Part 6

The Management Case

Appendix 6A

Programme Plan To Financial Close

North Ayrshire Community Hospital - Master Programme to Financial Close

ID	Task Name	Duration	Start	Finish
1	**North Ayrshire Community Hospital Master Programme**	558 days	Mon 04/07/11	Wed 21/08/13
2				
3	Preparation of revised OBC	82 days	Mon 04/07/11	Tue 25/10/11
4	Financial appraisal (NHS A&A / Currie & Brown)	24 days?	Mon 19/09/11	Thu 20/10/11
5	NACH Steering Group Meeting	0 days	Fri 28/10/11	Fri 28/10/11
6	CPB Meeting	0 days	Tue 08/11/11	Tue 08/11/11
7	CPSG Meeting	0 days	Wed 23/11/11	Wed 23/11/11
8	Finance Committee Meeting	0 days	Mon 05/12/11	Mon 05/12/11
9	CIG Meeting	0 days	Tue 31/01/12	Tue 31/01/12
10	Prepare exemplar design	90 days?	Mon 15/08/11	Fri 16/12/11
11	Tender period for Technical Advisor	27 days	Thu 22/12/11	Fri 27/01/12
12	Technical Advisor Tenders evaluated	10 days	Mon 30/01/12	Fri 10/02/12
13	Technical Advisor Contract awarded	1 day?	Mon 13/02/12	Mon 13/02/12
14	Development of Employers Requirements for Preferred Bidders	63 days?	Tue 14/02/12	Thu 10/05/12
15	Market Engagement - Development of Procurement Model for Preferred Bidders	65 days?	Wed 07/03/12	Tue 05/06/12
16	Issue of OJEU Notice and Pre-Qualification of Preferred Bidders	0 days	Fri 15/06/12	Fri 15/06/12
17	Period allowed for Preferred Bidder submission of PQQ	37 days?	Fri 15/06/12	Mon 06/08/12
18	Issue ITT to Preferred Bidders	0 days	Mon 06/08/12	Mon 06/08/12
19	Invitation to participate in dialogue (ITPD)	175 days?	Tue 07/08/12	Mon 08/04/13
20	Bid Return	0 days	Mon 08/04/13	Mon 08/04/13
21	Bid Evaluation and Approvals	20 days?	Tue 09/04/13	Mon 06/05/13
22	Appointment of Project Co	5 days?	Tue 07/05/13	Mon 13/05/13
23	Agree Financial Close	67 days?	Tue 14/05/13	Wed 14/08/13
24	OBC Gateway 3 Assessment	5 days?	Thu 15/08/13	Wed 21/08/13
25	FBC Submission to SGHD*	0 days	Wed 21/08/13	Wed 21/08/13
26	* This assumes there is enough time to complete internal governance (CPB / CPSG / Finance)			

Project: NACH Master Programme
Date: Thu 17/11/11

Legend: Task | Progress | Summary | External Tasks | Deadline | Split | Milestone | Project Summary | External Milestone

VERSION 2

Thu 17/11/11

Appendix 6B

Board's Capital & Operating Procedures

CAPITAL OPERATING &

ACCOUNTING PROCEDURES

REVISED 30TH SEPTEMBER 2011

Financial Services
Planning & Efficiency
1 Lister Street
Crosshouse Hospital
Kilmarnock KA2 OBE
Telephone 01563 825844

CONTENTS

1. GENERAL

The following general arrangements will apply :-

1.1   The NHS Board has approved Capital Programme Management and Governance Arrangements and a formal capital approval process for all projects. This requires a structured approach to be followed for the consideration of all submissions. A copy of the governance arrangements including the approvals process is outlined in Attachment 1.

1.2   The NHS Board has appointed a Capital Planning Steering Group to manage capital strategy, make recommendations to the NHS Board on the content of the Capital Plan and monitor progress. A copy of the Group's remit is highlighted in Attachment 1.

1.3   A Capital Programme Board has been established by the NHS Board for overall management of the approved capital programme and post project evaluation of capital projects both below and beyond the NHS Board's delegated limited of £1.5m (IM&T projects £1m). The Capital Programme Board will be supported by three Programme Boards (NACH / BfBC / All Other Approved Capital Projects) responsible for managing these particular projects. The role and remit for the Capital Programme Board and three Programme Boards are highlighted in Attachment 1.

1.4   The NHS Board has also established a Formula Allocation Management Group to manage the formula capital allocation for replacement items and refurbishment of existing estate. The remit for the Formula Allocation Management Group is highlighted in Attachment 1.

1.5   Initial Agreements must be approved by Capital Planning Steering Group for all projects costing over £500k. The specification of requirements must have clinical endorsement and be signed-off by both the senior manager of the user department concerned and the Integrated Care Director. Any capital costs and revenue consequences must be identified. The standard format for Initial Agreements is outlined in Attachment 2.

1.6   Any projects costing more than £1.5m and up to £5m (Board's delegated threshold) require a Standard Business Case (SBC) to be completed after approval of Initial Agreement. Any projects costing more than £5m require an Outline Business Case (OBC) and Full Business Case (FBC) to be completed for consideration by NHS Board and thereafter approval by the Capital Investment Group at the Scottish Government Health Directorate.

1.7   The format and content of business cases must follow the requirements identified in the NHS Scotland Capital Investment Manual (SCIM) on the Scottish Government Health Directorate website. A checklist of main headings to be covered is provided in Attachment 3.

1.8   An Estates Strategy Development Group (ESDG) has been established to develop an effective strategy for the management / development of all property and land owned or leased by NHS Ayrshire and Arran from which healthcare services are provided. The ESDG will report recommendations to the Capital Planning Steering Group who will make final recommendations on all estates matters to the NHS Board. A copy of the

remit approved for the Estates Strategy Development Group is provided in Attachment 1.

1.9 In all cases the local capital accounting procedures comply with the guidance contained in the NHS Scotland Capital Investment Manual, NHS Scotland Capital Accounting Manual, and NHS Scotland Property Transaction Handbook.

2. QUOTATION / TENDER ARRANGEMENTS

The following arrangements are to be put into operation in compliance with the NHS Board's Standing Financial Instructions (SFI's) :-

2.1 Quotations are required for work costing more than £3k and up to £20k.

2.2 Formal tender arrangements are required to be put into operation for all projects costing over £20k. Any exception to this requires the specific approval of the Assistant Director of Finance – Governance & Shared Services.

2.3 Tenders received must be entered in the NHS Board's register of tenders.

2.4 Tender evaluation reports are required in all cases. A copy of all capital tender evaluation reports are to be passed to the Assistant Director of Finance – Planning & Efficiency.

2.5 Tender evaluation reports for projects costing up to £50k can be approved by the nominated Capital Project Manager.

2.6 Tender evaluation reports for projects costing over £50k and up to £250k can be approved by the nominated Capital Project Manager in consultation with the Assistant Director of Finance – Planning & Efficiency.

2.7 Tender evaluation reports for projects over £250k and up to £500k require to be authorised by Director of Information and Clinical Support Services based on the recommendation from the Capital Project Manager / Assistant Director of Finance – Planning &Efficiency.

2.8 Tender evaluation reports for projects costing over £500k require to be authorised by the Chief Executive or nominated deputy based on the recommendation from the Director of Information and Clinical Support Services.

2.9 The outcome of the tender evaluation requires to be included in the progress report to the Capital Programme Board from the nominated Capital Project Manager.

2.10 The resulting order with the contractor or supplier for the outcome from the tender evaluation must be processed in accordance with the Board's Procurement Operating Procedures.

3. RECORDING OF CAPITAL EXPENDITURE

The following procedure outlines the accounting treatment and recording of Capital

Expenditure :-

3.1   The forward capital plan will be reviewed annually and the updated plan approved by NHS Ayrshire and Arran as part of the Local Delivery Plan. The capital programme for the current year is year one of the capital plan approved, and is either earmarked against specific new schemes or available for allocation through the formula element of the allocation for replacement items.

3.2   The Formula Allocation Management Group will make recommendations on the use of the formula allocation, having considered submissions from the nominated Project Managers. These recommendations are on the basis of priority / need and the outcome of risk assessments. The Capital Programme Board will consider the recommendations and approve the use of the formula allocation. The project allocations approved may be adjusted for the outcome of tender reports. In all cases, the Capital Programme Board will require to approve any subsequent adjustment to allocations.

3.3   The capital programme is split-up into five main functional areas controlled by nominated project managers, who have delegated responsibility to manage the projects approved in their area. The five areas are :-

Electro Medical Equipment	-	Head of Medical Physics
Information Management & Technology	-	Assistant Director of e-Health Services
General Furniture & Equipment	-	Assistant Director of Clinical Support Services
Estates Formula Allocation for replacements	-	Assistant Director of Estates & Capital Planning / Head of Estates Services
Major Projects	-	Assistant Director of Estates & Capital Planning / Head of Capital Planning Services

3.4   Individual projects approved within each area are identified within the financial ledger by a set of unique cost centre codes within the range AFA001 – AFB999. The issue of these codes is undertaken by the Senior Accountant – Planning & Efficiency on the instructions of the Assistant Director of Finance – Planning & Efficiency.

3.5   The local system's VAT Advisers will carry out a review of all capital projects to determine the extent of VAT reclaimable from HM Revenue and Customs. This review will be co-ordinated by the Senior Accountant – Planning & Efficiency, who will arrange for the relevant Project Manager and staff to be notified on the outcome approved.

3.6   Any projects requiring elements to be ordered via the Purchase Order Processing system (POP/PECOS) are identified by a unique four digit transfer point (IDA) which has a seamless link to the cost centre code within the financial ledger.

3.7   Ordering and receipting of capital items follow the same protocols and

procedures as identified within the NHS Board's Procurement Policy.

3.8   The processing of all capital payments will be undertaken by the Financial Services Department at Greenan House, Ailsa Hospital. Procedures for payment fall within the same principles as all other creditor payments and these procedures are held within the main Financial Operating Procedures held at Greenan House, Ailsa. All payments must be supported by a GRN, payment certificate or invoice duly certified by the nominated Project Manager.

3.9   Once the Purchase Ledger is closed each month, a print from eFinancials is taken to ascertain the current position regarding expenditure recorded against each capital scheme (ACTRG3 CAPITAL REPORT).

3.10   The Assistant Accountant, responsible for capital reporting, arranges for a full analysis of each project's expenditure to be undertaken on a monthly basis. A summary sheet is prepared for each project detailing all payments recorded. Copy orders, payment certificates and invoices are attached to each summary sheet to ensure a complete record is retained at all times.

3.11   The monthly analysis is completed, by the date scheduled in the financial timetable and is passed to the Fixed Asset Manager who ensures that all expenditure is correctly recorded.

3.12   The data is input by the Fixed Asset Manager into a formatted excel report, which will be reviewed by the Senior Accountant – Planning & Efficiency. The approved report is distributed to Project Managers. A copy is also issued with agenda papers to the Formula Allocation Management Group and Capital Programme Board for consideration at meetings.

3.13   The Senior Accountant – Planning & Efficiency will provide the relevant Project Manager with a full analysis of all project expenditure as required. For major projects, this will be routinely provided on a quarterly basis.

3.14   All financial processes must be carried out in accordance with the pre-arranged financial reporting timetable.

4.   THE ASSET REGISTER

The following procedure outlines the accounting treatment and recording of items on the Capital Asset Register. The NHS Board currently uses a piece of software named CARS (Capital Asset Register System) as the recording mechanism for capital assets. The system is provided to the NHS Board from a company called NUESOFT Ltd. The software is currently housed on the Senior Accountant – Planning & Efficiency and Fixed Asset Manager's personal computers within the offices at Lister Street, Crosshouse Hospital. The software is also backed up monthly to a server within the main computer room at Crosshouse Hospital.

4.1   The system is password control driven, and access is only available to the Planning & Efficiency staff. The Senior Accountant – Planning & Efficiency is responsible for monitoring use of the system.

4.2   For capital charging purposes, the asset register works in a financial year period similar to that of the financial ledger. The asset register is updated

on a quarterly basis. Capital charges are calculated monthly for the financial ledger.

4.3   Assets are recorded on the system under financial categories which follow the guidelines issued by the Scottish Government Health Department. The assets are also allocated between non-donated assets and donated assets. The financial categories are as follows :-

Land	15
Buildings	2
Transport, Equipment	7
F&E	8, 10
IM&T	9, 14, 23
EME	11, 12, 13
Plant & Machinery	16, 17, 18

4.4   Each asset has a unique numerical identifier that is system generated.

4.5   A coding methodology has also been adopted to allow assets to be identified by hospital site.

4.6   Indexation is calculated on an annual basis on the 31 March each financial year.   Indices are produced by the NHS Board's appointed Valuer and issued in February prior to the new year. The system enables, the user to key in the index per financial category. The indexation value for the year is automatically calculated next time the database is run. These indices will only be used for areas not subject to an annual revaluation or review by the appointed Valuer. The local arrangements provide for 100% of the NHS Estate (Land and Buildings) to be re-valued each year.

4.7   Assets to be capitalised are input to the system in the quarter after the project is completed.   Additions come from the capital programme expenditure report after verification with the Project Manager concerned. To add an asset to the system the 'post' facility must be used. This facility can be found under file/maintenance/post/acquisition. Information required for an asset to be added to the system is as follows :-

Site
Financial Category
Date of Purchase / Completion
Value
Description

4.8   All disposals or condemnations of fixed assets must be notified by the user department to the Fixed Asset Manager.   This enables the correct accounting treatment and the asset register to be updated. The Fixed Asset Manager will arrange for the accounting entries to be actioned and identification of any resulting profit or loss on disposal. All disposals are entered in the asset register under the file/maintenance/post screen. Full details supporting the disposal are retained in a file.   The Senior Accountant – Planning & Efficiency will review all disposals to ensure they have been correctly accounted.

4.9 Impairment reviews – any land and building implications from change of use or disposal will be identified from the five year capital plan. As regards plant and equipment, the Senior Accountant – Planning & Efficiency will, on an annual basis, write to each of the nominated managers asking them to identify any equipment where a potential impairment may arise i.e. equipment not being or capable of being used for its intended purpose. The Senior Accountant – Planning & Efficiency will investigate any potential impairment with the manager/user department concerned. The accounting treatment of any resulting impairment will be applied in accordance with the guidance contained in the Capital Accounting Manual issued by the Scottish Government Health Directorate.

4.10 Reports have been set up within the ad-hoc report writing function, which cover all standard reports required to facilitate quarterly returns as well as year end annual accounts requirements.

4.11 All reports are retained on file in a format agreed by the internal / external Auditors.

4.12 The Senior Accountant – Planning & Efficiency will annually arrange for a 10% sample of all equipment held in the asset register, to be verified with the register of special equipment maintained by the Estates Department and the register of electro-medical equipment maintained by the Medical Physics Department. This will also include any donated assets.

5. DISPOSAL OF ASSETS

This Operating Procedure must be read in conjunction with the relevant sections of the NHS Board's Operating Procedure for the Condemnation and Disposal of Assets and Stock (this is included as Attachment 4).

5.1 Land and Buildings

Any disposal of land and buildings prior to being placed on the market, must be approved by the Capital Planning Steering Group and the NHS Board. Such disposals require to comply with directives issued by the Scottish Executive and contained in the NHS Property Transaction Handbook (NHS CEL(08)2011). When property disposals are being considered, Estates and Finance officers must co-operate to ensure all financial implications are properly identified and reported to the Capital Planning Steering Group.

5.2 Equipment

Guidance on the sale of surplus equipment is contained in NHS MEL(1996)7 and managers should comply with this when disposing of equipment. All equipment disposals or condemnations must be authorised in writing by the appropriate Condemning Officer. The Condemning Officer must arrange for the Fixed Asset Manager to be notified of all approved disposals. The following information requires to be included :-

Description of asset	
Authorisation of disposal	
Location/base	
Registration number	
Proceeds of sale	

The Fixed Asset Manager will arrange for the asset register to be updated and the Condemning Officer notified on the adjustments applied. This will ensure that the asset register is up to date and the contents verified with the Condemning Officer concerned. The above procedure is applicable even where no proceeds are received and the asset is scrapped or condemned. This also applies where vehicles become write-offs and an insurance recovery is received.

5.3   Vandalism, Theft or Fraud

Where assets are lost as a result of vandalism or theft, additional procedures have to be followed. The standard pre-printed Loss, Damage or Theft form must be approved by the relevant manager and submitted to the Board's Fraud Liaison Officer for authorisation. The Fraud Liaison Officer summarises such losses into the annual report on losses. Where fraud is suspected, the officer concerned must notify their Line Manager and the Fraud Liaison Officer. They will agree action to be taken. To enable the Fixed Asset Manager to carry out his responsibilities regarding the maintenance of asset register, any such losses must be notified by the manager concerned using the procedure outlined in section 4.8 above.

5.4   Changes to assets and any associated disposal

One area which has the potential to cause an overstatement of an asset valuation is where property or equipment is adapted by incurring further capital expenditure. In some cases this may necessitate demolition or removal of parts of the existing asset. Such cases are most likely to arise in connection with property and computer system enhancements. The Senior Accountant – Planning & Efficiency must be informed should any such instances arise, to seek advice from appropriate Estates / IM&T officer on the adjustments to be applied to the asset register and any resulting loss recorded.

6.   **VALUE ADDING / NON VALUE ADDING ELEMENTS**

6.1   The Assistant Director of Finance – Planning & Efficiency will arrange for the appointed Valuers to carry out an annual review of the capital programme to determine Value Adding and Non Value Adding elements. Any non value adding elements identified will be recharged against the revenue resource limit in the year in question.

7.   **CAPITAL RESOURCE LIMIT / CAPITAL CONTROL TOTAL**

7.1   The Assistant Director of Finance – Planning & Efficiency will be the official point of contact with the Scottish Government Health Directorate. This will cover all aspects relating to the Capital Resource Limit and the projected out-turn for year.

7.2   Any changes to capital allocations will be authorised by the Assistant Director of Finance – Planning & Efficiency, who is also responsible for maintaining the Capital Control Total on a monthly basis.

8.   ANNUAL ACCOUNTS

8.1   The Assistant Director of Finance – Planning & Efficiency, supported by the Senior Accountant and Fixed Asset Manager, will be responsible for the completion of all capital related sections / notes, the maintenance of all supporting documentation and responding to any audit queries / recommendations.

8.2   The Assistant Director of Finance – Planning & Efficiency will also be responsible for arranging for the Valuers to provide a year end commentary supporting their work programme carried out in the year and the asset valuations as at 31st March year end. This report will be subject to review by the External Auditors as part of the audit of the Annual Accounts.

9.   LONG TERM CAPITAL INVESTMENT PLAN

9.1   The Assistant Director of Finance - Planning & Efficiency will be responsible for maintaining the long term Capital Investment Plan and any changes to individual elements.

9.2   The Assistant Director of Finance – Planning & Efficiency will arrange for regular updates to be provided to the Capital Planning Steering Group and drafting the paper supporting the annual update / approval by the NHS Board as part of the Finance Strategy in the Local Delivery Plan.

NHS
Ayrshire
& Arran

NHS AYRSHIRE & ARRAN

**CAPITAL PROGRAMME MANAGEMENT AND
GOVERNANCE**

**[Version 4.1]
Revision Date: 8 September 2011**

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MANAGEMENT AND GOVERNANCE STRUCTURE FOR CAPITAL PROGRAMME

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          │ Finance Committee  │──────┼──────│      Audit       │
          │                    │      │      │   Committee      │
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  │   ICMB   │───────│   Capital Planning   │───────│  Estates Strategy    │
  │          │       │    Steering Group    │       │  Development Group   │
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          │    Programme     │────────┤
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Programme Board NACH	Programme Board Ayr / Crosshouse Front Door	Programme Board All Other Projects	Formula Allocation Mgt Group

- Project Steering Group(s)
- Project Team(s)
- Technical Team(s)
- Commissioning Team(s)
- Stakeholder Engagement

2. Description of Roles and Remit for Capital Programme Management and Governance

Capital Planning Steering Group	Responsible for ensuring cohesive strategic alignment and prioritisation of capital programme	Membership
	Represents senior managers who are responsible for: • Delivering the service modernisation programme • Developing vision of NHS A&A overall clinical services strategic direction • Agreeing and prioritising the Capital Plan • Maximising the integration of development opportunities across directorates and with external partners • Authorising mandate for capital planning programme i.e. initial agreements, and submit to ICMB to ensure strategic fit • Endorsing bids for capital allocation, ensuring that they processed in line with SFIs and where appropriate submitted to Finance Committee for approval for those projects in excess of £1.5m. • Reporting to Audit Sub-Committee on the process and outcome of gateway reviews • Ensuring the Capital Plan is aligned to support service development priorities • Monitoring progress of programme against strategic objectives • Resolving strategic issues which need the agreement of senior stakeholders to ensure progress of programme • Providing recommendations to Finance Committee/NHS Board on Property Strategy	Senior managers who are responsible for investment decisions; defining the direction of services; ensuring cohesive strategic alignment; prioritisation of capital programme. **Chair: Chief Executive (Programme Sponsor)** Programme Sponsor is responsible for establishing the strategic objectives for NHS Ayrshire & Arran, championing the capital programme and providing significant leadership. Members: • Clinical Leadership: Executive Medical Director and Executive Nursing Director • Director of ICSS (as Capital Programme SRO) • Integrated Care Directors x 3 (as Project Directors) • Executive Director of Policy, Planning and Performance • Exec Director of Finance.

	• Providing commitment and endorsement of programme at communication events • Supporting the Senior Responsible Officer (SRO) – normally a peer of the members • Exercising leadership/championing the Capital Plan • Confirming sign off at programme closure.	
Capital Programme Board	**Accountable for the delivery of approved programme and has seniority and authority to provide leadership**	**Director of Information and Clinical Support Services**
	• Leads the delivery of the NHS Board's Capital Programme and provides overall direction on approved projects as Senior Responsible Officer (SRO) for the approved Capital Programme • Secures the investment required to deliver programme • Ensures project delivery within agreed timescales and agreed resources • Owns the Programme portfolio of approved projects • Accountable for the Programme'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 Capital Planning Steering Group and Finance Committee • Ensures that Capital Programme Board deliver their specified outputs • Initiates independent Gateway Reviews and receives Review Team reports.	**Chair: Capital Programme SRO (Director of ICSS)**

Capital Programme Board	Responsible for driving the programme forward and delivering project outcomes	Membership
	• Accountable and responsible to Capital Planning Steering Group for delivery of individual projects / programmes within agreed timescales and costs	Members will provide resource and commitment to support the programme delivery
	• Monitor and investigate variances • Define acceptable risk profiles and thresholds for the programme • Ensure programme is delivered within agreed parameters (cost, timescale) • Resolve strategic issues between projects which need the agreement of senior stakeholders to ensure progress of programme • Provide assurance of operational stability and effectiveness throughout the programme delivery lifecycle • Overall management of requests for changes to office accommodation	Director of ICSS (Chair and Capital Programme SRO) Members: • Project Directors (Integrated Care Directors)) • Asst Director of Estates & Capital Planning • Head of Capital Planning Services • Senior representatives from corporate functions (Finance, Health & Safety etc) • Operational Manager(s) (Reps from other Operational departments who will act as bridge between Programme and Service) • Project Executives from each of the projects within the programme • Staff side representative(s)

Capital Programme Manager	Responsible for day to day management of the Capital Programme	Head of Capital Planning and Programmes
	- Planning and designing the programme / projects - Ensuring programme is delivered in accordance with agreed timescales and resources - Ensuring effective co-ordination of projects and interdependencies - Managing and resolving project risks and other issues - Managing programme's budget, monitoring expenditure and costs - Appointing of project delivery teams - Ensuring delivery of projects to time, budget and quality	
	- Managing communications with stakeholders - Regularly reporting programme progress to Capital Programme SRO	
	Feedback information and updates of progress and other key milestone activities such as Post Project Evalution reports (PPR's) to SG/NHSS	
Programme Board(s)	**Responsibility for driving the programme, delivering outputs and benefits realisation**	**Chair : Project Director**
	The Programme Board will be responsible for:- - Ensuring programme is successfully delivered within agreed parameters (resources, timescales, expected benefits) - Resolving issues needed to ensure satisfactory progress of project - Overall direction and management of the project - Responsibility and delegated authority for the project set by corporate or programme management - Developing detailed project plans - Reporting any major deviations from agreed plans and seeking approval from the Capital Programme Board	The Project Director is the Principal user / service owner, with responsibility for the delivery of the service benefits. Members will provide resource and commitment to support the project delivery and will be representative of services who will utilise the capital build(s) delivered by the project(s) Programme Boards for major projects will be established as follows:

	• Signs off completion of stages/authorises the start of the next stage • Ensuring that resources are committed effectively Arbitrating on conflicts/negotiates solutions to problems • Approving the appointment and responsibilities of the project manager • Ensures the project remains on course to deliver qualitative and quantitative outcomes required to meet the business case • Project assurance – monitoring the project performance independently of the Project Manager	**(North Ayrshire Community Hospital and Mental Health Services); Ayr and Crosshouse Front Doors; All Other Approved Capital Projects including Primary Care** Additional short-life project boards may be established early in the capital planning process e.g. to undertake option appraisals, but these will be subsumed into the main Programme Boards once approval to proceed has been granted by Capital Programme Steering Group.
Formula Allocation Management Group	**Responsible for prioritisation of programme of capital spends from Formula Allocation**	**Chair : Asst Director of Estates and Capital Planning**
	• Agreeing and establishing priorities for formula capital spends • Identify development priority areas both in terms of existing estate, eHealth and EME for capital investment. • Address any urgent investment issues impacting on patient care • Maximising the integration of infrastructure development opportunities across directorates and with external partners • Endorsing bids up to an individual value of £500,000 for allocation of formula funds and ensuring that they processed in line with SFIs • Ensuring programme is aligned to support service development priorities • Approving progress of programme against strategic objectives • Resolving issues which need the agreement of senior stakeholders to ensure progress of programme • Exercising leadership/championing the programme	Members : • Service Users – Medical, Nursing and HCM's (at least one from each category) • Asst Director of Finance • Head of Health & Safety • Head of Medical Physics • Clinical Support Services, Head of Estates and Head of Capital Planning Services and Head of eHealth Services

	• Providing regular progress reporting to Capital Programme Board via SRO (Director of Information and Clinical Support Services) • Confirming successful delivery and sign-off at financial year end.	

3. Description of Implementation and Supporting Roles

Capital Programme Office	*The core function of the Programme Office is to act as an information hub for all aspects of the approved Capital Programme* • *Tracking performance, measuring and reporting progress against plans* • *Benefits tracking* • *Programme information management, holding master copies of all programme documentation and maintaining templates* • *Maintaining financial status reports for the programme* • *Risk and issue tracking, maintaining logs* • *Programme communication and stakeholder liaison* • *Quality control, programme governance, best practice and standards* • Change control, registering changes, monitoring actions	
Project Steering Group	• *Provide support and advice to the Project Director / Project Manager on a range of issues including the development of the detailed service brief, design, construction and commissioning of the new facility* • *Assist, where appropriate, in the evaluation of competitive bids from suppliers* • *Ensure the engagement of all internal and external stakeholders* • *Assist the Project Director / Project Manager to develop formal proposals for the Programme Board* • *Agree room data, equipment schedules, budgets, specifications, service and building commissioning programmes*	

	• *Support and assist the Project Director / Project Manager in relation to the development of the Business Case(s) for the project* • *Oversee delivery of the benefits realisation plan defined in the Business Case(s)* • *Oversee the commissioning of services and equipment* • *Be satisfied that appropriate steps are being taken if problems are identified with the progress of the project.* • *Demonstrate a visible commitment to the project, ensuring that the project is actively promoted throughout the organisation(s)* • *Oversee the development and implementation of detailed operational policies which embrace the principles set out in the Business Case(s)*	
Project Manager	*Responsible for* • *Planning and designing the project* • *Ensuring project is delivered in accordance with agreed timescales and resources* • *Effective co-ordination of project and interdependencies* • *Managing and resolving risks and other issues* • *Manage project's budget, monitoring expenditure and costs* • *Ensuring delivery of products/services meet project requirements and are delivered to time, budget and quality* • *Managing communications with stakeholders* • *Regularly reports project progress to Programme Board*	
Project Team	*Project Team will meet on a regular basis to plan activities, monitor risks and issues, allocate resources, monitor progress against plan.*	
Technical Team	*The Technical Team will meet on a regular basis as required during the design development, construction and commissioning phases to ensure that*	

	all aspects of the development are fully compliant. The team will include specialist internal advisors from the following functions;- • *Estates* • *Health & Safety* • *Fire safety* • *Disability Awareness* • *Control of Infection* • *Manual Handling* • *eHealth* • *Telephony* • *Hotel Services* • *Transport*	
Commissioning Team	*A commissioning/user group will be established at the appropriate time to plan and develop operational policies and procedures, and to prepare and implement the commissioning plan/programme.* *In terms of membership, there will be representation from all future occupiers of the building.*	
Stakeholder Engagement	*Communication plan for Capital Planning Programme should include stakeholder analysis, schedule of events for stakeholder engagement and method/frequency of communication as well as identifying ownership.*	

4. CAPITAL APPROVALS PROCESS

The following groups and remits are to be applied as part of the Capital Approvals Process:	
Group	Remit
Formula Allocation Management Group	• Prioritise the use of formula capital between new electro-medical equipment, estates maintenance, eHealth expenditure, etc • Limited to individual expenditure of up to 500,000 • Ensure the implementation and delivery of the approved capital programme
Capital Planning Steering Group	• Prioritisation of major capital schemes within available resources • Review Initial Agreements and recommendation to ICMB • Consider packaging together approved schemes or alternative funding sources for approved projects • Recommendation on level of formula capital allocation to be made available to the Formula Allocation Management Group • Reporting to the NHS Board Finance Committee with recommendations on all Business Cases • Recommendations to NHS Board on estates strategy
Integrated Care Modernisation Board (ICMB)	• Approval of Initial Agreements to allow progression of Outline Business Case or Standard Business Case, where necessary
NHS Board Finance Committee	• Considers Standard Business Cases for capital outwith formula capital with recommendation to NHS Board • Review Outline Business Cases and Full Business Cases and recommendation to NHS Board • Advise on affordability of alternative funding sources and financial implications on revenue • Approve level of formula capital allocation
NHS Board	• Approves Standard Business Cases, Outline Business Cases and Full Business Cases as appropriate for projects costing over £1.5m, prior to submission to Scottish Government Health Department (SGHD) • For IM&T projects approves Business Cases over £1m • Approves long term capital plan and capital spend programme for year
SGHD Capital Investment Group	Approval of Initial Agreements and Business Cases larger than the delegated authority to Boards

5. FLOWCHART OF CAPITAL APPROVALS PROCESS

```
┌─────────────────────┐        ┌──────────────────────────────────────────┐
│  Local Formula      │◄───────│           CAPITAL VALUE                    │
│  Capital Process    │        │ Projects less than      Projects more than │
│                     │        │      £500k                    £500k        │
└─────────────────────┘        └──────────────────────────────────────────┘
                                                               │
                               ┌──────────────────────────────────────────┐
                               │ Projects under £5m      Projects over £5m  │
                               │                      (or £1m for IM&T projects)│
                               └──────────────────────────────────────────┘
```

Review for recommendation by Capital Planning Steering Group	**Review for recommendation by Capital** Planning Steering Group
Initial Agreement to ICMB for approval	**Initial Agreement to ICMB for approval**

Left branch (Projects under £5m):

Approval by ICMB Projects under £1.5m	**Approval by ICMB** and SGHD Projects £1.5m to £5m
NHS Capital	**Standard Business Case**
Implementation	**Approval by** Capital Planning Steering Group Finance Committee, NHS Board and SGHD
	NHS Capital / Third Party Developer
	Implementation
	Post-Project Evaluation

Right branch (Projects over £5m or £1m for IM&T projects):

- **Approval by ICMB and SGHD**
- **Outline Business Case**
- **Inform PFCU**
- **Approval by C**apital Planning Steering Group Finance Committee, NHS Board and SGHD
- **Full Business Case FBC Addendum (PPP/PFI only)**
- **Approval by C**apital Planning Steering Group Finance Committee, NHS Board and SGHD
- **Implementation**
- **Post-Project Evaluation**

6. REMIT OF ALL OTHER APPROVED CAPITAL PROJECTS PROGRAMME BOARD

Remit

The Programme Board will be responsible to the Capital Programme Board for all approved projects (outwith the major NACH / BfBC programmes and Formula Allocation elements):-

- Ensuring projects are successfully delivered within agreed parameters (resources, timescales, expected benefits)
- Resolving issues needed to ensure satisfactory progress of projects
- Overall direction and management of projects
- Reporting any major deviations from agreed plans and seeking approval of the Capital Programme Board
- Signing off completion of key stages and authorising the start of the next stage
- Responsibility and delegated authority for projects set by corporate or programme management
- Ensuring that post project evaluations are undertaken and approved before these are presented to the Capital Programme Board and the Capital Programme Steering Group
- Ensuring that resources are committed and managed effectively
- Arbitrating on conflicts and negotiating solutions to problems
- Ensuring projects remains on course to deliver qualitative and quantitative outcomes required to meet the business case
- Project assurance – undertaking regular monitoring of all projects within the programme
- Overview of other approved projects, e.g., third party, SFT Hub initiatives, partnership related, etc.
- Considering outlying business cases for proposed projects of a value of £50k or less, where no funding is currently available. Those cases accepted as viable by the Board, to be prioritised and referred to the Capital Programme Board. This would be an annual submission, in August each year, to allow consideration at that time or later in the financial year, against any available capital funding "slippage".

Membership
- Director of Integrated Care and Partner Services (Chair)
- Director of Integrated Care and Emergency Services
- Director of Primary Care and Mental Health Services
- Health Care Manager – Communities and Partnerships
- Health Care Manager – Care of the Elderly
- Head of Primary Care Development
- Assistant Director of Finance – Capital
- Assistant Director of Estates & Capital Planning Services
- Head of Capital Planning Services
- Representative from East, North and South Ayrshire Public Partnership Forums

7. REMIT OF ESTATES STRATEGY DEVELOPMENT GROUP

1. Terms of Reference (Draft)

The remit of the Estates Strategy Development Group is to:

1.1 Develop an effective strategy for the management and development of all property and land owned or leased by NHS Ayrshire & Arran to provide healthcare services. This will include all premises used for the provision of acute hospital services and community care, including those premises which are owned or rented by primary care service providers.

1.2 Address the planning and future provision of office and non-clinical accommodation taking into account new space occupancy standards for government occupied accommodation; the requirements of mobile field workers; and the potential use of touchdown facilities, hot-desking and home working.

1.3 Ensure that the estates strategy is aligned and prioritised to support the delivery of clinical services of the highest quality to the people of Ayrshire & Arran

1.4 Benchmark the performance of the estate to ensure that it is delivering best value for the organisation.

1.5 Regularly review the estate based on agreed performance criteria with a view to determining those parts of the state which should be prioritised for further investment / disinvestment.

1.6 Oversee the development of a comprehensive computerised Asset Register of all properties making up the estate in order to provide a basis for overseeing the performance management of the estate and its future development.

1.7 Identify potential income generation from e.g. shared services and property disposals, as well as savings in capital charges and other running costs

1.8 In conjunction with Integrated care Directors and clinicians, identify the clinical service implications associated with any estates rationalisation, including the options and costs of alternative service provision.

1.9 Increase the awareness amongst senior managers and clinicians of the importance of investing in the estate to support better and safer healthcare

1.10 Provide a coherent link between Estates and Clinical management in order to provide:
- Basis for consultation with service users
- Basis for future decision making on assets
- Clarity of direction for the organisation, partners and stakeholders.

2. Frequency of Meetings

The Group will meet on a quarterly basis.

3. Quorum

The quorum for meetings of the Group should be 6 members, including at least one Integrated Care Director

4. Membership

Membership for the Estates Strategy Development Group will be as follows:

Name	Title
John Wright (co-chair)	Director of Information and Clinical Support Services
Ken Ferguson (co-chair)	Assistant Medical Director
Jim Crichton (or representative)	Director of Primary Care and Mental Health Services
Liz Moore (or representative)	Director of Integrated Care and Emergency Services
Mandy Yule (or representative)	Director of Integrated Care and Partner Services
Stuart Sanderson	Asst Director of Finance
Allan Gunning (or representative)	Head of Health Economics Director of Strategic Planning and Performance
Morag Moore	Asst Director of Clinical Support Services
Mark Adderley (or representative)	Executive Performance and Remuneration Lead Director of People and Organisation Development
Daniel Doherty	Asst Director (Estates and Capital Planning Services)
Iain Gairns	Property Services Manager
Ewing Hope	Staffside representative
Owen Jones	Staffside representative
May Smith	Head of Communications
John Scott	Head of Capital Planning Services
Ian McInally	Head of Estates Services
Public / Stakeholder Engagement Bill McConnell Mieke Cook	Chair, Patients' Council Chair, North PPF

5. Governance

The Group will report to Capital Planning Steering Group.

INITIAL AGREEMENT

PROJECT TITLE :

1   INTRODUCTION : *(clinical need / benefits)*

2   STRATEGIC CONTEXT : *(demonstrate that the proposal is in line with the Local Health Plan, Service Strategy and the Property Strategy)*

3   DESCRIPTION OF SERVICE CONCERNED :

4   LIST OF OPTIONS :

5   OUTCOME EXPECTED :

6   CAPITAL COST : *(indication of capital costs, including VAT, fees, F&E and planning approvals, plus project timescales)*

7   REVENUE COST : *(indication of full revenue impact per annum, including associated implications for Support Services e.g. AHPs, Laboratories, Hotel Services etc.)*

tick the appropriate box

No Revenue Consequences		£50,000 to £100,000	
£0 to £10,000		£100,000 to £200,000	
£10,000 to £25,000		£200,000 to £300,000	
£25,000 to £50,000		£300,000 plus with identified banding ±£100k	

8   SUMMARY STATEMENT OF REVENUE CONSEQUENCES INCLUDED :

BUSINESS CASE CONTENT AND STRUCTURE

A business case is developed over time, in conjunction with the scoping, planning and procurement phases of the solution.

There are three key stages in its development, which constitute milestones when approval may be required to proceed further. During its infancy, the key deliverable is the Initial Agreement (IA); in its adolescence, the Outline Business Case (OBC); and finally, when the solution has reached maturity, the Full Business Case (FBC).

Outline Business Case followed by Full Business Case submissions, must be prepared for all projects with a capital value of £5m or greater.

Standard Business Case submissions must be prepared for all projects with a capital value of between £1.5m and £5m.

Initial Agreements will be used as the supporting case for all other capital projects with a capital value of up to £1.5m.

Standard Business Case submissions are similar in format to that required for an Outline Business Case.

This document provides a template from which to develop your case in each phase.

Initial Agreement (IA)	Outline Business Case (OBC)	Full Business Case (FBC)
(Phase 1 : Initial Scoping)	(Phase 2 : Planning) Prior to OJEU (pre-procurement)	(Phase 3 : Selection of Solution/Procurement) Following competition (pre-contract)
Primary Purpose : 1. To establish the case for change and strategic fit with other programmes 2. To indicate the way forward in terms of a preferred way forward	Primary Purpose : 3. To identify a preferred option 4. To assess potential VFM, affordability and achievability	Primary Purpose : 5. To select the service solution 6. To finalise post-procurement arrangements
Structure and Content of Document		
Executive Summary	Executive Summary	Executive Summary
The Strategic Case		
Strategic Context Overview of the strategic context – national and local as relates to development	**Strategic Context** Update as required	**Strategic Context** Update as required
Organisational Overview Snapshot of the organisation : purpose, structure, environment etc	**Organisational Overview** Update as required	**Organisational Overview** Update as required
Business Strategy and Aims Existing and future business plans, including any relevant national initiatives and stakeholders/customers for services	**Business Strategy and Aims** Update as required	**Business Strategy and Aims** Update as required
Other Organisational Strategies e.g. IS, IT, HR Existing and future plans Strategic needs	**Other Organisational Strategies** Update as required	**Other Organisational Strategies** Update as required
Investment Objectives Key objectives for proposed investments	**Investment Objectives** Investment objectives ranked in order of priority and made SMART	**Investment Objectives** Update as required
Existing Arrangements (if any)	**Existing Arrangements (if any)**	**Existing Arrangements (if any)**
Business Needs – Current and Future Service gaps to be filled	**Business Needs – Current and Future** Update as required	**Business Needs – Current and Future** Update as required

Potential Scope and Service Requirements Business scope and high level service outputs	**Potential Scope and Service Requirements** Detailed description of business scope and high level service outputs/requirements	**Potential Scope and Service Requirements** Update as required
Benefits Criteria Main benefits by key stakeholder group	**Benefits Criteria** Main benefits by stakeholder groups – ranked in order of importance and/or weight	**Benefits Criteria** Update as required
Strategic Risks Key business, service and external risks, together with outline of mitigation and management arrangements	**Strategic Risks** Update as required, including specific proposals for mitigation and management	**Strategic Risks** Update as required
Constraints and Dependencies Internal and external	**Constraints and Dependencies** Update as required	**Constraints and Dependencies** Update as required
The Economic Case		
Critical Success Factors Weighted and ranked in order of importance	**Critical Success Factors** Update as required	**Critical Success Factors** Update as required
Main Business Options Long list for SWOT analysis including "do nothing" or "do minimum" options	**Main Business Options** Revisit and update, as required, including options not identified earlier	**Main Business Options** Summary of OBC conclusion
Preferred Way Forward Conclusion from initial assessment using options framework	**Preferred Way Forward** Revisit and update, as required	**Preferred Way Forward** Summary of OBC conclusions
Short-listed Options Recommended options for OBC analysis; including "do nothing" or "do minimum" and reference project (if applicable)	**Short-listed Options** Detailed description of short-listed options including "do nothing" or "do minimum" and outline Conventional Procurement Assessment Model (CPAM)	**Short-listed Options** Detailed description of short-listed options including "do nothing" or "do minimum", the CPAM and the procurement process
Outline Commercial Case High level assessment of possible deal and supply-side interest	**NPC/NPV Findings** Results of economic appraisals for each option, including cost of risk retained	**NPC/NPV Findings** Results of economic appraisals for each option, including cost of risk retained
Outline Financial Case High level assessment of affordability	**Benefits Appraisal** Results of ranking, weighting and scoring the qualitative benefits for each short-listed option	**Benefits Appraisal** Results of ranking, weighting and scoring the qualitative benefits for each short-listed option, including service providers' solutions

Outline Project Management Case High level assessment of achievability	**Risk Assessment** Full assessment of risks retained under each short-listed option, including costing of DBFO risks where applicable	**Risk Assessment** Full assessment of risks retained under each short-listed option, including costing of DBFO risks where applicable
Recommended Way Forward	**Sensitivity Analysis** Results of sensitivity analysis undertaken for short-listed options	**Sensitivity Analysis** Results of sensitivity analysis undertaken for short-listed options
	Preferred Option Recommended option following above analysis	**Preferred Option** Recommended option following above analysis
The Commercial Case		
	For Possible Deal : Potential scope and services Potential risk allocation Potential charging mechanisms Potential key contractual arrangements Potential personnel implications Potential implementation timescales Potential accountancy treatment	**For Recommended Deal :** Agreed scope and services Agreed risk allocation Agreed charging mechanisms Agreed key contractual arrangements Agreed personnel implications Agreed implementation timescales Agreed accountancy treatment
The Financial Case		
	For Possible Deal : Potential capital requirement Potential net effect on prices Potential impact on balance sheet Potential impact on income & expenditure account Overall affordability	**For Recommended Deal :** Capital requirement Net effect on prices Impact on balance sheet Impact on income & expenditure account Overall affordability

The Management Case		
	Procurement Strategy Intended method of procurement, including use of : • EC/GATT regulations • Evaluation criteria • Selection of preferred bidder	The results of the procurement process are assessed within the economic case at this stage
	Outline arrangements for: • Project management • Change management • Benefits realisation • Risk management • Post project evaluation	Agreed arrangements for : • Project management • Change management • Benefits realisation • Risk management • Contract management • Post project evaluation • Contingency plans
Appendices		
1. Strategic Plans/ Organisation/ Business Strategies (as appropriate)	1. Economic Appraisals including detailed NPV analysis, optimism bias etc	1. Economic Appraisals including detailed NPV analysis, optimism bias etc
2. Strategic Business Plans - SOP	2. Financial Appraisals	2. Financial Appraisals
3. Risk Potential Assessment	3. Non-financials – Risk and Benefits Register	3. Non-financials – Risk and Benefits Register
	4. Risk Potential Assessment	4. Risk Potential Assessment
	5. Letter of Commissioner/ Stakeholder Support	5. Letter of Commissioner/ Stakeholder Support
	6. Draft OJEU Notice (where applicable)	6. Proposed contract and OJEU Notice (where applicable)
	7. Strategic Business Plans	7. Strategic Business Plans
		8. Agreed Project/Change Management Plans

NHS
Ayrshire
& Arran

OPERATING PROCEDURE

for the

CONDEMNATION and DISPOSAL

of

ASSETS and STOCK

NOVEMBER 2009
(Version 3)

INDEX

1.0 INTRODUCTION

1.1 Scope and range

The purpose of this document is to set out the operating procedure to be followed with respect to the condemning, destruction or disposal of NHS Ayrshire & Arran Capital Assets, Inventory Assets or Stock Items.

The operating procedure covers all NHS Ayrshire & Arran assets and must be used whenever an asset is condemned or disposed of from the organisation.
All NHS Ayrshire & Arran staff involved in asset management or having a role in the disposal of assets should be aware of and abide by the procedures detailed in this document.

1.2 Definitions

1.2.1 Capital Assets

A capital asset is defined as an item fulfilling the following criteria;

- It has an economic useful life exceeding one year, and

- Is either a discrete asset valued greater than £5k, or

- A collection of assets which may individually be valued at less than £5k but which together form a single collective asset of value greater than £5k.

1.2.2 Inventory Assets

An inventory asset is one having a useful economic life exceeding one year, but with a gross replacement cost of between £1,000 and £4,999 at 1 April 2009.

1.2.3 Stock Items

Stock comprises all other consumables and sundry small items of equipment used in the day to day operation of NHS Ayrshire & Arran.

1.2.4 Condemnation/Disposal Form (Appendix 1)

The form is used to record condemnation and/or disposal of all assets, and is available electronically as an appendix to the document or from the appropriate condemning officer. Once completed the form can be used to support a business case for a replacement, or filed locally for asset management purposes.
A copy of all forms completed for Capital Assets must be forwarded to the Fixed Asset Manager for updating purposes.

1.25 Loss, Damage or Theft Form (Appendix 2)

Where assets are lost or damaged as a result of vandalism or theft, this form must be completed and signed by the relevant manager.

1.2.6 Authorised Condemning Officers (Appendix 3)

An Officer who has been given responsibility for authorising condemnation and/or disposal of NHS Ayrshire & Arran assets. There is a condemning officer for all main groups of assets whose approval must be sought and recorded before assets can be condemned or disposed of.

2.0 ACCOUNTING PROCEDURES

The following procedures have been extracted in part from NHS Ayrshire & Arran Capital & Operating Procedures and outline the accounting treatment and recording of items on the Capital Asset Register.

2.1 Overview

It is important to ensure that disposals are properly recorded in the NHS Ayrshire & Arran financial records and periodic statements of account.
Furthermore, any disposed capital assets must be eliminated from the Capital Asset Database to avoid the raising of capital charges on non-existent assets.
It is also essential that assets are only condemned and/or disposed of for sound and valid reasons.
Assets fall into the following broad groups:

- Computer/IT
- Estates Equipment
- Medical Devices
- Medical Imaging Equipment
- Pathology Equipment
- Pharmacy Equipment
- Instrumentation
- General Supplies

Each of these groups has an Authorised Condemnation Officer (Appendix 3) who must agree with and authorise the asset removal.

In order for a robust and auditable process to take place there must be strict adherence to this procedure. It is therefore essential that the appropriate condemnation officer be consulted before the decision to condemn an asset has been made, as the officer may decline to authorise the condemnation if there is insufficient evidence to support it.

2.2 The Asset Register

NHS Ayrshire & Arran currently uses a piece of software named CARS (Capital Asset Register System) as the recording mechanism for Capital Assets. The software is provided to the NHS Board by NUESOFT Ltd. The software is currently managed by the Senior Accountant – Planning and Efficiency and Fixed Asset Manager (Appendix 3). The software is also backed up monthly to a server within the main computer room at Crosshouse Hospital.

(a) The system is password control driven, and access is only available to the Capital Planning Department staff. The Senior Accountant – Planning and Efficiency is responsible for monitoring use of the system.

(b) For Capital Charging purposes, the asset register works in a financial year period similar to that of the Financial Ledger. The asset register is updated on a quarterly basis. Capital charges are calculated monthly for the Financial Ledger.

(c) Assets are recorded on the system under Financial Categories which follow the guidelines issued by the SGHD. The assets are also allocated between Non-donated Assets and Donated Assets.

The Financial Categories are as follows :-

15	Land
2	Buildings
7	Transport Equipment
8, 10	Furniture & Equipment
9, 14, 23	IM&T
11, 12, 13	EME
16, 17, 18	Plant & Machinery

(d) Each asset has a unique numerical identifier that is system generated.

(e) A coding methodology has also been adopted to allow assets to be identified by health service facility.

(f) Indexation is calculated on an annual basis on the 31 March each Financial Year. Indices are produced by the appointed Valuer and issued in February prior to the new year. The system allows, under Utilities / Maintain Parameters, the user to key in the index value per Financial Category. The indices value for the year is then calculated next time the database is run.

(g) Assets to be capitalised are input to the system in the quarter after the project is completed. Additions come from the Capital Expenditure Report after verification by the Project Manager concerned. To add an asset to the system the 'Post' facility must be used. This facility can be found under File / Maintenance / Post / Acquisition. Information required for an asset to be added to the system is as follows :-

- Site
- Financial Category
- Date of Purchase/Completion
- Value
- Description

(h) All disposals or condemnations of fixed assets should be notified by the user department to the Fixed Asset Manager. This allows for the correct accounting treatment and the asset register to be updated. The Fixed Asset Manager will arrange for the correct accounting entries to be actioned and the identification of any profit or loss on disposal. All disposals are entered in the asset register under the File / Maintenance / Post screen. Full details supporting the disposal are retained in a file. The Senior Accountant – Planning and Efficiency will review all disposals to ensure they have been correctly actioned.

(i) Impairment Reviews – any Land and Building implications from change of use or disposal will be identified from the five year capital plan. As regards Plant and Equipment, the Senior Accountant – Planning and Efficiency will, on an annual basis, write to each of the nominated managers asking them to identify any equipment where a potential impairment may arise i.e. equipment not being or capable of being used for its intended purpose. The Senior Accountant – Planning and Efficiency will investigate any potential impairment with the manager/user department concerned.

The accounting treatment of any resulting impairment will be applied in accordance with the guidance contained in the Capital Accounting Manual issued by the Scottish Government Health Directorate.

(j) Reports have been set up within the ad-hoc report writing function which covers all standard reports required to facilitate year end accounts as well as quarterly returns.

(k) All reports are retained and summarised in a format agreed by the Internal / External Auditors.

(l) Annually, the Senior Accountant – Planning and Efficiency will arrange for a 10% sample of all equipment held in the asset register, to be verified with the register of special equipment maintained by the Estates Department and the register of electro-medical equipment maintained by the Medical Physics Department. This will also include any donated assets.

3.0 DISPOSAL OF ASSETS

This Operating Procedure must be read in conjunction with the relevant sections of the NHS Board's Standing Financial Instructions.

3.1 Land and Buildings

Prior to being placed on the market, any disposal of land and property must be approved by the Capital Planning Steering Group and the NHS Board.

Such disposals require to comply with directives issued by the Scottish Executive and contained in the NHS Property Transaction Handbook (NHS CEL(08)2011).

When property disposals are being considered, Estates and Finance officers must co-operate to ensure all financial implications are properly identified and reported to the Capital Planning Steering Group.

3.2 Equipment

Guidance on the sale of surplus equipment is contained in NHS MEL(1996)7 and managers should comply with this when disposing of equipment.

All equipment disposals or condemnations must be authorised in writing by the appropriate Condemning Officer.

The manager must arrange for the Fixed Asset Manager to be notified of all approved disposals. The following information requires to be included:-

- Description of asset
- Authorisation of disposal
- Location/base
- Registration number
- Proceeds of sale

The Fixed Asset Manager will arrange for the asset register to be updated and the manager notified on the adjustments applied. This will ensure that the asset register is up to date and the contents verified with the manager concerned.

The above procedure is applicable even where no proceeds are received and the asset is scrapped or condemned. This also applies where vehicles become write-offs and an insurance recovery is received.

3.3 Vandalism, Theft or Fraud

Where assets are lost as a result of vandalism or theft, additional procedures have to be followed. The standard pre-printed Loss, Damage or Theft form (Appendix 2) must be approved by the relevant manager and submitted to the Board's Fraud Liaison Officer for authorisation. The Fraud Liaison Officer summarises such losses into the annual report on losses.

Where fraud is suspected, the officer concerned must notify their Line Manager and the Fraud Liaison Officer. They will agree action to be taken.

To enable the Fixed Asset Manager to carry out his responsibilities regarding the maintenance of the asset register, any such losses must be notified by the manager concerned using the procedure outlined in section 2.2 (h) above.

3.4 Changes to Assets and any associated Disposal

One area which has the potential to cause an overstatement of assets is the situation where property or equipment is added to by incurring further capital expenditure. In some cases this may necessitate demolition or removal of parts of the existing asset. Such cases are most likely to arise in connection with property and computer system enhancements. The Senior Accountant – Planning and Efficiency must be informed should any such instances arise, to seek advice from appropriate Estate / IM&T officer on the adjustments to be applied to the asset register and any resulting loss recorded.

3.5 The Condemnation and Disposal Process

Whenever a Capital or Inventory asset, or a stock item is disposed of a condemnation/disposal form (Appendix 1) should be completed by the applicable Condemnation Officer and countersigned by the Healthcare Manager or person responsible for the asset concerned.
A copy should be sent to the Fixed Asset Manager for information and action as appropriate, and a copy retained for departmental records.

The Condemning Officer will take ownership of the condemned item and will arrange for it to be uplifted and stored prior to its disposal.

3.6 Disposal of Medical Equipment to Third Parties

Due to the potential of retained liability, NHS Ayrshire & Arran will not approve donation or sale of Medical Equipment to individuals or third party companies either for their own use, or for forwarding onto other organisations, be they charitable or otherwise.

3.7 Maintenance Agreements

When disposing of equipment which is or maybe subject to a maintenance agreement the Condemning Officer should check whether a refund can be obtained for any unused maintenance credits.
Maintenance companies must also be advised of the disposal to ensure that their own records are amended.

4.0 <u>HEALTH & SAFETY ASPECTS</u>

4.1 Background

Those responsible for authorising the disposal of assets should be aware of the relevant provisions of the Trades Description Acts of 1968 and 1972, together with details of the duties imposed upon them by Sections 3 & 6 of the Health and Safety at Work etc Act 1974, and by the Electrical Equipment (Safety) Regulations 1994, the Electricity at Work Regulations 1999, the Waste Electrical and Electronic Equipment (WEEE) Regulations and the Provision and Use of Work Equipment Regulations 1999.

The Consumer Protection Act 1987 makes specific provision in relation to consumer safety and in relation to product liability.

NHS Ayrshire & Arran could become liable under the various Acts if care is not taken when disposing of obsolete / condemned / surplus stocks and equipment.

In case of doubt or for further information please contact NHS Ayrshire & Arran Health & Safety Department.

4.2 Implications of the Consumer Protection Act 1987

The Consumer Protection Act 1987 makes specific provision in relation to consumer safety (in force from Oct 1987) and in relation to product liability (in force from March 98).

The product liability provisions of the Act apply principally to the producers or products. The consumer safety provisions are directed at the suppliers of new goods or products intended for private use or consumption. However, when disposing of surplus or obsolete stock or equipment other than by destruction or scrapping NHS Ayrshire & Arran may inadvertently supply a defective or dangerous product, and so become liable for a breach of the provisions of the Act.

4.3   Implications of the Waste Electrical and Electronic Equipment (WEEE) Regs

NHSAA has in place Waste Management Policies & Procedures detailing how we dispose of waste electrical and electronic equipment.
The Clinical Waste and Domestic Waste contracts for NHS Ayrshire & Arran specify the types of waste arising and how this should be segregated and recycled.
The Scottish Environmental Protection Agency (SEPA) enforces the producer responsibility aspects of the WEEE Regulations regarding collection, disposal and processing of WEEE.

National Procurement ensures that all contracts contain the required information regarding "end of life" use of goods and equipment, including WEEE.

4.4   Implications of the Provision and Use of Work Equipment Regulations 1998

When existing equipment is sold by one company to another and taken into use by the purchasing company, it becomes new work equipment, i.e. it is required to meet **all** of the requirements of PUWER 1998, even though it is second hand.
It is therefore a requirement that all maintenance manuals and records are forwarded to the purchasing company in order that they can exercise due diligence before putting the equipment into use.

4.5   Condemnation Procedure

Once a decision has been taken to condemn and dispose of an item or piece of equipment there is a continuing underlying obligation to ensure that it is done safely. There should be no risk to anyone disposing of them, nor to anyone who may subsequently attempt to salvage them.

Under no circumstances should condemned items remain in use once the form has been signed off. That could lead to not only asset tracking errors, but also to potential serious incidents if the reason for condemning was due to health and safety concerns.

All equipment sent for scrapping must be rendered unusable by severe physical damage thus preventing repair and subsequent resale or reuse.

4.6   Disposal Procedure

The means of disposal of surplus or obsolete stock or equipment will depend on their state. Manufacturers or suppliers may take back unused, undamaged, non time-expired materials / stock and give credit for it.

In the past Health Boards have sold or donated surplus stock or equipment to charitable or like bodies (with or without refurbishment). This practice should now be followed with extreme care in the light of new legislation, and is forbidden if it involves Medical Equipment.

4.7   Hazardous Assets or Stock

Assets sent for condemnation that contain, or may contain substances classified under the Control of Substances Hazardous to Health Regulations 2002 (as amended) should be handled with extreme care. Reference must be made to the appropriate C.O.S.H.H. data sheet.

The department using the item must inform the condemning officer of any known hazardous substances contained in the item. These should be classified as **Special Waste** and as such must be dealt with in accordance with the Environmental Protection Act 1990.

Condemnation/Disposal Form

*Please refer to NHS Ayrshire & Arran Operating Procedure for the Condemnation
and Disposal of Assets and Stock, before completing this form.*

Details of the asset to be condemned / disposed of.

Description
……………………………………………………………………………………………………..
……………………………………………………………………………………………………..

Make/Model
……………………………………………………………………………………………………..

NHS Ayrshire & Arran Asset No (if applicable)
……………………………………………………………………………………………………..

Location
……………………………………………………………………………………………………

The above equipment has been taken out of service for the following reason (please tick):

- Uneconomical to repair
- Not fit for purpose
- Dangerous/hazardous to use
- Surplus to requirement
- Other (please specify)
……………………………………………………………………………………………………..

The equipment will be disposed of in the following manner (please tick):

- Dismantled and held for spares
- Dismantled and placed in the Estates scrap store awaiting uplift
- Sold/donated to a third party (please specify)
……………………………………………………………………………………………………..

A replacement will need to be ordered for this equipment, this will be actioned by (please tick):

- Estates Department
- Medical Physics Department
- Appropriate Directorate
- Not applicable
- Others (please specify)
……………………………………………………………………………………………………..

I confirm that the above equipment has been decontaminated to the appropriate standards and has been condemned/disposed of for the reasons above:

Department Head / Ward Manager / Charge Nurse
Print name, sign and date
………
Authorised Condemning Officer
Print name, sign and date
……………………………………………………………………………………………………

LOSS, DAMAGE OR THEFT FORM

CLAIM NO ☐

1. Hospital/Location: --

2. Name and Address of Owner of Property: ---

   ----

3. Is the Owner an **(please tick appropriate box)**   **EMPLOYEE** ☐   **PATIENT** ☐   **OTHER** ☐

4. Name and Address of Claimant (if different from above)

   ----

5. Is the Claimant an (please tick appropriate box)   **EMPLOYEE** ☐   **PATIENT** ☐   **OTHER** ☐

6. If Employee, please give   Job Title: --

   Ward/Department: --

   Tele No/Ext No: --

7. Brief Description of Article(s) --

   ----

8. Age of Article(s) ---------------------------   Condition of Article(s)   Good ☐   Fair ☐   Poor ☐

9. Purchase price of article(s)   £------------------   Value of article(s) £--------------------------

   Amount claimed for article(s) (if different from value)   £----------------------------

10. Was the article(s) purchased by: Hospital ☐   Patient ☐   Relative ☐   Other ☐

11. Is the article(s) available for inspection?   Yes ☐   No ☐

12. Date and Time of Incident   ------------------------------------   ----------------------------AM/PM

13. Reported by: (Name & Job Title)   ---

    Tele No: ---

LOSS, DAMAGE OR THEFT FORM *(continued)*

14. Reported to: (Name & Job Title) --

    Tele No: --

15. Liability on board - Yes/No   If yes provide details in support of claim

    ----

    ----

16. Witnesses to the incident

    1) Name: --   2) Name --

       Address: --   Address: --

       --   --

       Job Title (if applicable) ------------------------------   Job Title (if applicable) -----------------------

17. Other Action Taken: ---

    ----

18. Signature of Owner/Claimant: --

    Date: ---

    Approval by Manager: -------------------------------   Signature: -----------------------------------

    Designation: ---   Designation: ---------------------------------

    Date: -------------------------------------   Date: ---------------------------------------

    Comments: (eg cheques to be made payable to)   Comments: -----------------------------------

    ---   ---

Amount paid:	£

Please note: Form must be approved by appropriate manager before submission to Assistant Director of Finance – Governance & Shared Services, Greenan House, Ailsa Hospital, for authorisation.

Authorised Condemning Officers

Estates Equipment – Daniel Doherty (Assistant Director of Estates and Capital Planning, Department of Information and Clinical Support Services)

For assets relating to the engineering or building functions of NHSAA, or any items routinely maintained or serviced by the Estates Department.

Medical Devices – John Amoore (Head of Medical Physics)

For equipment falling under the general description of a medical device, or for equipment maintained or serviced by the Medical Physics Department.

IT Equipment – Denise Brown (Assistant Director of eHealth and Infrastructure Services, Department of Information and Clinical Support Services)

For general office and system based computer products including peripherals, or for equipment maintained, serviced or managed by the eHealth Department.

Medical Imaging / Pathology – Liz Moore / Mandy Yule (Healthcare Directors)

For assets specific to and falling under the remit of the Department of Medical Imaging.

Pharmacy – Michele Caldwell (Director of Pharmacy)

For assets specific to and falling under the remit of the Pharmacy Directorate.

Instrumentation – Morag Muir (Manager, Central Decontamination Unit)

General Supplies – Andrew Elliott (Procurement Manager, Department of Information and Clinical Support Services)

Finance Department staff :

Assistant Director of Finance, Governance & Shared Services – Margo McGurk

Assistant Director of Finance, Planning & Efficiency – Stuart Sanderson

Fixed Asset Manager – Colin Colquhoun

Senior Accountant Planning & Efficiency – Ian Ferris

Fraud Liaison Officer – Alan Farrow

Appendix 6C

Programme Team Experience

John Wright

Job Title: **Director of Information and Clinical Support Services**

Chair: **Capital Programme Board**
                      Estates Strategy Development Group

Reports To: **Capital Planning Steering Group**

Background: As Chair of the NHS Board's Capital Programme Board, I have
                      overall responsibility for the delivery of the Board's approved
                      Capital Programme.

                      The role of the Capital Programme Board is to monitor and
                      scrutinise the management and delivery of approved projects,
                      ensuring that these are delivered on time and within budget, whilst
                      also ensuring that anticipated service benefits are realised.

Dr Allan Gunning

Job Title: **Executive Director – Policy, Planning and Performance**

Reports To: **Capital Planning Steering Group**
Capital Programme Board
Estates Strategy Development Group

Background: In my role as Executive Director – Policy, Planning and Performance, I chair the Integrated Care Modernisation Board (ICMB) which assists the NHS Board in setting the direction of NHS Ayrshire and Arran.   As part of this, initial agreements are submitted to ICMB to ensure strategic fit.

James Crichton

Job Title: Director of Primary Care and Mental Health Services

Chair: North Ayrshire Community Hospital Programme Board

Reports To: Capital Programme Board (which oversees delivery of NHS A&A Capital Programme)

Capital Planning Steering Group (which ensures Programme remains aligned with Board strategy).

Background: My career has spanned 27 years in NHS Scotland. My early experience was in Mental Health Nursing and subsequently in Service and General Management in Greater Glasgow.   I took up post as Director of Mental Health Services in NHS A&A in October 2007 and have been responsible for driving through the strategic changes from Mind Your Health both in the community & in-patient settings.

In my role as Lead Health Care Director / Senior Responsible Owner (SRO) NACH project, I chair the North Ayrshire Community Hospital Programme Board. I am primarily responsible for ensuring that the project delivers the specified clinical benefits, to the required quality, cost and time.

 John Scott

Job Title: **Project Director / Head of Capital Planning & Programmes**

Chair: **NACH Steering Group**

Reports to: **Capital Planning Steering Group**
Capital Programme Board
NACH Programme Board
Formula Allocation Management Group
Estates Strategy Development Group

Background: In my role as Project Director, I chair the North Ayrshire Community Hospital Steering Group Meetings. I provide the strategic direction, leadership and ensure that the business case reflects the views of all the stakeholders.

- Ensuring realistic aspirations, budgets and timescales are set;
- Ensuring appropriate Professional Advisors are appointed that can demonstrate experience, understanding and the willingness to work in a collaborative environment;
- Establishing a Project organisation;
- Establishing a defined Brief to user's agreement;
- Establishing reporting procedures;
- Approving change and acting as arbitrator on disputes;
- Informing Investment Decision Maker of delay/cost increase;
- Ensuring adequate resources to deliver the Project are in place;
- Promoting the Project;
- Reporting to the Programme Board;
- Leading the Project Team;
- Ensuring delivery of the Project in accordance with the Project programme; and
- Providing all decisions and directions on behalf of the Board.

I am supported by Iain Fairley (Project Manger) and Jonathan Allan (Project Support Officer) as well as administrative support. These resources are dedicated to this project.

My previous experience of PFI projects is as follows:-

Glasgow Royal Infirmary Maternity Unit
This is a new build £30m Maternity Unit on the existing Glasgow Royal Infirmary site for the then GRI Trust.   My role was Project Manager responsible for all technical aspects for the project including co ordination of Employers Requirements. Prior to ITT issue the Scottish Government revised the procurement route to traditional design and build. The building was completed in 1999 and has been operational since 2000.

Stobhill ACAD Unit
This is a new build £47m Ambulatory Care & Diagnostic Unit built on the existing Stobhill Hospital site for NHS Greater Glasgow & Clyde. I was Project Manager responsible for managing the design sign off process of the 1:200's, 1:50's, Room Data Sheets and Room Layouts.

East Ayrshire Community Hospital – Dental Centre
This was a £3m variation to an existing PFI contract to provide a Dental Centre within the existing Community Hospital for NHS Ayrshire & Arran.   The scheme was fully designed and costed but did not proceed as agreement could not be reached with the funders. My Role was Project Director.

In addition to the above I have 19 years experience working as a Project Manager & Senior Project Manager within the NHS successfully delivering numerous Capital Projects most recently the new £30m Maternity development at Southern General Hospital for NHS Greater Glasgow & Clyde in 2009.

Stuart Sanderson

Job Title:	**Assistant Director of Finance – Planning & Efficiency, NHS Ayrshire & Arran**
Chair:	**N/A**
Reports to:	**North Ayrshire Community Hospital Programme Board**

Background: I have overall responsibility for all finance aspects relating to Capital Plan / Capital Programme, all aspects of financial input to the Information and Clinical Support Services Directorate and lead financial input into the North Ayrshire Community Hospital project.

Financial / economic lead on behalf of NHS Board in progressing the Ayrshire Maternity Unit PFI contract through to successful financial close in October 2004. Ayrshire Maternity Unit fully operational with effect from August 2006.

Have also lead financial input into the proposed Dental Variation for the EACH PFI Project.

30+ years experience in dealing with finance related work within the NHS, majority has been in various financial posts within NHS Ayrshire and Arran.

Have developed good working relationships with the Scottish Government Health Directorate's Capital Planning & Investment Team, Scottish Futures Trust and Health Facilities Scotland.

Practical experience of delivering large capital projects, dealing with advisor and other 3rd party inputs / reviews, including audit requirements.

Linda Boyd

Job Title: **Health Care Manager**
               Adult Mental Health Services, NHS Ayrshire & Arran

Chair: **Clinical Planning Group**
               Public Reference Group (Joint Chair)
               Exemplar Design Meetings

Reports To: **North Ayrshire Community Hospital Programme Board**
               OBC Project Team
               Service Continuity

Background: Linda Boyd trained as both a Psychiatric Nurse and General Nurse and has a BA (Hons) in Health Studies and number of post graduate qualifications.

               Linda had a lead role in developing Clinical Governance with a focus on Nursing before joining an International health care software firm in charge of contracts and clinical development for the UK office.

               On returning to the NHS progressed to General Manager for North Ayrshire Community Health Partnership in this role she led the planning, commissioning and monitoring of services for both the CHP population but also for a number of Board wide specialist services.

               Following a secondment Linda was successfully appointed to Health Care Manager for Adult Mental Health Services for NHS Ayrshire & Arran in 2008/09. In this role she manages all Inpatient and Community services for both Adult and Elderly Mental Health Services; she also manages Psychology Services and Administration Services and is the operational lead for the Board on a number of multiagency Partnerships.

               Linda is currently leading on the implementation of the transfer of prisoner healthcare which involves specifying, commissioning and monitoring of contracts and services.

               Another key leadership role is the development of the Clinical and Business Case for a new 206 bed Mental Health and Community Hospital she was tasked with developing and maintaining the clinical brief and is co chair with a member of the public of the Public Reference group for the development as well as a member of the programme board and a number of subgroups

Proposed time input by Programme Team

NACH Steering Group Members	Title	% time allotted to NACH
Jim Crichton	SRO Director of Primary Care and Mental Health Services	10%
John Scott	Programme Director Head of Capital Planning	80-100% as required by the project
Stuart Sanderson	Assistant Director of Finance	10-20%
Linda Boyd	Healthcare Manger, Mental Health Services	20%
Iain Fairley	Programme Manager Senior Project Manager	100%
Elaine McClure	Mental Health Project Manager	75%
Jonathan Allan	Programme co-ordinator	100%

Appendix 6D

Communications Plan – Pre Planning Permission
Consultation

North Ayrshire Community Hospital (working title)

2015

Introduction

This plan outlines the actions to be taken by NHS Ayrshire & Arran to ensure swift and effective communication with staff, partners, patients and public to ensure they are engaged, informed and involved in the developments at the Ayrshire Central Hospital site. This plan focuses on the period when the new hospital is being built.

It focuses on the:

- target groups
- methods of communication
- messages
- timing
- estimated costs

1.   Overview

- The Ayrshire Central Hospital site has been identified as the appropriate site for a community hospital in North Ayrshire. In November 2008 Ayrshire and Arran NHS Board agreed that mental health inpatient services would also be based at the Ayrshire Central site.

- Task groups have been set up with responsibility for ensuring each aspect of the development is considered.

The success of the plan depends on it being adopted, supported and championed by the North Ayrshire Community Hospital Steering Group, task group leads and staff. Members of the Steering Group will be responsible for identifying suitable 'information and news stories' and appropriate topics for publicity.

Please note:

- **All our publications are checked for plain language and are available in other formats.**
- **Material should be available in plain text version, accessible formats and most commonly requested community languages.**

3.   Target groups and methods

Possible methods

a. Decision-making groups   →

Senior Management Team
Service Directors
NHS Board
Area Partnership Forum
Area Clinical Forum
All Professional Committees

→

Regular meetings/briefing papers from North Ayrshire Locality Programme Board

Possible methods

b. Staff

Ayrshire Central Hospital staff and Ailsa Hospital staff
(ward managers, patient services managers, all mental health services staff; front line staff – hotel services, ward staff, receptionists, switchboard, Volunteers)
All staff:
Health Care directorates
Public Health
Corporate Departments
Communications Forum
Local Partnership Fora
Community Health Partnerships
Managed Clinical Networks

→

Stop Press Xtra – Update
Dialogue
Enews
Targeted meetings
Plus:
Stop Press bulletin
Team Brief
Posters displays
AthenA
Exhibitions/displays
Presentations
Volunteer radio
Staff meetings / briefings
All-staff email alerts
Podcasts / Webcasts
Phone line
'Feedback' boards
LCD screens
Local meetings
Planning meetings
Community radio (3TFM)
Diverse range of staff meetings
Invitation to staff groups for presentation by North Ayrshire Locality steering group team
Healthwise (funding to be confirmed)

c. Members of the public →

Possible groups →

Community groups
Societies / charities
Public Partnership Fora
Parent groups
Community Councils
Older people's groups
Voluntary organisations
Carers groups
Young carers
Youth groups
Volunteers

Possible places

GP surgeries
Clinics
Hospitals
Community pharmacies
Dental practitioners
Opticians
Libraries
Other local authority facilities
Benefits offices/job centres
Primary schools
Community centres
NHS facilities /
Receptions
Leisure centres
Churches
Post Offices
Nurseries
Supermarkets
Activity Centres
Secondary Schools

Possible methods

Monthly update

Leaflets

Poster displays

Public website, featuring 'Browsealoud' option

Podcasts

Newspaper and radio advertising

Presentations to groups

Media, targeted features in local newspapers

Patient Focus / Public Involvement groups

LCD screens

Local authority community planning websites

Local authority public websites

Voluntary organisation/charity/MCN websites

Local authority publications

Feedback boards

Snapshot flyers

Exhibitions/displays

Hospital radio

Outpatient clinic appointment cards

Local meetings

Planning meetings

Volunteer radio

Community radio (3TFM)

Public newspaper - Healthwise

Targeted enews style bulletin

- Talkwell

Text number

Freephone

Freepost

d. Service users and local community →

All NHS premises
Community groups
Public Reference Group
Patient groups (self-help groups, and so on)
Voluntary organisations

→ **Possible methods**

As above (C)

e. Media →

Local /national media
Sundays
Westsound/West FM radio
TV
Local FM radio stations

→ **Possible methods**

Press releases/statements
Features
Briefings
Interviews
Advertorial

f. Other stakeholders →

Scottish Health Council
Community Planning Partners

→

Regular meetings/briefings
Presentations
Leaflets
Posters
Public website

→ **Possible methods**

MPs / MSPs

→

Regular meetings/briefings
'Update' newsletter
Advance press releases

→

East Ayrshire Council
Elected members
Council officers

• Dedicated briefings
• E-mail alerts
• Intranet
• Public website
• Community Planning website
• Staff magazine
• Departmental meetings
• Personnel Bulletin information sheet

Other stakeholders (continued) →

North Ayrshire Council Elected members Council officers North Ayrshire Leisure ltd	• Dedicated briefings • Weekly senior management team briefings • E-mail alerts • Intranet • Public website • Community planning website • Staff magazine • Team Brief • Departmental meetings • Health and Safety noticeboards

→

South Ayrshire Council Elected members Council officers	• Dedicated briefings • Chief Executive employee briefing (hard and soft copy) • Email alerts • Intranet • Corporate Management Team briefing notes • Departmental meetings

Internal communications – staff (minimum recommended)

Timing	Audience	Message	Method	Estimated cost	Comments
2015	All decision-making groups, staff and stakeholders	Building starts	Press release eNews	N/A	
2015	All decision-making groups, staff and stakeholders	Project update: - agreed name	Press release eNews All staff e-mail LCD screens	N/A	
2015	All decision-making groups, staff and stakeholders	Call for memorabilia	Press release eNews All staff e-mail Posters LCD screens Designated noticeboard	Possible cost for the noticeboard	
2015	All decision-making groups, staff and stakeholders	Timeline	Poster Designated noticeboard	N/A	
2015	All decision-making groups, staff and stakeholders	Accessibility of the new premises (transport)	Press release eNews All staff e-mail Posters LCD screens Healthwise	N/A	
2015	All decision-making groups, staff and stakeholders	Update on building works	Press release eNews All staff e-mail Posters LCD screens Healthwise	n/a	
2015	All decision-making groups, staff and stakeholders	Update on building works	Press release eNews All staff e-mail Posters LCD screens Healthwise	n/a	
2015	All decision-making groups, staff and stakeholders	Community involvement (possible employment opportunities)	Press release eNews All staff e-mail Posters LCD screens	N/A	
2015	All decision-making groups, staff and stakeholders	Artwork	Press release eNews All staff e-mail	N/A	

Timing	Audience	Message	Method	Estimated cost	Comments
			Posters LCD screens		
2015	All decision-making groups, staff and stakeholders	Feature on tree planting and sensory gardens	Press release eNews	N/A	
2015	All decision-making groups, staff and stakeholders	Countdown	Press release eNews Posters Leaflets LCD screens	Dependent on quantity required	
2015	All decision-making groups, staff and stakeholders	Open day Guided tours Services available What's moving when How to get there – transport information	Press release eNews Posters LCD screens Special invitations	TBC	
2015	All decision-making groups, staff and stakeholders	Open to the public	Press release eNews Posters LCD screens	N/A	

External communications

Timing	Audience	Message	Method	Estimated cost	Comments
2015	General public Service users Media	Building starts	Press release	N/A	

	MPs / MSPs				
2015	General public Service users Media MPs / MSPs	Project update: - agreed name	Press release LCD screens	N/A	
2015	General public Service users Media MPs / MSPs	Call for memorabilia	Press release Posters LCD screens Designated noticeboard	Possible cost for the noticeboard	
2015	General public Service users Media MPs / MSPs	Timeline	Poster Designated noticeboard	N/A	
2015	General public Service users Media MPs / MSPs	Accessibility of the new premises (transport)	Press release Posters LCD screens Healthwise	N/A	
2015	General public Service users Media MPs / MSPs	Update on building works	Press release Posters LCD screens Healthwise	n/a	
2015	General public Service users Media MPs / MSPs	Update on building works	Press release Posters LCD screens Healthwise	n/a	
2015	General public Service users Media MPs / MSPs	Community involvement (possible employment opportunities)	Press release Posters LCD screens	N/A	
2015	General public Service users Media MPs / MSPs	Artwork	Press release Posters LCD screens	N/A	
2015	General public Service users Media MPs / MSPs	Feature on tree planting and sensory gardens	Press release	N/A	
2015	General public Service users Media MPs / MSPs	Countdown	Press release Posters Leaflets LCD screens	Dependent on quantity required	
2015	General public Service users Media MPs / MSPs	Open day Guided tours	Press release Posters LCD screens Special invitations	TBC	

		Services available What's moving when How to get there – transport information			
2015	General public Service users Media MPs / MSPs	Open to the public	Press release Posters LCD screens	N/A	

All our publications are reviewed for plain English and are available in other formats

Note: All publications/press releases/posters/leaflets/flyers/Stop Press on public website

External communications – (paid-for advertising)

Audience	Message	Method	Timing	Estimated Cost (£)	Comments	Status
General public	Times and venues public information events	**Advertising** Quarter page ads in relevant newspapers	2013 onwards	Arran Banner £212.16 AWP (seven titles) £1248.00 Carrick Gazette £240.00 S&UN (three titles £1006.08	Information to reach communications three weeks before publication.	
	As above	**Advertising** Local Radio	2013 onwards	Four-day campaign (20x20 sec. Ads) **£656** up to four consecutive week campaign (192 x 20 sec. ads) **£6297.60** set-up costs range from £80-150	▪ Peak listening times 7am-9am; 7pm-9pm. Breakdown of time bands by age group to follow. ▪ Of total adult audience of 204,000, West Sound reaches 55% of men and 53% of women (50% housewives)	▪

Note: All publications/press releases/posters/leaflets/flyers/Stop Press/advertisements on public website

Other possible advertising opportunities

Local radio campaign incorporating advertising, sponsorship,
Podcasts and web presence

Campaign	Detail	Total Excl Vat
Advertising	4 burst of 28 x 30 seconds at £840 per burst	3360.00
Creative	Production of 4 ads	600.00
Sponsorship	Sponsorship of Sports Desks £833 per month	2499.00
Web	Web Page over 3 months £150 per month	450.00
Web	6 x 3 min podcasts £181 each	1086.00
Interview	Interview recording	0.00
	Total	**7995.00**

Appendix 6E

Communications Plan – new Development

North Ayrshire Community Hospital Consultation for planning permission Communications plan 2015

Approved by

1.   Introduction

As part of the ongoing development for a new health facility on the Ayrshire Central site, we will conduct a three month consultation with the public as part of North Ayrshire Council's planning permission guidelines.

This communications plan outlines a range of options which can be used to explain these changes to staff, patients, carers and partner organisations.

The purpose of the communication plan is to ensure that all stakeholders have the opportunity to feel informed and engaged; and are aware of their respective responsibilities.

The communications plan focuses on the:
- target groups
- methods of communication
- messages
- timing
- estimated costs

All communications methods are evaluated continually to ensure they meet the needs of the target audiences. If we identify improvements as part of this process we will incorporate them into all our communications plans.

2.   Overview

The communications plan refers to the range of methods in NHS Ayrshire & Arran's Communications Strategy. **The success of the plan depends on it being adopted, supported and championed by the North Ayrshire Community Hospital advisory group.**

3.   Key messages

As part of the consultation we will provide information on the following:
- A description of the development
- The location of the development
- Details of where to get further information on the development

We will also hold information events open to the public, community councils and staff

4.   Target groups and methods

		✔
Decision-making groups →	NHS Board	✔
	Directors team	✔

All staff →	Health care directorates	✔
	Locality Partnership Fora	✔
	Community Health Partnerships: • CHP Committees • Forums • Officer Locality Groups	✔

North Ayrshire Community Hospital consultation plan for planning permission - communications plan, 2015
Luan Johnston

Members of the public →

Possible groups	
Community groups	✔
Societies / charities	✔
Public Partnership Fora	✔
Parent groups	✔
Community Councils	✔
Older people's groups	✔
Voluntary organisations	✔
Carers groups	✔
Young carers	✔
Youth groups	✔
Volunteers	✔
Possible places	
GP surgeries	✔
Clinics	✔
Hospitals	✔
Community pharmacies	✔
Dental practitioners	✔
Opticians	✔
Libraries	✔
Other local authority facilities	✔
Benefits offices/job centres	
Primary schools	
Community centres	
NHS facilities / Receptions	✔
Leisure centres	
Churches	
Post Offices	
Nurseries	
Supermarkets	
Activity centres	
Secondary schools	
Hospital radio	✔
Community radio (for example, 3TFM)	✔

North Ayrshire Community Hospital consultation plan for planning permission - communications plan, 2015
Luan Johnston

Service users ──────▶

All NHS premises	✔
Care homes	✔
Patients Council (hospitals)	✔
Public Partnership Fora (communities)	✔
Self-help groups	✔

Media ──────▶

Local /national media	✔
Sundays	✔
Westsound/West FM radio	✔
TV	
Community radio (3TFM, Garnock FM)	✔

Other partners ──────▶

Public Reference Groups	✔

──────▶

Independent contractors:	
GPs	✔
Dentists	✔
Optometrists	✔
Pharmacists	✔
Primary care nurses	✔

──────▶

MPs / MSPs	✔

Local authorities (elected members and council officers)	✔

Community Planning Partners	✔

NB All our publications are available in other formats

5.   North Ayrshire Community Hospital

Consultation plan for planning permission

2015

Audience ⟹ Possible methods ⇩	Decision making groups	Staff	Members of the public	Service users	Media	Other partners	Cost	Timing
Launch of campaign (optional)	✔	✔	✔	✔	✔	✔		2015
Leaflets/snapshot flyers	✔	✔	✔	✔	✔	✔	£479	2000 A5 12 page booklets 2015
Poster displays	✔	✔	✔	✔	✔	✔	n/a	Produced in-house and by PSPC – 2015
Public website, featuring 'Browsealoud' option	✔	✔	✔	✔		✔	n/a	Posters, leaflets etc published
Newspaper and radio advertising	✔	✔	✔	✔		✔		See below for costings
Presentations to groups		✔	✔	✔			n/a	Presentations by NACH and PSPC
Media, targeted features in local newspapers	✔	✔	✔	✔	✔		n/a	Press releases issued throughout 2015
LCD screens Healthlive		✔	✔	✔			n/a	Posters published on screens
Local authority community planning websites			✔	✔		✔	n/a	Information will be supplied when ready
Local authority public websites		✔	✔	✔		✔		Information will be supplied
Local authority publications				✔	✔	✔		Dependant on deadline
Feedback boards		✔	✔	✔				At events
Exhibitions/displays		✔	✔	✔		✔		At events
Hospital radio				✔			n/a	Poster supplied
Community radio (3TFM, Girvan FM)			✔	✔			n/a	Information supplied

Audience ⟹ Possible methods ⇩	Decision making groups	Staff	Members of the public	Service users	Media	Other partners	Cost	Timing
Public newspaper - Healthwise	✔	✔	✔	✔		✔	n/a	Dependant on deadline
Targeted enews public bulletin – Talkwell	✔	✔	✔			✔	n/a	Press release information used- 2015
Enews	✔	✔					n/a	Press releases, posters and booklets published
Team talk	✔	✔					n/a	Event information during 2015
AthenA	✔	✔					n/a	All communications material published on AthenA by project team
All-staff email alerts	✔	✔					n/a	As and when required
Freephone/freepost/dedicated email	✔	✔	✔	✔	✔	✔	n/a	To be set up by project team
Targeted staff meetings		✔					n/a	To be booked
Targeted community meetings / visits			✔	✔			n/a	To be confirmed
Noticeboards		✔	✔	✔				Posters will be displayed
Facebook and Twitter		✔	✔	✔	✔			Key messages communicated throughout 2015

7

Advertising information

Audience	Message	Method	Timing	Estimated Cost (£)	Comments
General public	Times and venues public information events	**Advertising** Quarter page ads in relevant newspapers	May 2010 onwards	Arran Banner £212.16 AWP (seven titles) £1248.00 Carrick Gazette £240.00 S&UN (three titles £1006.08	Information to reach communications three weeks before publication.
	As above	**Advertising** Local Radio	May 2010 onwards	Four-day campaign (20x20 sec. Ads) **£656** up to four consecutive week campaign (192 x 20 sec. ads) **£6297.60** set-up costs range from £80-150	▪ Peak listening times 7am-9am; 7pm-9pm. Breakdown of time bands by age group to follow. ▪ Of total adult audience of 204,000, West Sound reaches 55% of men and 53% of women (50% housewives)

Other possible advertising opportunities

Bus tickets – Ticketmedia 1,001,000 tickets for one week - £4,204.20
Bus adverts – CBS headliners in 300 buses - £4,500

Investigating Supermarket till receipts