Barra Health and Social Care Hub
Outline Business Case

Volume of Appendices

17 August 2017

Contents:

Appendix A1: Membership of Project Board, Team & Subgroups

Group Level	Membership
Project Board	▪ Gordon Jamieson (NHS) ▪ Moira Anderson ▪ Ron Culley ▪ Eoin MacNeil ▪ Jessie MacNeil ▪ Douglas MacKenzie (NHS) ▪ Donald Manford ▪ Emma MacSween (CnES) ▪ Margaret Kennedy ▪ Malcolm MacLeod (NHS) ▪ Christian Hornung (NHS) ▪ Scott McMinn (NHS) ▪ Neil Galbraith (NHS) ▪ Sandy Brown (NHS) ▪ Nigel Scott (CnES) ▪ Paul Dundas (CnES) ▪ Dan MacPhail (CnES) ▪ Robert Emmott (CnEs) ▪ Jonathan Christie ▪ Marion Fordham (NHS) ▪ Ian MacAulay (CnES) ▪ Maggie Fraser (NHS)
Project Team	▪ Debbie Bozkurt (NHS) ▪ Chrisanne Campbell (NHS) ▪ Mairi Campbell (NHS) ▪ Emelin Collier (NHS) ▪ Dan Macphail (CnES) ▪ Donald Macleod (CnES) ▪ Deanne Gilbert (NHS) ▪ Colin Gilmour (NHS) ▪ Jon Harris (NHS) ▪ Christian Hornung (NHS) ▪ Karen Pirrie (Capita) ▪ Kirsty Street (CnES) ▪ John Lyon (NHS) ▪ Jennifer Macdonald (NHS) ▪ Lorna Macdougall (NHS) ▪ Douglas Mackenzie (NHS) ▪ Kathleen Maclennan (NHS) ▪ Malcolm Macleod (NHS) ▪ M Macmillan (CnES)

	▪ Martin Malcolm (NHS) ▪ Mary Macneil (CnES) ▪ Kathleen Mcculloch (NHS) ▪ Robert Mcintosh (NHS) ▪ Christine Mckee (NHS) ▪ Scott Mcminn (NHS) ▪ Moira Anderson ▪ Mairi Murray (NHS) ▪ Niall Thomson (Capita) ▪ Norma Skinner CnES) ▪ Paul Dundas (CnES) ▪ Jennifer Porteous (NHS) ▪ D Stewart (NHS)
Redesign Sub-group	▪ There is ongoing work to establish the full membership of this group
Facilities Sub-group	▪ Marion Geddes (NHS) ▪ Jon Harris (NHS) ▪ Eric Macdonald (NHS) ▪ Mairi Macdonald (NHS) ▪ Noreen Macdonald (NHS) ▪ Douglas Mackenzie (NHS) ▪ Christine McKee (NHS) ▪ Paul Dundas (CnES) ▪ Moira Anderson ▪ Nicola Pearson (NHS) ▪ Dawn Tiernan (NHS)
Finance Sub-group	▪ Moira Anderson ▪ Donald MacLeod (CnES) ▪ Nicola Pearson (NHS) ▪ Chris Anne Campbell (NHS) ▪ Christine McKee (NHS) ▪ Kathleen McCulloch (NHS) ▪ Kathleen MacLennan (NHS) ▪ Mairi MacMillan (CnES) ▪ Deanne Gilbert (NHS) ▪ Robert Emmott (CnES)

Note: includes all members since commencement of the project.

Appendix B1: Clinical Brief

appendix B1 St Brendan's Community

Note: original version that was prepared at the start of the process. It is not anticipated that there are any significant changes, however, this will be reviewed in further detail at FBC stage.

Appendix B2: Schedule of Accommodation

Appendix B2 OBC
New build health hub

Note: original version that was prepared at the start of the process. It is not anticipated that there are any significant changes, however, this will be reviewed in further detail at FBC stage.

Appendix B3: Design Statement

Barra integrated care SCIM DS d1.doc

BS Health and Care Facility Design State

SLWR Design Statement v6

Note: These attachments include the work completed to date on the design statement. Further work is required to complete this following approval of the OBC.

Appendix C1: Needs analysis paper

Appendix C1
Informatoin for Barra

Note: original version that was prepared at the start of the process. It is not anticipated that there are any significant changes, however, this will be reviewed in further detail at FBC stage.

Appendix D1: Assessment of long listed options

Process for identifying and assessing options

The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension
- Assess each option to identify:

  ✓ How well the option meets the critical success factors

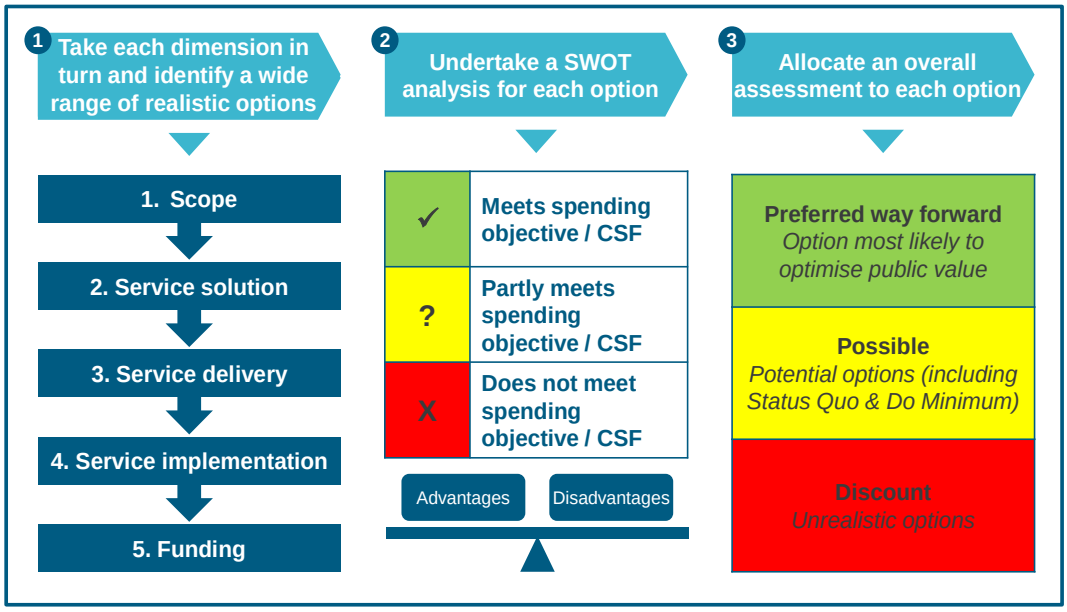
  ✓ How well the option meets the spending objectives

  ✓ Main advantages and disadvantages

- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

A diagram illustrating this process is shown in Figure 7-3.

Process to identify and assess the long list of options



Overview

The range of possible options within the longlist were initially identified as part of the Initial Agreement. These were further developed as part of the Outline Business Case that was submitted in July 2014.

These have been reviewed and refined based on:

- Outputs of the stakeholder workshops held on 16 December 2015 and 24 February 2016;
- Latest activity data; and
- Meeting with the Integrated Joint Board on 4 July 2016.

The options within each of the options framework dimensions is outlined below.

Project scope

Scope refers to the 'what' in terms of the potential coverage of the project. Here it is concerned with the range of services to be delivered to the people of Barra and Vatersay. It sets out the capacity that will be provided to deliver services on and off island.

Based on this, the long list of potential options within the 'scope' dimension includes.

Scope: long list of potential options

Ref	Option	Description
1.1	Status quo	Continue with existing arrangements for service delivery
1.2	Reduce local service provision	Deliver some core health and social care services off island
1.3	Deliver core services including tenanted Extra Care	Deliver full range of core health and social care services related to the future model of care including provision of fixed tenanted Extra Care Units
1.4	Deliver core and desirable services (i.e. flexible Extra Care)	Deliver full range of core health and social care services related to the future model of care including provision of fixed tenanted and flexible Extra Care Units
1.5	Core services and desirable and optional services	Deliver core and desirable services (in line with 1.4) as well as delivering some additional non-core services locally (reducing off island care)
1.6	Deliver all services	Deliver all health and social care services locally

Each of these options was assessed against spending objectives and critical success factors. The results of this, including the overall assessment of each option, are presented below.

Scope: assessment of potential options

Option	1.1 Status Quo	1.2 Reduce local provision	1.3 Deliver core services	1.4 Deliver core + desirable services	1.5 Deliver core + desirable + optional services	1.6 Deliver all services locally
Investment objectives						
Improve access to services	X	X	?	✓	✓	✓
Support independent living	X	X	✓	✓	✓	?
Compliance with fire, health, and safety regulations	N/A	N/A	N/A	N/A	N/A	N/A
Deliver safer services	?	X	✓	✓	?	X
Enable effective integrated care	?	?	✓	✓	?	?
Contribute to sustainable services	?	?	✓	✓	?	X
Critical success factors						
Strategic fit	X	X	?	✓	X	X
Value for money	?	?	✓	✓	?	X
Supply capacity and capability	✓	?	✓	✓	?	X

Option	1.1 Status Quo	1.2 Reduce local provision	1.3 Deliver core services	1.4 Deliver core + desirable services	1.5 Deliver core + desirable + optional services	1.6 Deliver all services locally
Potential affordability	?	?	✓	✓	?	X
Potential achievability	✓	?	✓	✓	?	X
Summary						
Advantages	Limited change required	May offer some efficiencies	Extra Care supports independent living	Decreased patient travel Improved access	Decreased patient travel Improved access	Improved access but not feasible
Disadvantages	Not aligned with strategic direction Does not sufficiently meet investment objectives	Increased user travel Not aligned with strategy to deliver care closer to home May increase clinical risk			Increased costs Increased clinical risks Potential inability to staff	Not feasible
Overall assessment	**Discount**	**Discount**	**Possible - carry forward**	**Preferred way forward**	**Discount**	**Discount**

Service solution

The service solution refers to the 'how' in terms of the potential estates configurations that will enable the delivery of the scope of service.

The long list of potential options within the 'service solution' dimension includes.

Service solution: long list of potential options

Ref	Option	Description
2.1	Refurb existing facilities	Refurbishment of existing facilities
2.2	Standalone purpose built health and social care facilities	Establish purpose built facilities (on stand-alone sites) to meet forecast demand for core services with: • 3 x 72 hour beds and 2 x treatment bays • Multi-purpose consulting rooms • 8 x tenanted 1-bed Extra Care Units • Support facilities and storage • 3 x primary care consulting rooms • 2 x dental rooms and reception area • Ambulance station • Multi-disciplinary team hub
2.3	Incorporate all health and social care services in one purpose built facility	Establish purpose built facilities to meet forecast demand for core services with: • 3 x 72 hour beds and 2 x treatment bays • 3 x multi-purpose consulting rooms • 10 1-bed Extra Care Units • Support facilities and storage • 3 x primary care consulting rooms • 2 x dental rooms and reception area

		• Ambulance station • Multi-disciplinary team hub
2.4	Incorporate additional space for other public services	Establish purpose built facilities to provide: • 3 x 72 hour beds and 2 x treatment bays • 3 x multi-purpose consulting rooms (technology enabled) • 10 1-bed Extra Care Units • Support facilities and storage • 4 x primary care consulting rooms • 2 x dental rooms and reception area • Ambulance station • Multi-disciplinary team hub • Space for other public services (e.g. housing office?)

1.1.1 Each of these options was assessed against spending objectives and critical success factors. The results of this, including the overall assessment of each option, are presented below.

Figure Error! No text of specified style in document.**-1 Service solution: Assessment of options**

Option	2.1 Refurb existing facilities	2.2 Standalone health and social care new builds	2.3 Co-located health and social care New build	2.4 Incorporate space for other public services
Investment objectives				
Improve access to services	X	X	?	✓
Support independent living	X	?	✓	✓
Compliance with fire, health, and safety regulations	?	?	✓	✓
Deliver safer services	?	?	✓	✓
Enable effective integrated care	X	X	✓	✓
Contribute to sustainable services	X	?	✓	✓
Critical success factors				
Strategic fit	X	?	✓	✓
Value for money	?	?	✓	?
Supply capacity and capability	✓	✓	✓	?
Potential affordability	?	✓	✓	?
Potential achievability	✓	✓	✓	?
Summary				
Advantages	Limited change required	Reduced space and investment requirements Extra Care	Meets most investment objectives and CSFs	Meets all investment objectives and CSFs Provides

Option	2.1 Refurb existing facilities	2.2 Standalone health and social care new builds	2.3 Co-located health and social care New build	2.4 Incorporate space for other public services
		Units contribute to supporting independent living		opportunity to improve access to public services
Disadvantages	Not aligned with strategic direction Does not sufficiently meet investment objectives	Does not address compliance issues for all services Does not enable integration	Does not allow access to wider range of services	Uncertain costs and benefits – to be investigated further
Overall assessment	**Possible – carry forward**	**Possible – carry forward**	**Preferred way forward**	**Possible - carry forward**

Service delivery

Service delivery refers to the 'who' in terms of the ways of working required to deliver the services in line with the future model of care.

The long list of potential options within the 'service deliver' dimension includes.

Service delivery: long list of potential options

Ref	Option	Description
3.1	Status quo	Existing arrangements - separate dedicated teams delivering health and social care in and out of the community with joint leadership in form of IJB
3.2	Co-located teams, joint leadership, some MDT	Continue with existing service delivery arrangements with some co-located teams and joint leadership, multi-disciplinary communication
3.3	Integrated multi-disciplinary team, some flexibility	Workforce continues to be dedicated specifically to health and social care, but operate as multi-disciplinary team. Staff can work flexibly between the hub and community.
3.4	Fully integrated, fully flexible team	One staffing structure, staff members flex between health and social, the hub and the community

Each of these options was assessed against spending objectives and critical success factors. The results of this, including the overall assessment of each option, are presented below.

Service delivery: Assessment of options

Option	3.1 Status quo	3.2 Co-located teams, joint leadership, some MDTs	3.3 Integrated MDT, some flexibility	3.4 Fully integrated flexible team
Investment objectives				
Improve access to services	X	X	✓	✓

Option	3.1 Status quo	3.2 Co-located teams, joint leadership, some MDTs	3.3 Integrated MDT, some flexibility	3.4 Fully integrated flexible team
Support independent living	X	?	✓	✓
Compliance with fire, health, and safety regulations	N/A	N/A	N/A	N/A
Deliver safer services	X	?	✓	✓
Enable effective integrated care	X	?	✓	✓
Contribute to sustainable services	X	?	?	✓
Critical success factors				
Strategic fit	X	?	✓	✓
Value for money	?	?	✓	✓
Supply capacity and capability	✓	✓	✓	?
Potential affordability	?	?	✓	?
Potential achievability	✓	✓	?	?
Summary				
Advantages	Limited change required	Achievable Starts to meet integration agenda	Meets integration agenda Some flexibility between hub and community	Fully flexible Fully integrated
Disadvantages	Does not align with strategic direction for integration	Does not provide flexibility for sustainable workforce	Some risks around workforce adapting to new ways of working	May be challenging to implement
Overall assessment	**Discount**	**Possible - carry forward**	**Preferred way forward**	**Possible - carry forward**

Appendix D2: Benefit scoring approach and results

Western Isles
Benefits Workshop

Western Isles
OBC_Benefit apprai

Appendix E1: Optimism bias upper bound

St Brendan's Health & Social Care Hub Optimism Bias - Upper Bound Calculation for Build					
Return to Summary		**Option 1 - Do Min**	**Option 2 - Single phase**	**Option 3 - Multi-phase**	
Lowest % Upper Bound		**13%**	**13%**	**13%**	
Mid %		**40%**	**40%**	**40%**	
Upper %		**80%**	**80%**	**80%**	
Actual % Upper Bound for this project		**22.50%**	**23.50%**	**25.00%**	
Build complexity					
Choose 1 category					
Length of Build	< 2 years		x		0.50%
	2 to 4 years	x		x	2.00%
	Over 4 years				5.00%
Choose 1 category					
Number of phases	1 or 2 Phases	x	x	x	0.50%
	3 or 4 Phases				2.00%
	More than 4 Phases				5.00%
Choose 1 Category					
Number of sites involved (i.e. before and after change)	Single site*	x			2.00%
	2 Site		x	x	2.00%
	More than 2 site				5.00%
* Single site means new build is on same site as existing facilities					
Location					
Choose 1 Category					
Newsite - Green field	New build		x	x	3%
Newsite - Brown Field	New Build				8%
Existing site	New Build				5%
	or				
Existing site	Less than 15% refurb				6%
Existing site	15% - 50% refurb	x			10%
Existing site	Over 50% refurb				16%

Scope of scheme					
Choose 1 category					
Facilities Management	Hard FM only or no FM	x	x	x	0.00%
	Hard and soft FM				2.00%
Choose 1 category					
Equipment	Group 1 & 2 only	x			0.50%
	major Medical equipment				1.50%
	All equipment included		x	x	5.00%
Choose 1 category					
IT	No IT implications				0.00%
	Infrastructure	x	x	x	1.50%
	Infrastructure & systems				5.00%
Choose more than 1 category if applicable					
External Stakeholders	1 or 2 local NHS organisations	x	x	x	1.00%
	3 or more NHS organisations				4.00%
	Universities/Private/Voluntary sector/Local government				8.00%
Service changes - relates to service delivery e.g NSF's					
Choose 1 category					
Stable environment, i.e. no change to service		x	x	x	5%
Identified changes not quantified					10%
Longer time frame service changes					20%
Gateway					
Choose 1 category					
RPA Score	Low	x			0%
	Medium				2%
	High		x	x	5%

St Brendan's Health & Social Care Hub

Optimism Bias - Upper Bound Calculation for Build

Return to Summary		Option 1 - Do Min	Option 2 - Single phase	Option 3 - Multi-phase	
Lowest % Upper Bound		**13%**	**13%**	**13%**	
Mid %		**40%**	**40%**	**40%**	
Upper %		**80%**	**80%**	**80%**	
Actual % Upper Bound for this project		**22.50%**	**23.50%**	**25.00%**	
Build complexity					
Choose 1 category					
Length of Build	< 2 years		x		0.50%
	2 to 4 years	x		x	2.00%
	Over 4 years				5.00%
Choose 1 category					
Number of phases	1 or 2 Phases	x	x	x	0.50%
	3 or 4 Phases				2.00%
	More than 4 Phases				5.00%
Choose 1 Category					
Number of sites involved (i.e. before and after change)	Single site*	x			2.00%
	2 Site		x	x	2.00%
	More than 2 site				5.00%
* Single site means new build is on same site as existing facilities					
Location					
Choose 1 Category					
Newsite - Green field	New build		x	x	3%
Newsite - Brown Field	New Build				8%
Existing site	New Build				5%
	or				
Existing site	Less than 15% refurb				6%
Existing site	15% - 50% refurb	x			10%
Existing site	Over 50% refurb				16%

Scope of scheme					
Choose 1 category					
Facilities Management	Hard FM only or no FM	x	x	x	0.00%
	Hard and soft FM				2.00%
Choose 1 category					
Equipment	Group 1 & 2 only	x			0.50%
	major Medical equipment				1.50%
	All equipment included		x	x	5.00%
Choose 1 category					
IT	No IT implications				0.00%
	Infrastructure	x	x	x	1.50%
	Infrastructure & systems				5.00%
Choose more than 1 category if applicable					
External Stakeholders	1 or 2 local NHS organisations	x	x	x	1.00%
	3 or more NHS organisations				4.00%
	Universities/Private/Voluntary sector/Local government				8.00%
Service changes - relates to service delivery e.g NSF's					
Choose 1 category					
Stable environment, i.e. no change to service		x	x	x	5%
Identified changes not quantified					10%
Longer time frame service changes					20%
Gateway					
Choose 1 category					
RPA Score	Low	x			0%
	Medium				2%
	High		x	x	5%

Note: original version that was prepared at the start of the process. It is anticipated that the assumptions remain the same for the new options.

Appendix E2: Optimism bias mitigation

Return to Summary

Contributory Factor to Upper Bound	% Factor Contributes	Option 1 - Do Min		Option 2 - Single phase		Option 3 - Multi-phase	
		% Factor Contributes after mitigatio	Explanation for rate of mitigation	% Factor Contributes after mitigation	Explanation for rate of mitigation	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	0	none required	4	none undertaken	4	none undertaken
Other Regulatory	4	2	Limited required	2	Inital engagement e.g Care Commission	2	Inital engagement e.g Care Commission
Depth of surveying of site/ground information	3	0	none required	1	extensive site investigation	1	extensive site investigation
Detail of design	4	2	unsure how work work	2	Inital engagement architect	2	Inital engagement architect
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	0	no change	1	limited innovation	1	limited innovation
Design complexity	4	0	no change	1	limited complexity	1	limited complexity
Likely variations from Standard Contract	2	0	Hub-co procurement	0	Hub-co procurement	0	Hub-co procurement
Design Team capabilities	3	1	use of Hubco partners	1	use of Hubco partners	1	use of Hubco partners
Contractors' capabilities (excluding design team covered above)	2	1	use of Hubco partners	1	use of Hubco partners	1	use of Hubco partners
Contractor Involvement	2	1	via Hubco	1	via Hubco	1	via Hubco
Client capability and capacity (NB do not double count with design team capabilities)	6	2	Limited expereince of large projects but engagement of expertise	2	Limited expereince of large projects but engagement of expertise	2	Limited expereince of large projects but engagement of
Robustness of Output Specification	25	10	limited change	7	Inital schedule developed through extensive	7	Inital schedule developed through
Involvement of Stakeholders, including Public and Patient Involvement	5	2	2 public sessions, staff sessions continue	1	2 public sessions, staff sessions continue	1	2 public sessions, staff sessions continue
Agreement to output specification by stakeholders	5	1	limited change	2	involved in development	2	involved in development
New service or traditional	3	1	traditional	1	change in terms of social care	1	change in terms of social care
Local community consent	3	1	limited change	1	unclear over social care	1	unclear over social care
Stable policy environment	20	15	wouild struggle to support change in policy in terms of	5	Clarity over continuing care provision	5	Clarity over continuing care provision
Likely competition in the market for the project	2	2	limited if any local supplies	1	limited if any local supplies	1	limited if any local supplies
TOTAL	**100**	**41**		**34**		**34**	

Note: original version that was prepared at the start of the process. It is anticipated that the assumptions remain the same for the new options.

Appendix E3: Quantified Risk

20170801
Quantified Risk Moc

Assessment

Number	Category	Description	Impact	Likelihood	Minimum impact	Most likely impact	Maximum impact	Probability of minimum	Probability of most likely	Probability of maxmimum
1	Capacity and demand	1.4 Incorrect demand and capacity planning assumptions	Increased recurring revenue costs	10%	1%	3%	5%	25%	50%	25%
2	Operational	3.6 Recurring revenue costs underestimated	Increased recurring revenue costs	25%	5%	10%	15%	25%	50%	25%
3	iming and disruption	5.2 Incorrect planning assumptions resulting in delays in commissioning of facilities	Increased transitional costs	25%	10%	25%	50%	25%	50%	25%

Allocation

Number	Category	Description	Impact	Probability of minimum	Probability of most likely	Probability of maxmimum	Option 1 Status Quo	Option 2 Do Min A	Option 3 Do Min B	Option 4 PWF
1	Capacity and demand	1.4 Incorrect demand and capacity planning assumptions	Increased recurring revenue costs	25%	50%	25%	113%	108%	108%	100%
2	Operational	3.6 Recurring revenue costs underestimated	Increased recurring revenue costs	25%	50%	25%	113%	108%	108%	100%
3	iming and disruption	5.2 Incorrect planning assumptions resulting in delays in commissioning of facilities	Increased transitional costs	25%	50%	25%	0%	80%	100%	100%

Results

Number	Category	Description	Impact	Option 1 Status Quo	Option 2 Do Min A	Option 3 Do Min B	Option 4 PWF
1	Capacity and demand	1.4 Incorrect demand and capacity planning assumptions	Increased recurring revenue costs	163	145	145	134
2	Operational	3.6 Recurring revenue costs underestimated	Increased recurring revenue costs	1,358	1,207	1,207	1,119
3	iming and disruption	5.2 Incorrect planning assumptions resulting in delays in commissioning of facilities	Increased transitional costs	0	15	18	18
		TOTAL		**1,521**	**1,367**	**1,371**	**1,272**
			Discounted	**877**	**854**	**858**	**796**

Appendix E4: Qualitative risk assessment

Western Isles
OBC_Risk assessmer

Appendix F1: OB1 forms

OB1 costs - Option 2 Do Minimum A.xls:

OB1 costs - Option 3 Do Minimum B.xls:

OB1 costs - Option 4 Preferred.xlsx

Corran Cismaol Estimated Construct

Appendix F1 St. Brendans NPR repor

Appendix F1 Appendix A Cost Mc

Appendix F2: NPV Workings and GEM

Economic appraisal workings

Appendix F2
20170801_Barra HSC

Generic Economic Model (GEM)

Appendix F2
20170801 Barra OBC

Appendix G1: Drawings


Appendix G1 Site layout drawing.pdf


Appendix G1 health drawing.pdf


Appendix G1 social care drawing.pdf


Appendix G1 2nd floor drawing.pdf

Note: original version that was prepared at the start of the process. It is anticipated that the there are no significant changes at this stage, however, further analysis will be undertaken at FBC stage.

Appendix I1: Roles & responsibilities

Role	Summary of Role	Key Responsibilities
Investment Decision Maker (IDM)	The Investment Decision-Maker (IDM), usually an Executive Director, decides whether to invest financial and human resources in any given project, and correspondingly will have ultimate responsibility. They must consider whether the project fits the strategic direction of the organisation, its short and long-term affordability, and whether or not it represents the best use of resources The IDM will be ultimately accountable for the success or failure of an investment decision and the delivery of the project. The IDM will prioritise all project business cases to ensure value for money is achieved and a maximum return to the NHSScotland Body from the resources available for investment.	▪ Ensures that a viable and affordable business case exists for the project, with the revenue impact of the project clearly identified ▪ Ensures that the business case remains valid ▪ Maintains visible and sustained commitment to the project ▪ Ensures that the role of project ownership is established and understood ▪ Defines the project Senior Responsible Owner's terms of reference ▪ Authorises the allocation of funds to the project ▪ Oversees project performance through detailed project plans ▪ Resolves any issues that fall outside the project owner's delegated authority ▪ Ensures that quality design considerations are an integral part of the process of building and not marginalised or considered an option.
Senior Responsible Owner (SRO)	The SRO is an individual, who represents and has the authority of the Board to act on their behalf in respect of the delivery of a specific project. All instructions given by the SRO are deemed to be given by the Board. All communications given to the SRO is deemed to have been given to the Board. The SRO is the Project lead from the outset. He or She is accountable directly to the Board and provide the strategic direction, leadership and ensure that the business case reflects the views of all stakeholders.	▪ Chairs Project board ▪ Leads the delivery of the project and provides overall direction ▪ Secures the investment required to deliver programme ▪ Ensures project delivery within agreed timescales and agreed resources ▪ Owns the Programme portfolio of projects ▪ Accountable for the Project's governance arrangements ▪ Manages interfaces with key stakeholders ▪ Manages key project risks facing the programme ▪ Maintains alignment of the programme with strategic objectives ▪ Provides progress reports to the Board

Role	Summary of Role	Key Responsibilities
		▪ Initiates independent Gateway Reviews and receives Review Team reports
Project Director/Manager	The Project Director is the Project Lead from the outset, and provides the strategic direction, leadership and ensures that the business case reflects the views of all stakeholders.	▪ Agree business case and budget ▪ Establish Project organisation ▪ Defines terms of reference ▪ Establish a defined Brief to user's agreement ▪ Establish reporting procedures ▪ Approve change and act as arbitrator on disputes ▪ Ensure adequate resources to deliver the Project ▪ Promote the Project ▪ Lead the Project Team ▪ Manage the Board interest in the Project ▪ Provide all decisions and directions on behalf of the Board ▪ Ensure adequate communication mechanisms exist between the Project, external organisations and the Board ▪ Carry out the duties identified in the Management of Construction Projects section of the Capital Investment Manual ▪ Meet the requirements of the NHS funding stream ▪ Coordinate and manage consultant appointments and deliverables ▪ Engage, manage and monitor consultants, contractors and suppliers necessary for the completion of the Project in conjunction with the Board Project Director ▪ Ensure delivery of the Project in accordance with the Project programme ▪ Implement the Project Execution Plan ▪ Agree project maximum cost with hub North Scotland in

Role	Summary of Role	Key Responsibilities
		conjunction with NHSWI & CnES ▪ Arrange Post Project Evaluation ▪ Management of all other Professional Services Contractors contracts ▪ Establish procedures to monitor time, cost and quality ▪ Provide regular progress reports to the Board Project Director ▪ Provide decisions to Contractors and ensure mechanisms exist to resolve issues that will affect time, cost and quality with Board Project Director ▪ Manage the contract in accordance with framework and contract requirements including adequate change mechanisms ▪ Manage handover process to the Project Board

Appendix I2: Project plan

Appendix I3: Communications plan

Appendix H3 ITEM 4_draft St Brendan's

Note: original version that was prepared at the start of the process. It is anticipated that the there are no significant changes at this stage, however, further analysis will be undertaken at FBC stage.

Appendix I4: RPA assessment


Appendix H4 RPA1.doc


Appendix H4 RPA2.doc

Note: original version that was prepared at the start of the process. It is anticipated that the there are no significant changes at this stage, however, further analysis will be undertaken at FBC stage.

Appendix J1: Benefits Realisations plan

Appendix I1 ST Brendans Project Wo

Note: original version that was prepared at the start of the process. It is anticipated that the there are no significant changes at this stage, however, further analysis will be undertaken at FBC stage.

Appendix K1: Risk Register

Appendix J1 Risk Log 06 05 14.xlsx

Note: original version that was prepared at the start of the process. It is anticipated that the there are no significant changes at this stage, however, further analysis will be undertaken at FBC stage.