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## APPENDIX K:ROLES & RESPONSIBILITIES OF PROJECT TEAM

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Project Group Roles and Responsibilities			
	Project Role	Responsible person	Project responsibilities overview
<b>Senior Responsible Officer</b>		Cathie Cowan	Chair of FCH Masterplan & PC / PIA Programme Board. Accountable for the success of the programme and enabling the organisation to exploit the new environment and opportunities arising from the programme.
<b>Project Core Group</b>	Project Director	Kathy O'Neill (General Manager Primary Care & Mental Health Directorate)	Ultimate responsibility for the project and 'owns' the Business Case throughout the life of the project. Primary contact for all decision making associated with the project and responsible for overall management of the project including liaising with the sponsor; coordinating and leading the project board; overseeing project implementation, financial and administrative oversight and monitoring and evaluation of the project. Approves the project structure to deliver the agreed aims and objectives and ensures adequate resources are made available to deliver the project within agreed costs and timescales. Links directly to the NHS Board /HSCP's/IJB's/Voluntary Sector, Project Board, and all external organisations (SFT, Scottish Government).
	Subject matter expert-Pharmacy	Laura Byrne (Associate Director of Pharmacy- Primary care & Community)	Subject matter experts (SME's) (Pharmacy) Responsible for representation of primary care and community pharmacy related matters and providing professional advice to the project. Providing pharmacy related leadership and advice to the project.
	Subject matter expert-Primary Care General Practice	Scott Williams (Deputy Medical Director-Primary Care)	Subject matter experts (SME's) (Clinical) Responsible for representation of clinical matters and providing professional advice to the project. Providing clinical leadership and advice to the project.
	Subject matter experts-GP leads	David Herron Teresa Cannavina David Reid James King Jonathan Turner Scott Henderson Sarah Boddington Jill Carmichael	Subject matter experts (SME's) (Clinical) Responsible for representation of clinical matters within their locality and providing professional advice to the project.
	Subject matter expert-Finance Lead	Steven Kirkwood (Senior finance manager)	Subject matter expert (SME) (Financial planning and management) Participates as a member of the Project group and manages and monitors the allocation of funding to the project in conjunction with the NHS appointed Project Manager. Monitor's expenditure and provides regular reports to the Project Director and SRO. Links effectively with the finance and service managers in the operational areas affected by the project and ensure that revenue budgets are co-ordinated and aligned consistent with the project programme.

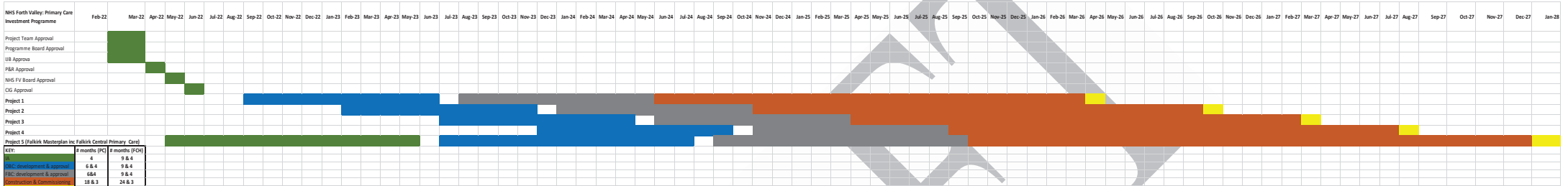
			Supports the Workforce planning process and costs the agreed workforce changes.
Subject matter expert-Estates & Infrastructure Lead (Associate Director of Facilities & Infrastructure)	Morag Farquhar (Associate Director of Facilities & Infrastructure)		<p>Subject matter expert (SME) (Infrastructure, Estates &amp; Capital Planning)</p> <p>Provides expertise in design development, contract, procurement, stakeholder, and procurement management and assists the SRO with project governance and commercial acumen.</p> <p>Supports the delivery of the project through provision of expert advice on all aspects of the built environment including links to lead advisors; legal advisors; authorising engineers (Water, medical gases etc.); health and safety; fire officers; compliance, estate's &amp; engineering managers, telecoms, energy, and transport experts, as required, to facilitate and inform the project.</p> <p>Supervision of NHS appointed technical advisors.</p>
Subject matter expert-eHealth & ICTLead	Kevin Edwards (ICT support manager)		<p>Subject matter expert (SME). (eHealth &amp; ICT)</p> <p>Supports the delivery of the project through provision of expert advice and resource to support the eHealth and ICT needs of the project.</p> <p>Assists throughout the business case, commission, design, and construction phases to ensure proposals are fit for purpose and align with organisational objectives and to ensure resource is available as the project requires it to prevent delays.</p> <p>Supports the service change, identifies opportunities and challenges to provide a robust, reliable technical infrastructure and good standard of support.</p>
Subject matter expert-Improvement-Primary Care	Lesley Middlemiss (Improvement Programme Manager Primary Care)		<p>Subject matter expert (SME). (Improvement)</p> <p>Supports the delivery of the project through provision of expert advice and resource to support the improvement needs of the project.</p> <p>Assists throughout the business case process to ensure proposals are fit for purpose and align with organisational objectives.</p> <p>Supports the service change and identifies opportunities and challenges to help ensure an informed solution</p>
Subject matter expert- nursing	Elaine Kettings (Head of person centred care)		<p>Subject matter expert (SME) (Nursing)</p> <p>Supports the delivery of the project through provision of expert advice and ensure sufficient resource to meet the organisational objectives related to nursing to deliver unscheduled care.</p> <p>Provide nursing staff governance expertise and leadership.</p> <p>Supports service change, identifies opportunities and challenges.</p> <p>Responsible to communicating project progress within their speciality.</p> <p>Provide nursing clinical governance expertise and leadership.</p>
Subject matter expert – Planning	Janette Fraser (Head of Planning)		<p>Subject matter expert (SMEs) (Planning)</p> <p>Responsible for representation of planning and providing professional advice to the project.</p> <p>Providing planning related leadership and advice to the project.</p> <p>Supports the service change, identifies opportunities and challenges to meet the future health and care needs of the Forth Valley population.</p>

	Subject matter expert – Communication & Engagement	Elsbeth Campbell (Head of NHS FV Communications) Paul Surgenor (Communications Lead, HSCP)	Subject matter expert (SMEs) (Communication and Engagement) Responsible for representation of NHS Forth Valley Communications Department and providing professional advice to the project in terms of communication and patient/public engagement. Providing communications and patient/public engagement related leadership and advice to the project. Responsible for liaising with deputy to keep abreast of progress and support on strategic direction for the Communications and Engagement plan.
		Jessie-Anne Malcolm (Deputy to NHS FV Head of Communications)	Responsible for leading in initial stages for preparatory work and keeping the Head of Communications updated. Responsible for representation of NHS Forth Valley Communications Department and providing professional advice to the project in terms of patient/public engagement.
	Subject matter expert (HSCPs)	Gail Woodcock (Falkirk) Bob Barr (Clacks/Stirling)	
	Capital Build Project Manager - NHS	To be appointed	Overall responsibility (in conjunction with the external technical advisor (Buchan & Associates) for the successful initiation, planning, design, execution, monitoring, controlling and closure of the project. Responsible (in conjunction with the external technical advisor) for the day-to-day management of the project including managing the scope, schedule, finance, risk, quality, and resources). Management and co-ordination of the project team and the day-to-day contact for the project team. Liaison with external advisors (HFS/SG), Project Board leads; clinical leads and the technical advisors to ensure an effective framework is in place to deliver the project. Monitoring progress against the project plan; reporting variances and providing progress reports to the Project Board. In conjunction with the Project Director maintaining the project Risk Register and issue log and communicating, escalating accordingly. Raising issue/exception reports to the Project Director as soon as there are concerns that the tolerances set by the NHS Programme Board are liable to be exceeded.
	Project co-ordination /management support	Val Arbuckle / Debbie MacLeod / Maggie MacKinnon (CPMO)	Responsible for the coordination and contribution to a range of activities in support of the project. Responsible for establishing governance structure. Supporting the Project Manager and Project Team in the co-ordination, planning, and control of the project. Ensuring the agreed project management methods, standards and processes are maintained throughout the project lifecycle. Assisting the Project Manager in the production and maintenance of project plans. Developing and maintaining the project library, filing, recording, and reporting systems. Advise and assist project team members in the application of project procedures, disciplines and recording and reporting standards.
NHS Appointed technical advisors			

Buchan + Associates	Technical advisor (Healthcare Planner)	Karen Pirrie (Associate Director)	
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## APPENDIX L: PROGRAMME PLAN



## APPENDIX M: STRATEGIC ASSESSMENT (2019)

PROJECT:		What are the Current Arrangements: All NHS Forth Valley primary care and community service across two partnerships. 54 GP practices within 42 buildings. Over 1,000 staff based within the premises plus a number of visiting community based services		
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered	
<p>Requirement to support new models of care in line with national strategies. In particular new GMS contract; wider integration and an expanded range of services within a community setting</p> <p>Existing facilities unable to provide space required to implement Primary Care Implementation Plan</p> <p>Practices are unable to provide GMS services to any new population as a result of additional housing and existing registered patients due to projected demographic developments</p> <p>Practices are operating from premises which are functionally unsuitable and inflexible for sustainable high quality primary care services and unable to easily respond to change</p> <p>Need to develop space for flexibility, shared services, enabling "Hub" services which support multiple practices encompassing latest digital technologies.</p>	<p><b>Identify Links</b></p> <p>Ensure equity of access and positive experience to primary health and care services improving the service capacity and reducing restricted lists</p> <p>Increase multi-disciplinary primary care workforce to appropriate level for practice population to enable timely access for patients, focussing on prevention, independence and self-care</p> <p>Deliver the requirements within the new GMS contract. To ensure sustainability of general practice and provide high quality care in the community</p> <p>Improve the quality and physical condition of the healthcare estate (SAFR), improving performance against 6 facet survey – NHS Estate code</p> <p>Improves design quality in support of increased quality of care and value for money (QOI)</p> <p>Supports attainment of service targets, Strategic Plans. E.g. early cancer detection, antenatal access, early years vaccination. Health &amp; Wellbeing Outcomes</p> <p>Increased efficiency of workforce, enable integrated working through creation of "Hub" facilities and co-location of services in cognisance of the principles of "Place" and locality planning</p>	<p><b>Identify Links</b></p> <p><b>Person Centred</b></p> <p><b>Safe</b></p> <p><b>Effective Quality of Care</b></p> <p><b>Health of Population</b></p> <p><b>Value &amp; Sustainability</b></p> <p><b>TOTAL SCORE</b></p>	<p><b>Prioritisation Score</b></p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p> <p>99</p>	<p><b>Service Scope/ Size</b></p> <p>Provision of sustainable GMS across all practices. Explore opportunity to co-locate wider health and care services utilising the latest technologies</p> <p><b>Service Arrangement</b></p> <p>Increased room capacity and flexibility of space; improved use of existing facilities. Provision of a range of space to meet needs. Use of digital technologies. Efficient use of space and technology.</p> <p><b>Service Providers</b></p> <p>Health &amp; Social Care partnerships, GP contractors, NHS Forth Valley, Local authorities, 3<sup>rd</sup> sector, wider public sector</p> <p><b>Impact on Assets</b></p> <p>Major investment in 8 premises – redevelopment of 3; 5 new build</p> <p><b>Value &amp; Procurement</b></p> <p>Hub Framework Design &amp; Build £30m Explore leased space from other public sector</p>

## APPENDIX N: Prioritisation Exercise Summary PAPER

10<sup>th</sup> May 2022

**PURPOSE:** to support the Programme Initial Agreement (PIA) of investment in primary care across NHS Forth Valley a prioritisation exercise was undertaken to evaluate the priority of locality based Outline Business Case to be taken forward. An initial prioritisation exercise was undertaken as part of the Services & Premises review in 2019; this has been updated to reflect latest data and information from the development of the PIA. This paper provides the summary of results.

### Approach to prioritise

The prioritisation of locality based investments adopted best practice investment appraisal methodology in the form of a quantifiable assessment. The following steps were undertaken:

- Determine criteria to assess each investment area – ensuring each criterion can be objectively measured
- Rank the importance of each criterion
- Apply a weighted paired assessment to determine the weight for each criterion
- Rank each criterion based on total locality score – e.g. locality with biggest shortfall in space ranked 1<sup>st</sup> etc.
- Apply weights to ranking to obtain overall weighted rank

### Criteria

The following criteria were developed and information gathered to assess each locality's score. The basis for the total locality score is shown below

Table 1: Criteria

Criteria	Source	Basis of total locality score
Population	October 2021 practice populations	Total of all practice population within locality
Additional space required	Total shortfall in space by practice based on the Initial assessment from 2019 Premises report; updated to take into account additional space from minor investment programme of work	Total additional space required within the locality
Workforce sustainability	Original assessment based on 2019 Practice Sustainability tool; unable to update however review impact if this criterion excluded	Weighted sustainability score for each practice; weighted on population size.
New Population	Total housing plans; as referenced within the PIA	Total new houses within the locality
Estate Metrics	Combination of estate factors from Property & Asset Management Strategy 2019	Total score across all facets; where A given score of 1; B=2 etc.
Need	Assessment of deprivation, need, prevalence of disease using NRAC prescribing index for excess costs	Weighted sustainability score for each practice; weighted on population size.

**Assess Localities against each criteria**

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CONFIDENCE**



The combined locality score for each criteria was then ranked with highest score awarded rank 1. Noting there was no identified capital investment within Rural Stirling locality; therefore excluded from the final ranking. Falkirk Central locality has been included in the analysis below however; the capital investment in primary care within this locality will be taken forward as part of the Falkirk Community Hospital Master planning project

**Table 2:Criteria score**

Criteria/ Locality rank	Clackmannan shire Locality	Stirling city with the eastern villages, Bridge of Allan & Dunblane Locality	Falkirk East Locality	Falkirk West Locality	Falkirk Central Locality
Population	3	1	2	4	5
Additional space required	2	1	2	5	2
Workforce sustainability	1	2	4	5	3
New Population	5	1	3	2	4
Estate Metrics	4	1	2	3	5
Need	2	5	4	3	1

### **Rank & Weight of Criteria**

Each of the criteria was ranked in importance and a weighted pairs exercise carried out to determine the overall weight. This was undertaken as part of the original premises work and the same rank and weight used for this prioritisation exercise. The final rank and weight is shown below:

**Table 3: Rank & Weight**

Criteria	Rank	Weight
Locality population	6	10.7%
Additional space required	1	23.6%
Workforce sustainability	4	16.1%
New population	3	17.0%
Estate Metrics	2	21.2%
Need	5	11.3%

The weights above were used to derive a final overall ranking of the localities based on all criteria; summarised in the table below;

**Table 4: Final Ranking**

Rank	Applying weighted criteria
1	Stirling city with the eastern villages, Bridge of Allan & Dunblane Locality
2	Falkirk East Locality
3	Clackmannanshire Locality
4	Falkirk Central Locality
5	Falkirk West Locality

By way of sensitivity testing two test were undertaken with the impact on ranking shown below:

- an equal weighting of criteria; results in no change to ranking but Falkirk East and Clackmannanshire localities 2<sup>nd</sup> equal;
- excluding workforce sustainability criteria as unable to update from 2019; results in no change to ranking but Falkirk West and Falkirk Central localities are 4<sup>th</sup> equal.

### **Conclusion**

Based on the evaluation the prioritisation of locality based Outline Business Cases indicates the first as locality as Stirling city with the eastern villages, Bridge of Allan & Dunblane, followed by Falkirk East, Clackmannanshire, then Falkirk West with Falkirk Central addressed as part of the Falkirk Community Master plan project.