paper was developed in said group. The paper addressed what was required to be done around employability programmes in relation to the workforce gaps and the workforce overall. The consultation process had opened in December and would close tomorrow. It was noted this work was completed alongside the Equality, Diversity and Inclusion (EDI) strategy.

It was confirmed that both finalised strategies would come to Staff Governance Committee in March it would be April before they would be launched if they were agreed at the Board Meeting. Information on engagement processes, feedback received and how it had shaped the strategy would be included. Career pathways and the ability to move more fluidly to other roles that may not be within people's existing department were important. Often people would come into a job in a non-registered role but decide to take a slightly different career route once they had gained experience. Also discussed was the recognition of prior learning and how this would benefit the organisation and prevent duplication of training.

The Head of Mental Health, Learning Disabilities and Drug & Alcohol Recovery Services highlighted there was a vocational rehabilitation team within mental health services who could possibly link into the work being done.

The Committee **noted** the content of the report and took **moderate** assurance.

Annual Review of Staff Governance Committee Terms of Reference

5.8 Report by Ruth Daly, Board Secretary

The Chair highlighted the circulated report and confirmed a review of the Terms of Reference had been completed. The proposed deletion was due to a duplication but nothing substantive had been removed. There was a query around the status of the Employee Director with the suggestion that further discussion take place offline which was agreed by committee.

Action: Further discussion offline to take place around the position of the Employee Director within committee.

The Committee:

- **Agreed** the revised Terms of Reference as shown in the appendix to the report and
 - **Noted** the revised ToR which will be submitted to the Audit Committee and the Board for approval in March 2025 and included in the updated Code of Corporate Governance thereafter.
-

6 ITEMS FOR INFORMATION AND NOTING

6.1 Area Partnership Forum update of meeting held on 13 December 2024

There were no additional comments.

6.2 Health and Safety Committee minutes of the meeting held on 1 October 2024

The Chair sought clarity around the Argyll and Bute element of the assurance report as it only provided limited assurance and heavily focused on estates and were committee aware of what plans were in place to improve the assurance level. The Director of People and Culture explained he had spoken with the Chief Officer and progress had been made around the content of their report. On a query from staff side about risk assessments the Director of People and Culture highlighted work was underway to address this so it was easier for managers to meet expectations in relation to risk assessments and plans. The engagement of the Health and Safety Staffside reps was also under review and it was envisaged that they would do a walk around with senior management. This would allow for senior management to be more conscious of what was happening on the shop floor.

Alison Fraser raised the importance of staffside involvement in health and safety. The Director of People and Culture agreed that further work was needed to ensure health and safety reps were involved locally.

The Chair sought clarity around the Health and Safety Committee accepting the noted assurance levels provided as part of the Infection Control report and whether any of those were noted as limited. The Director of People and Culture advised that would be corrected as the report was not to provide the committee with assurance as this sat with the Clinical Governance Committee from a Governance perspective.

7 ANY OTHER COMPETENT BUSINESS

None

7.1 Review / Summary of meeting for Chair to highlight to the Board

Health and Safety working in partnership with Staffside work that was underway. The Chair noted the way that metrics were being presented to committee and the improvement work that was being focused upon. Also noted was the discussion around the work done to improve the PDP and appraisals.

8. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 4 March 2025 at 10 am via Microsoft Teams.

9. Future Meeting Schedule

The Committee **Noted** the remaining meeting schedule for 2025 as follows:

6 May 2025
1 July 2025
2 September 2025
4 November 2025

Meeting Ended at 12.50pm