

DESIGN ACTION PLAN



October 2007

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Foreword from the Chairman

As Chair of NHS Greater Glasgow and Clyde I am delighted to present our Design Action Plan. This document recognises the important role that good design plays in improving the health and well-being of our patients and staff and reflects our commitment and contribution to ensuring health care facilities improve the services we deliver, and impact positively on the economic, social and environmental well-being of our communities in which they are located.



The design action plan has been developed at a time when NHS Greater Glasgow and Clyde is undertaking an unparalleled period of development and refurbishment updating our substantial range of health centres, hospitals and care facilities. Our aspiration is one of achieving the highest quality healthcare possible for the population of Greater Glasgow and Clyde, ensuring health services are delivered in public buildings that the city is proud of.

I believe this Design Action Plan builds on recent successful developments such as the Beatson West of Scotland Cancer Centre, New Gartnavel Royal Hospital and Partick Centre for Community Health and sets a number of actions that will ensure an ongoing commitment to excellence in design, in which the quality of space and functionality work together, the environment in which health care is delivered provides reassurance and inspiration and is sensitive to personal nature and needs associated with the use of health services. While welcoming these examples of large scale new developments, we have not ignored the principles of good design in refurbishing and extending existing health centres.

I believe the design action plan provides a unique opportunity to work in partnership with our patients, communities, staff and partner organisations to deliver world class medical care in world class buildings and provide an appropriate legacy for the citizens of Greater Glasgow and Clyde.

Executive Summary

This document sets out the Design Action Plan for NHS Greater Glasgow and Clyde (NHSGGC) and outlines the Board's vision for achieving design quality. It was developed in partnership with local authorities, staff and patient representatives and aims to develop the capacity of NHSGGC to support the delivery of design quality in healthcare facilities and services.

In setting out a vision for design quality, we have attempted to provide context and background to the development of the Plan, as well as outlining the key principles that will inform the planning and design process.

The aim is to be realistic in what can be achieved and to set out, in detail, a Plan that will seek to influence the delivery of the Board's vision for design quality. It is important also to recognise the progress already made by NHSGGC in delivering quality healthcare facilities and seeks to build on existing good practice.

The document sets out a direction of travel for NHS Greater Glasgow and Clyde, specifying a series of actions and responsibilities that are needed to strengthen the capacity of the organisation to deliver design quality.





1. Introduction

1.1 In 2006 the Scottish Executive Health Department (SEHD) set out in HDL 58 'A Policy on Design Quality for NHS Scotland' the requirement for all Health Boards to produce a Design Action Plan in recognition that good design in healthcare buildings makes a measurable difference to the experience of staff, patients and visitors. In NHS Greater Glasgow and Clyde (GGC) the Design Action Plan outlines both our commitment to quality design and also reinforces our commitment to ensuring healthcare buildings are cornerstones within our communities.

1.2 The concept of design established within the Action Plan has been defined locally and reflects the views of many stakeholders and partners. Our definition is comprehensive and reflects a balance between the aesthetic and the functional, the ambience, the accessibility and the environmental impact of new and refurbished buildings. The plan is also

mindful of the need to ensure that projects deliver best value and that the overall affordability of capital projects is not compromised.

1.3 In striking this balance, the intention is to build on existing practice, and develop the systems already in place within NHSGGC. The strategic objectives outlined will support the organisation to deliver our vision.

2. Purpose

2.1 The purpose of the Design Action Plan is to:

- Articulate the aspirations that NHSGGC wishes to achieve through any design process;
- Build the capacity of NHSGGC to deliver design quality by using existing resources more effectively.
- Analyse the process currently used to commission / refurbish buildings and facilities and optimise design quality by building on best practice and learning from others.
- Support a systems based approach to Service Development and Capital Development plans;
- Describe the actions required to enable NHSGGC to deliver the aspirations;
- Describe a clear process that supports the development of good design.



3. Context

3.1 NHSGGC is the biggest single healthcare system in the UK, employing 44,000 people and providing primary care, community and acute care to a population of 1.2 million people. A number of Community Health (and Care) Partnerships have joint structures with local authorities delivering integrated social care. The property portfolio is extensive.

3.2 The acute services and mental health strategies for NHSGGC support an unparalleled level of new development and offers significant opportunity to achieve quality design as we move to modern ‘state of the art’ healthcare facilities and service design. An extensive programme of refurbishment and development is underway to modernise many primary care facilities.

3.3 A NHSGGC Design Network has been established with a remit to develop the Design Action Plan and integrate the implementation of the Action Plan into the operation of NHSGGC. In doing so, the Network was clear that the Plan should be delivered within existing resources, recognise and incorporate current guidance and be responsive to the local political and economic context. This includes:

- Existing Procurement Policy;
- National specifications and standards for clinical space and function (Scottish Health Planning Note, Scottish Health Building Note, Scottish Health Technical Memorandum);
- Local Planning Context - 8 Local Authorities;
- Financial planning, models and resource allocation;
- Process and nature of external assessment;
- Legislative requirements including Fire / Disability, etc.
- Equalities Impact Assessment
- Scottish Arts Council /NHSGGC Arts programme

3.4 The network was also mindful that the needs of all of the groups identified in our single equality scheme require to be taken into account in the design of new buildings or refurbishment of existing facilities.





3.5 It is recognised that NHSGGC currently has a robust financial and planning structure in place to deliver major capital schemes. However, a number of issues were identified within these existing structures for further consideration as part of this Design Action Plan. These include ensuring that the knowledge and skills within the organisation are used effectively in delivering the Board's broader corporate objectives, putting capacity in place to support earlier engagement of stakeholders (clinical and non-clinical) at key stages of the project and that the project plan builds in adequate time and resource to deliver the key elements of the Board's vision for design quality.

3.6 However, the Design Network was also clear that NHSGGC is making significant progress in delivering quality buildings and already applying a number of principles outlined in the Design Action Plan. Examples include:

- Partick Centre for Community Health
- The New Stobhill and Victoria: New Ambulatory Care Hospitals
- The Beatson West of Scotland Cancer Centre
- The New Gartnavel Royal Hospital

3.7 To build on this, the Plan will identify and agree good practice tools to be used as part of capital projects and demonstrate compliance with recognised standards for health service design and redesign. In addition, the Plan has sought to incorporate a number of existing Board policies that should be integral to the delivery of all capital projects from the outset. Therefore the Design Action Plan has sought to build on the inherent skills, expertise and support within the organisation and our partners (statutory, voluntary and charitable organisations) and the learning from earlier projects and our partners is captured and embedded within the development and implementation process for future projects. Appendix 1 summarises a number of lessons learned and implications for future practice.

3.8 The Network also recognised that a number of structures were in place or emerging that would be important in delivering the design vision. The Plan has sought to build on these and develop their role in delivering design quality. These include the:

- Capital Planning Group (and agreed scheme of delegation);
- Better Access to Health Group; Involving People Committee
- Art, Architecture and Environment Steering Group; and
- Clinical Reference Groups.

3.9 The Capital Planning Group has already made significant progress in developing criteria for approved new capital developments and put in place arrangements to support effective governance and accountability extending to all organisational entities (more detail about the Capital Planning Group is provided in appendices 2a) and 2b)).

3.10 The initial development phase of the action plan was instigated in June 2007 when NHSGGC hosted a development session at Hampden Stadium. The event was widely attended with representation from hospital access panels, patient groups, local authority planners, facility managers, capital planners, clinicians, senior managers, architects, Glasgow art and health network, Board members, and other NHSGGC staff. The event was supported by Architecture and Design Scotland. The event generated considerable debate and discussion and ultimately produced the content now reflected in the Design Action Plan.

3.11 The draft Design Action Plan was then circulated for comment to the membership from the event and the Policy, Planning and Performance Group. A facilitated session for patient representatives was also undertaken before a final draft was submitted to the Board for approval.

3.12 A local definition of Design has been achieved as a result of the development process where by the term Design reflects the breadth of issues described within the vision below.



4. Our Vision

- 4.1 The importance of good design is paramount to the development and delivery of efficient and effective health care services.
- 4.2 NHS buildings need to be clinically functional, with the needs of patients, public and staff at the heart of this. Buildings should be fit for purpose, but also be flexible, progressive and adapt alongside advancing health care developments and the changing needs of the population.
- 4.3 NHS buildings should be an accessible resource to staff, patients and the public; presenting an infrastructure that feels welcoming, safe and inspiring of confidence. There should be an emphasis on therapeutic design which includes imaginative use of light, access to green space, intelligent arrangement of internal spaces and facilities, use of sustainable materials and the inclusion of art and creative activity. NHS buildings should provide an environment that reduces anxiety, improves health, retains staff and encourages healthier habits.
- 4.4 Buildings should be easy to navigate, and should consider and be responsive to the accessibility needs of all staff and visitors. In doing so, buildings should be fully integrated with public transport infrastructure as well as encouraging physical activity through effective design of walking and cycling routes.
- 4.5 The regeneration of surrounding communities should be integral to all projects, with sensitivity and responsiveness to the needs of local communities and environments. Buildings should be a resource for the wider community, encouraging interaction and participation, and creating a focal point and identity with the community.
- 4.6 To ensure NHS buildings are sustainable and offer good value for money, not just in the short term, but in the long term, the principles of sustainable design, low carbon design and wider environmental impact should be considered from the outset and integrated throughout the life of all design projects, making effective use of natural and sustainable resources where possible.
- 4.7 NHS buildings will be key to the effective and efficient delivery of 21st century health care, where the role of good design and a clear process to support good design will be a vital factor in ensuring the needs of staff, patients and the public are met now and in the future.



5. Principles of the Design Action Plan

5.1 The Design Action Plan will be used to support the development of any physical space or building within NHSGGC and deliver the vision of the design action plan. The Design Action Plan reflects the following principles:

- The need for development or refurbishment should be clearly articulated through a specification of Clinical or Service redesign;
- The functional design, construction and operation of a building should be clearly described and considered primarily within the process and articulated in a design brief (business case and brief);
- The wider environmental impact and design enhancements to the building will be considered alongside financial and clinical considerations;
- There will be a transparent and inclusive process to support any development;
- Improved partnership working will be instigated to support additional value for service users, staff and communities.

5.2 While the Plan specifies those responsible for individual elements of the scope and objectives, it is built on the concept of continuous team-working and the need to have effective communication throughout.



6. The Scope

6.1 The Scope of the Design Action Plan will include:

Scope	This includes
<ul style="list-style-type: none"> ◆ Ethos and ‘supportive ambiance’ conveyed within the building 	<ul style="list-style-type: none"> ◆ Welcoming reception / inviting / safe / information centre / clear way finding ◆ Comfortable / reduce anxiety / pleasant / not intimidating ◆ Inspirational / beautiful / imaginative / art and physical enhancements ◆ Health promoting environment ◆ Strong identity and purpose ◆ Ambient temperature
<ul style="list-style-type: none"> ◆ Internal spaces and the use of non clinical and clinical space 	<ul style="list-style-type: none"> ◆ Functional / efficient and effective service delivery / infection control measures ◆ Light / windows / maximising views ◆ Quality of space ◆ Equalities Legislation ◆ Finishes / stimulating senses / colour ◆ Adaptable space / utility / flexibility / hard wearing ◆ Allocation of defined non-clinical space for various users including staff / patients / visitors including libraries / visitor rooms / quiet rooms / relaxation / privacy / continuing education / spiritual care / recreational ◆ Consideration of each space and function and service / identifiable staff ◆ Physical enhancements / arts ◆ Fixtures and fittings supportive of therapeutic environments and activity such as stair walking
<ul style="list-style-type: none"> ◆ External environment and outdoor space 	<ul style="list-style-type: none"> ◆ Links to natural environment ◆ Sympathetic use of retained buildings ◆ Landscaping / usable greenspace / linked outside space / seating ◆ Sensitive to local landscape ◆ Architecture of building ◆ Accessible
<ul style="list-style-type: none"> ◆ Movement in and around a building or site 	<ul style="list-style-type: none"> ◆ Way finding / clear navigation / defined pathways connecting services ◆ Signage and enabling equipment ◆ On site transport / disabled parking spaces ◆ Internal Accessibility / power doors / ramps / adaptations (including weight bearing) / quality walkways / bathrooms / Disability Discrimination Act compliance ◆ A front door / clear entrances ◆ Separate public and service areas

<ul style="list-style-type: none"> ♦ Impact and relationship of a building to and on the local community 	<ul style="list-style-type: none"> ♦ Environmental impact assessment (major projects) / consideration of waste segregation and recycling / renewable energy / water ♦ Public perception ‘proud’ / ownership ♦ Including partners in delivery- artists / voluntary sector agencies / range of services available ♦ Local jobs / local economy / locally sourced materials / supplies ♦ Use of site by community ♦ Health impact and health improvement ♦ Interface with community
<ul style="list-style-type: none"> ♦ Inclusion of staff, patients and users within the design development process 	<ul style="list-style-type: none"> ♦ Engaging partners ♦ Engaging clinicians ♦ Engaging patients / patient reps / user groups / volunteers ♦ Generating awareness of design
<ul style="list-style-type: none"> ♦ Supporting infrastructure and access to the building or site 	<ul style="list-style-type: none"> ♦ Sustainable design / cost effective / energy efficient and environmentally friendly and safe construction process and materials (low carbon design) ♦ Quality workmanship ♦ Regeneration / stimulate other developments ♦ Travel plans / public transport / green travel / walkable ♦ Safe to visit / work ♦ Close to amenities / provision of amenities - shops / coffee facilities ♦ Accessible in location / car parking

The Project Leader (as described in appendix 2a) will be responsible for ensuring that the scope of the policy, as outlined above is applied to and described within the Project Brief for individual capital projects.

7. Action Plan Objectives

7.1 NHSGGC requires to undertake the following the actions to enable the organisation to deliver the aspirations described within the vision and scope of this plan.

Objective	Elements	Action	Lead	Timescale
1. Establish effective project governance systems to deliver best value and Board's vision for design quality	<ul style="list-style-type: none"> ♦ Effective and equitable use of resources ♦ Effective project governance ♦ Implementation of Design Action Plan 	Ensure Project Steering Groups are established for each project (see description in appendix 2a) with clear leadership from a senior manager with responsibility for commissioning the project is identified for all projects	Capital Planning Group	Ongoing
		Capital Planning Group monitors and reviews implementation of Design Action Plan.	Director Acute Services Strategy, Implementation and Planning	From February 2008
2. Ensure that all capital projects deliver the boards strategic objectives including service delivery, property strategy and health improvement.	<ul style="list-style-type: none"> ♦ Supporting redesign through engagement of clinical staff ♦ Improving health and regenerating communities ♦ Agreeing capital projects criteria 	Engage with clinical staff to agree core considerations in relation to clinical redesign and functionality to be agreed by capital planning group.	Project leaders / Head of Acute Planning and Redesign	March 2008
		Develop policy on health improvement for capital projects to be agreed by capital planning group.	Health Improvement and Inequalities Manager – Acute Planning	March 2008
		Capital planning group to agree project initiation pro-forma for all capital projects to ensure fit with strategic objectives and Design Action Plan.	Head of Capital Planning	March 2008
		Capital Planning Group to approve supplementary guidance (handbook) for project teams to ensure delivery of design quality in line with Design Action Plan.	Director Acute Services Strategy, Implementation and Planning	April 2008

3. Establish mechanisms to support effective project management, ensuring projects deliver the boards vision for design quality.	<ul style="list-style-type: none"> ♦ Agreeing the project brief ♦ Communicating the brief ♦ Managing and reviewing the brief ♦ Procurement ♦ Corporate working ♦ Supporting project leads 	In line with Capital Planning process, ensure all Capital Plan proposals are in line with Design Action Plan vision, principles and scope.	Directors / Capital Planning Group / Project Leaders	April 2008
		Agree criteria for consideration in determining how the procurement model can best support delivery of the Board's vision for design quality.	Head of Capital Planning	April 2008
		Project leads to utilise supplementary guidance (handbook) to ensure that project briefs are compatible with vision for design quality and capital projects criteria.	Head of Capital Planning	April 2008
		Capital planning group to agree supplementary criteria for consideration in assessing tender documentation for capital projects to ensure compatibility with Design Action Plan.	Head of Capital Planning	April 2008
		Provide process flowchart and supporting guidance (handbook) to project leads / partners to support project management and delivery of key milestones in line with vision for design quality.	Head of Capital Planning	April 2008
		Develop clear policy outline in relation to each element of the Design Action Plan scope and key actions to support project leads for inclusion in the supplementary guidance (handbook).	Leads to be identified	April 2008
		Capital planning team to agree design tools to be used by NHSGGC project teams and guidance for their use	Head of Capital Planning	April 2008
		4 Work in formal partnership with stakeholders to ensure projects deliver vision for design quality	<ul style="list-style-type: none"> ♦ Engage stakeholders in formulation of project briefs ♦ Ensure design brief reflects external environment and demonstrates analysis e.g. Health Impact 	As part of project initiation process project leads will evidence that stakeholders have been engaged in formulation of project brief.
Undertake review of opportunities for joint capital planning arrangements with local authority partners to ensure joint working arrangements in place to support delivery of design vision.	Head of Capital Planning			March 2008

	<p>Assessment, Environmental Impact Assessment</p> <ul style="list-style-type: none"> ♦ Assessing potential opportunities ♦ Agreeing shared objectives 	<p>Provide guidance as part of process flowchart and accompanying documentation to support project teams to engage with partners.</p>	Head of Capital Planning	April 2008
		<p>Provide guidance to project leads on the availability of external assessment tools to support projects deliver the vision for design quality.</p>	Head of Capital Planning	April 2008
		<p>Where appropriate work with partners to undertake supporting analysis of individual projects to support delivery of vision for design quality and identify shared objectives.</p>	Project Leaders	Ongoing
<p>5. Ensure that projects have the appropriate skills and resources in place to deliver the boards vision for design quality.</p>	<ul style="list-style-type: none"> ♦ Establishing effective multidisciplinary project teams ♦ Ensuring project teams have the right skills mix ♦ Engaging and connecting with stakeholders appropriately ♦ Building capacity within the organisation to deliver design quality ♦ Embedding best practice within the organisation ♦ Identifying the appropriate tools to support project teams ♦ Putting in place training to deliver design quality 	<p>Senior manager with responsibility for commissioning project to identify multidisciplinary project team (project steering group) appropriate to size and nature of the project.</p>	Project Leaders	Ongoing
		<p>Ensure appropriate information in relation to the Design Action Plan is available at project initiation stage.</p>	Head of Learning and Development / Project Leaders	Ongoing
		<p>Establish a programme of continuous professional development for capital planning and facilities directorate to support delivery of design quality.</p>	Head of Capital Planning / Director of Facilities / Head of Organisational Development Acute	Ongoing
		<p>Establish a programme of continuous professional development to build clinical capacity for capital planning and design quality linked to clinical redesign activity.</p>	Heads of OD / Learning and Development / Project Leaders	Ongoing
		<p>Agree a portfolio of learning and networking opportunities to support delivery of design vision and support programme of continuous professional development.</p>	Head of Learning and Development	April 2008

6. Establish mechanisms to ensure that project process and outcomes are measured effectively and lessons learned.	<ul style="list-style-type: none"> ♦ Establish key stage reviews ♦ Ensure projects undertake Post Project Evaluation reviews ♦ Establish annual review process 	Agree as part of process flowchart and supporting documentation milestones for additional key stage reviews to ensure compatibility with brief and design vision.	Head of Capital Planning	November 2007
		Provide annual report to Capital Planning Group on progress and project compliance with Design Action Plan for new capital projects based on project steering group feedback.	Head of Capital Planning	March 2008 (Ongoing)
		Agree process to ensure that Post Project Evaluations include design quality and are undertaken on completed capital schemes no later than 12 months following commissioning.	Head of Facilities	March 2008
7. Ensure that projects engage stakeholders appropriately and timeously in the delivery of capital schemes.	<ul style="list-style-type: none"> ♦ Involving Patients/ Public ♦ Involving staff ♦ Involving partners ♦ Building working relationships ♦ Communicating effectively ♦ Consultation 	Agree minimum standards and guidance for project teams for the engagement of patients, staff and users	Head of Community Engagement	April 2008
		Provide pro-forma as part of project initiation stage requiring project leads to demonstrate appropriate communication plan is in place for each project.	Director of Communications	April 2008
		Implement corporate communication plan to ensure profile of Design Action Plan is raised and stakeholders are aware of plans key messages.	Director of Communications / Design Network	April 2008
8. Ensure design action plan supports the delivery of vision of design quality	♦ Pilot Design Action Plan	Identify current project to test applicability of Design Action Plan.	Project leaders	January 2008
		Undertake evaluation and review of Design Action Plan in relation to impact and usability in delivering our vision of design quality. Feedback initial report to Board.	Capital Planning Group	October 2008

8. Describing the Process

An initial goal for the Design Action Plan was to be able to describe a process for Capital Projects that supports quality design and is widely accessible and easily understood across NHSGGC. The process flow chart will be supported in more detail through the production of further supplementary guidance (handbook). The process outline is detailed in appendix 3. It is the responsibility of the commissioning manager / project leader to apply the process outline with sensible and reasonable judgement dependant on the size and requirements of a given project.



9. Conclusion

9.1 In conclusion, the intended outputs from the Design Action Plan will be:

- A clear Capital Project Governance Framework and Capital Development Proforma / Project initiation documentation with clear capital project criteria that addresses the vision in Design Action Plan
- Production of supplementary guidance (handbook) resource to support capital projects
- Capital project design process flowchart to guide activity at each stage
- Core list of NHSGGC tools to support design quality
- Portfolio of design learning and development opportunities
- Evaluation Report of implementation process.



Appendix 1 – Lessons Learned and Implications for Future Practice

Current Good Practice

- ♦ **Design Quality** – AEDET Evolution Design Toolkit has been used for briefing and design assessment at various stages on the Beatson Oncology Centre and the New Stobhill and Victoria Hospitals.
- ♦ **Sustainability**- the inclusion of the Carbon Trust in assisting in the design of the Beatson Oncology Centre environmental systems and consideration of options for low carbon design. Ensuring all new buildings meet minimum energy requirements in the Scottish Building Technical Standards from May 2007.
- ♦ **Environmental** - major schemes are audited against the NHS NEAT assessment Toolkit to ensure they meet minimum criteria
- ♦ **External Design Teams** - are selected not just based on financial bid but on their track record on design and delivery of similar projects, this must feed through into a better end result.
- ♦ **Functionality** – all of our projects utilise the standard NHSiS design guidance to ensure uniformity across the service and compliance with current guidance.
- ♦ **Design Awards** - a number of the Board's recent commissions have received design awards or are acknowledged with the design community as being good examples of their type, most notably new Health centres within Glasgow.

Improvements for the Future Practice

- ♦ **Briefing Documents** - historically our briefs have focused on functional aspects such as rooms, room sizes, environmental conditions, room relationships more technical brief. We should consider how best to develop more aspirational for example, thinking more creatively about the use of space and light.
- ♦ **Briefing Documents**- should be more fully developed at OBC stage, to establish design priorities and project objectives at the earliest possible stage. Ensuring external organisations spend meaningful time in current buildings to understand our needs.
- ♦ **Design assessment and review** - should be extended to smaller value projects, we currently focus on larger value schemes.
- ♦ **Leadership** - a design lead to be identify for all major projects to ensure aspects of the design action plan are incorporated, always working within the financial envelope approved.
- ♦ **Monitor and Evaluation** – Lessons from the implementation of the Design Action Plan will be incorporated into the design process and future iterations of the plan to inform future developments.

- ♦ **Design Competition** - consider the introduction of design competition to select design teams, this would hopefully feed through to finished buildings. This would depend on form of procurement. For PPP we need to clearly develop output specifications including design quality as part of the evaluation and selection process.
- ♦ **Project Team** - ensure projects are adequately staffed on all sides, especially from clinical side ensuring engagement from beginning to assist wider understanding of principles and philosophies of project at later stage.
- ♦ **Project Management** - a standard project plan (even if nothing more than a checklist for each stage) should be developed for all projects to ensure uniformity and standard delivery of good project management and communication.
- ♦ **Organisation** - establish clear and committed leadership for the project, identify project management structure, roles, decision making and accountability arrangements. Ensure continuous information flow between project sub-groups and project lead. Communicate clearly when a decision has been finalised.

Appendix 2a) – Capital Planning Group

The Capital Planning Group (CPG) was established in May 2006. This group meets every three months and is responsible for development and implementation of the Board's capital plan, in 2007/08 worth approximately £140m. Membership comprises Directors from each of the organisational entities across the Board. The CPG is responsible for submission of the capital plan outlining year on year plans to the Board.

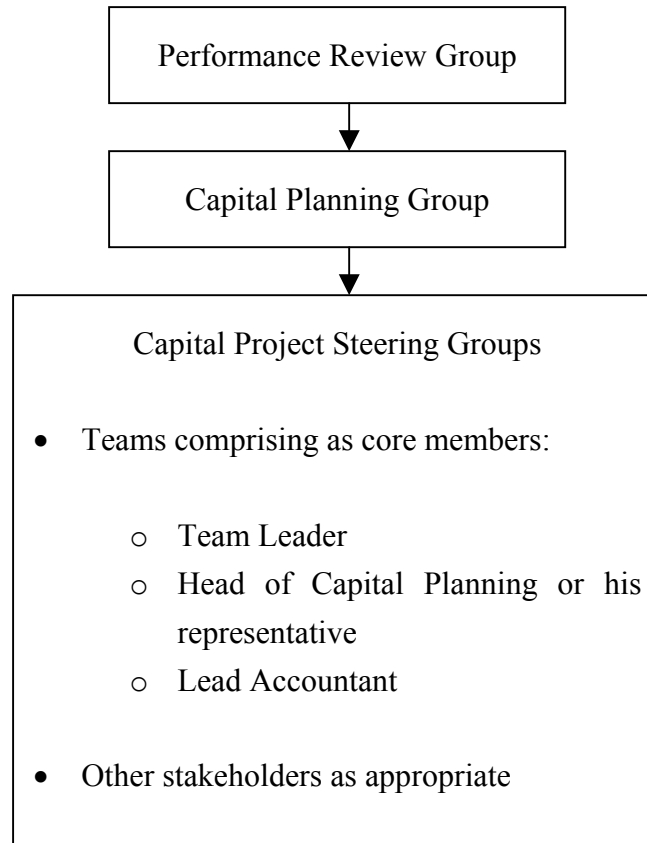
The CPG has established a framework of accountability and a clear scheme of delegation for projects for all schemes including those up to £1.5m, projects between £1.5 to £5m, projects between £5m – £10m and projects over £10m.

It has been agreed that a Project Steering Group should be established for each individual project. This group will involve key stakeholders and vary in size depending on the value and complexity of the project. The key roles in the Project Steering Group are as follows:

- A Project Leader - should be appointed to manage and oversee the project as a whole and chair the Project Steering Group.
- To support the Project Leader, the Head of Capital Planning, or his designated lead, will be appointed as Project Manager to take forward the project and implement a regime of sound project management controls.
- To support the Project, a Lead Accountant would also be identified, who would ensure a financial monitoring system is in place for the project and would provide regular update reports on spend/slippage etc.

The Project Steering Group will be responsible for the development of the Project's Capital Plan. This will be prepared at the outset of each project and updated as appropriate to take account of changes in planned expenditure due to timing changes, changes to specifications/expenditure and other factors. This is presented graphically in appendix 3. The design plan has sought to build on these structures and views them as key delivery mechanisms. It is acknowledged that this incorporates local capital planning arrangements in Partnerships that feed into the system wide Capital Planning Group.

Appendix 2b) - Capital Planning Structure



Appendix 3. Process Outline

