

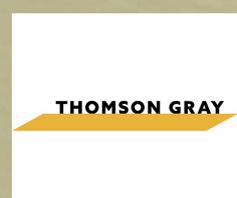
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# **NHS SHETLAND GILBERT BAIN HOSPITAL CLADDING REMEDIALS PROJECT**

## **PROJECT EXECUTION PLAN**

Developed for

**NHS SHETLAND**



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## 2. Document Revision Log

Revision	Revision date	Status or Comment	Prepared by	Checked and Authorised
0	10-02-2025	Initial Draft for Comment	Stuart Findlay	L Casserly
1	28-02-2025	Issue	Stuart Findlay	R Lovatt
2	17-03-2025	Issue	Stuart Findlay	R Lovatt

### 3. Controlled Document Distribution

The Project Execution Plan (PEP) is a controlled document and shall be reviewed, approved, and distributed under controlled conditions. Thomson Gray as the Project Managers are the holders of the PEP and shall be responsible for updating the document during the project lifecycle.

The PEP is to be formally issued to:

Name	Organisation	Role
Fraser Innes	Hub North Scotland Ltd	Project Director
David Wagstaff	NHS Shetland	Head of Estates, Facilities & Medical Physics
Ross Lovatt	Thomson Gray	Senior Director
Stuart Deans	Thomson Gray	Director
Gillian Allan	Threesixty Architecture	Director
Neil Pearson	Mott MacDonald	Senior Associate
Daniel Brady	Callidus	Director

The PEP is hereby accepted on behalf of NHS Shetland by the undersigned:

Name	Organisation	Date	Signature
Fraser Innes	Hub North Scotland Ltd		

Prepared for:

#### **NHS Shetland**

Board Headquarters

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## 4. Introduction

### 4.1 Purpose of the Project Execution Plan

This Project Execution Plan has been prepared by Thomson Gray in consultation with NHS Shetland and is a core approved document that is required to be developed under schemes delivered and procured using “hub” procurement.

It defines the strategy for the management of the NHS Shetland – Gilbert Bain Cladding Remedials Project and the procedures for its successful completion and implementation providing a clear set of management and communication procedures. By using a comprehensive methodology, which defines how the project will be executed, monitored, and controlled, the aim is to promote successful delivery of the project scope in line with the objectives of NHS Shetland.

The PEP is a live document and as such will be altered and amended to take account of any changes to the Project, its structure and objectives, personnel and procedures as the project progresses through key stages. It shall be maintained by the Project Manager and shall be issued to the key members of the Project Team (as listed on the above distribution list).

All members of the Project Team are responsible for providing sufficient information to ensure that the PEP is maintained up to date and shall provide information as requested by the Project Manager.

### 4.2 Issue Status

The Project Manager has prepared the PEP in consultation with NHS Shetland. The Project Manager will administer the document through revision (as required) and controlled re-issue. The PEP will be issued (or removed) from use only by Thomson Gray. The status of the PEP and its appendices are identified within each revision.

## 5. Project Overview

### 5.1 Project Name

The Project is to be named “NHS Shetland – Gilbert Bain Cladding Remedials Project”.

### 5.2 Project Reference

The Project Reference is: *To be clarified.*

### 5.3 The Employer

The Employer is NHS Shetland.

### 5.4 Site Address

The site address is:

Gilbert Bain Hospital,

Lerwick,

Shetland,

ZE1 0TB

### 5.5 Background

The Gilbert Bain is a 35 bedded acute remote and rural hospital serving a population of 23,000 living within 16 inhabited islands. Hospital services include emergency, medical, surgical, maternity, mental health, outpatients, diagnostics, AHP and support services.

NHS Shetland has become concerned about the condition of the cladding on the east elevation of the four storey building at the Gilbert Bain Hospital. This building includes plant rooms, part of Ward 3 and part of the maternity department. Following a period of particularly inclement weather in February 2024, water ingress was identified in the maternity labour suite on the first floor of the four-storey block at the south east corner. Water appeared to be entering the building at lintel level and moving across the floor of the area. During investigation into this matter, it was identified that the outer wall leaf appeared to be leaning outward at the wall head of the east elevation of this block. Horizontal cracking below the parapet upstand and missing sealant was also identified.

Water ingress issues have been a problem for many years and is thought to emanate from failures around window cills and lintels, the parapet and beads and joints in the walls.

Mott MacDonald have carried out an inspection of the walls and have taken cores of the outer wall leaf blockwork and have prepared a report of their findings.

## 5.6 Project Summary

Mott Macdonald Limited (Consultant Engineers) were appointed by NHS Shetland in 2024 to undertake inspections and provide a report on the Condition of External Walls at the Gilbert Bain Hospital. Following the publication of Mott MacDonald's Report, NHS Shetland has identified areas of the external building fabric that must be replaced and / or repaired without delay to mitigate the risk of catastrophic failure. This construction work will necessitate the phased decant of a number of hospital departments.

The Mott MacDonald surveys and report have clarified the external walls affected, and proposed an outline solution for the safe removal and replacement of the existing wall with a lightweight cladding system.

The design and procurement of this work is currently underway, with scaffold plans being developed and it is anticipated that these initial works will commence in late Spring 2025.

## 5.7 Project Scope

The project scope is to identify and assess alternative solutions available to rectify the identified issues with the existing building. The preferred option will be recommended for NHS Shetland approval, and the project team will then implement this option through the detailed design and construction of the preferred option. Undertaking the construction works will require the temporary relocation of the adjacent clinical departments to ensure patient and staff safety, and to provide safe and efficient working space to the contractor.

## 5.8 Critical Success Factors

Critical Success Factors of the NHS Shetland – Gilbert Bain Cladding Remedials Project are summarised below:

- Safety First – This project must be delivered with safety as the priority;
- Completion of the Gilbert Bain Cladding Remedials project in line with the agreed programme;
- Delivery within budget and phased to meet the agreed spending profile;
- Work undertaken with minimal detrimental impact on business continuity;
- Delivery of the project which rectifies the identified problems with the integrity of the existing building fabric.

## 5.9 Options Appraisal

*Not Applicable – To be populated once available.*

## 5.10 Project Peer Review

NHS Shetland and the Project Team are liaising with NHS Scotland Assure in the scoping and planning of this project. This collaboration will continue through the design and construction stages of the project.

## 5.11 Approach

NHS Shetland have appointed Hub North Scotland Limited to support the delivery of the project.

## 5.12 Logistic Constraints

Logistic constraints include access to and from Lerwick. This creates constraints for project meetings involving parties located on the mainland. This limits the opportunity for face-to-face meetings and requires a clear communication strategy to ensure all stakeholders remain engaged with the project, and informed of progress.

Clinical departments adjacent to the areas requiring remedial works will need to be relocated for the duration of the works. Appropriate accommodation will need to be identified, sourced and installed prior to the cladding works commencing on site. The identification of suitable accommodation will need to consider the logistics of transporting to Lerwick, connection of suitable utilities services, and provision of suitable access for staff and patients, and other support services e.g., ambulance, catering, domestics.

## 5.13 Supply Chain Involvement

The project team will utilise the Hub North Supply chain to engage early with potential contractors and specialist sub-contractors. This early involvement will be important when considering the logistics, constraints, and effectiveness of potential options both during the design and construction stages of this project. This supply chain involvement will support the development of a robust and accurate cost planning, a deliverable construction phasing strategy, and an overall construction duration.

## 5.14 Constraints

- Business Continuity– this project must propose a solution which is fit for purpose, and can be installed with the minimum of disruption to the hospital services.
- Financial affordability – managing the project to ensure the total cost is within the approved budget.
- Programme – managing the programme to allow delivery of the project within the timescales agreed with the Programme Board.

### 5.15 Project Dependencies

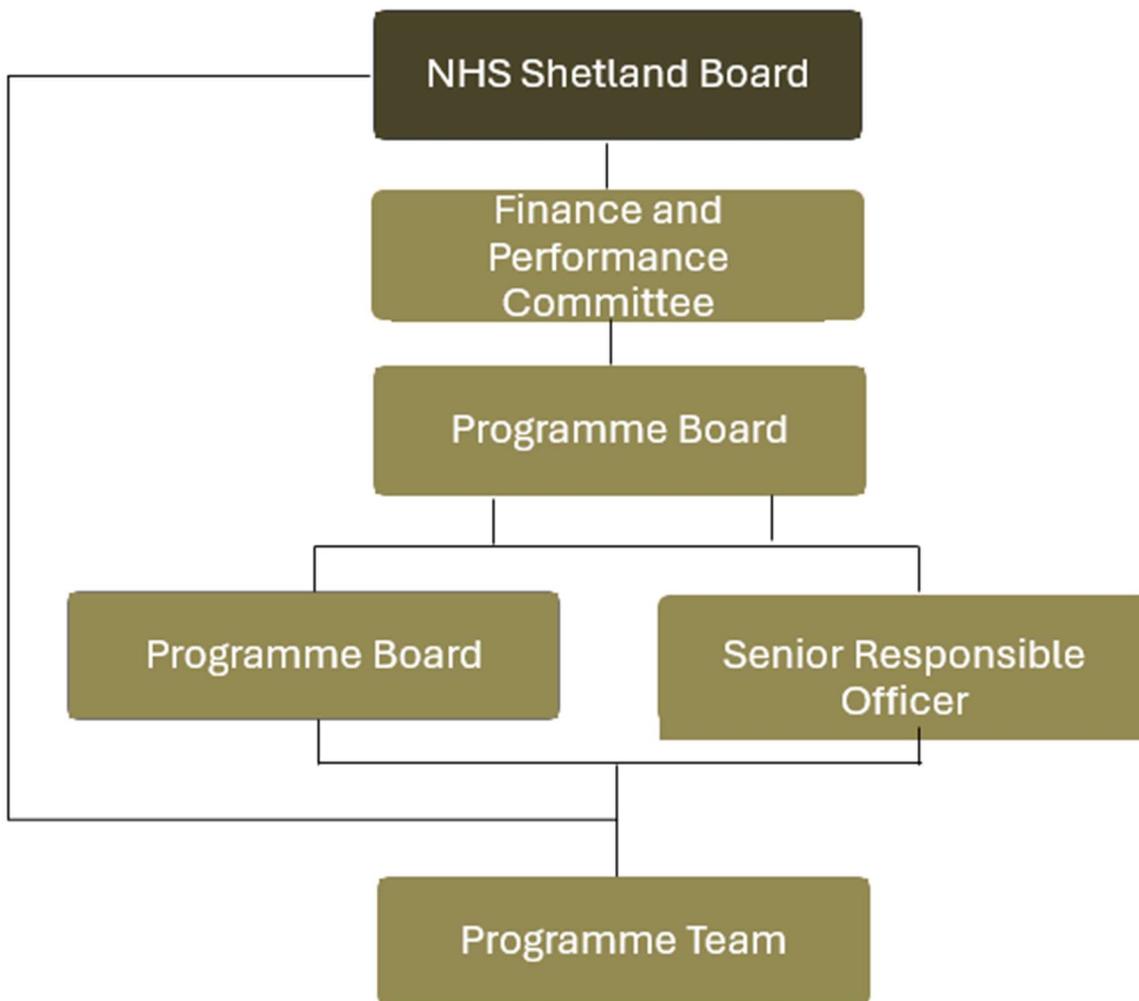
The project dependencies are:

- Project funding arrangements are to be established by NHS Shetland;
- Stakeholder engagement and agreement on appropriate decanting strategies, and provision of adequate accommodation.
- Continued provision of clinical services to NHS Shetland patients.

## 6. Project Organisation

The project governance structure and contractual arrangements between internal and external project team members can be found below:

### 6.1 Organisation Chart



## 6.2 Contractual Structure



## 6.3 Roles and Responsibilities

### 6.3.1 Senior Responsible Officer

The SRO will act as the Project Owner and will:-

- have overall responsibility for the successful completion and submission of the project;
- ensure that the objectives, scope and remit of the project are properly defined and delivered in accordance with the agreed programme;
- ensure that the Gilbert Bain Cladding Remedials project is structured and resourced to achieve its objectives;

### 6.3.2 Programme Board

The Gilbert Bain Cladding Remedials Programme Board will be chaired by an Non-Executive NHS Board member who will:-

- ensure the appointment of an appropriate Project Team to deliver the Gilbert Bain Cladding Remedials project;

- ensure that adequate resources are made available to the Gilbert Bain Cladding Remedials Project Team to enable them to complete the project to programme;
- ensure timely decision making to meet key stages of the Gilbert Bain Cladding Remedials Project plan;
- ensure appropriate clinical and non-clinical risk management registers are developed for the construction phase and that these are regularly reported on;
- ensure appropriate plans are developed and implemented to manage any conflicting issues which may arise and act as the final escalation point for any such matter in the event of the Project Team cannot resolve or sufficiently mitigate the issue;
- ensure that appropriate stakeholder management and communications plans are developed and implemented for the construction period;

### 6.3.3 Project Director/ Head of Estates

The Project Director will:-

- develop and gain approval for the Gilbert Bain Cladding Remedials objectives, scope and project plan;
- develop and gain approval of the Terms of Reference for the construction phase;
- monitor the progress of the Gilbert Bain Cladding Remedials project and provide regular reports to the Programme Board;
- establish appropriate management procedures, meetings, communications and reporting structures to ensure effective control of the project process;
- escalate any issues/risks which cannot be resolved locally to ensure timely and effective resolution;
- monitor and implement progress reporting and project communications to the Programme Board;
- ensure delivery of the Gilbert Bain Cladding Remedials project within the agreed budget;

### 6.3.4 NHS Project Manager

The NHS Project Manager will:-

- The control and supervision of building/engineering contractors, sub-contractors, ensuring they comply with NHS and other relevant guidance.
- Overseeing and liaising on technical and Health & Safety issues.
- Act as the single point of on-site contact between technical and clinical teams.

- Support the Clinical Lead with stakeholder engagement across the clinical, technical and support service teams.
- Provide capacity support to the Project Director on all aspects of the project.

### 6.3.5 Project Manager, Thomson Gray

The Project Manager will:-

- be responsible for the day-to-day management of the project and the Project Team;
- manage the internal and external Project Team outputs;
- implement an issues / decisions required log;
- develop and maintain project documentation including risk management & mitigation systems;
- implement appropriate document control processes for all project documentation, including filing structure;
- ensure that key project milestones are met;
- escalate to the Project Director any issues arising that cannot be resolved at Project Team Level;
- 

### 6.3.6 NHS Operational and Clinical Lead

- Identify the hospital departments that will be impacted by the works.
- Identify the requirements of these departments in temporary alternative accommodation to allow decant of the internal areas of the building.
- Be responsible for the planning for decant and recant of clinical spaces pre and post works.
- Review clinical pathways of services impacted by the works including possible follow up of services “off island”.

### 6.3.7 NHS Project Administration Assistant

To provide the project with admin services

### 6.3.8 Cost Advisor, Thomson Gray

The Cost Advisors will

- Tabulate costs for the potential options;

- Provide commercial advice to NHS Shetland;
- Support the project manager in relation to monthly valuations and payments.
- Develop and maintain a project cashflow which collates all project costs and forecast costs.

### 6.3.9 Architect, Threesixty Architecture

During this initial Stage, tasks shall include:

- Review with the Client their Strategic Objectives and desired Outcomes
- Affected Areas Analysis / Constraints Study
- CAD, Site and Project Information collation
- Drawing and Brief content preparation
- Feasibility Options / Strategy (at diagrammatic level only) for decant of temporarily displaced Departments
- Consider (with the Structural Engineer & Contractors) buildability options.
- Research options for replacement facade build up
- Support Project Programme Development
- Support others with the Preparation of any Cost Appraisal(s)
- Support the development of a Project Risk Register
- Presentation of the Initial Project Brief (as may be required)

The output for this Stage shall be:

- Compilation and publication of a Stage 1 Report. (in A4 digital (PDF) format).
- This shall include; narrative supporting the noted Tasks and their findings; sketch plan drawings identifying alternative decant options, potential phasing and elevational drawing identifying areas of repair / replacement of external wall fabric

### 6.3.10 Consulting Structural Engineer, Mott MacDonald

The Structural Engineer will:

- Provide structural design solutions to ensure compliance of chosen option.
- Work with other members of the design team to develop design solutions.
- Carry out intrusive inspections to establish structural details for outline design of support to proposed cladding systems.
- Provide outline design and drawings of cladding systems and supports selected by the architect.

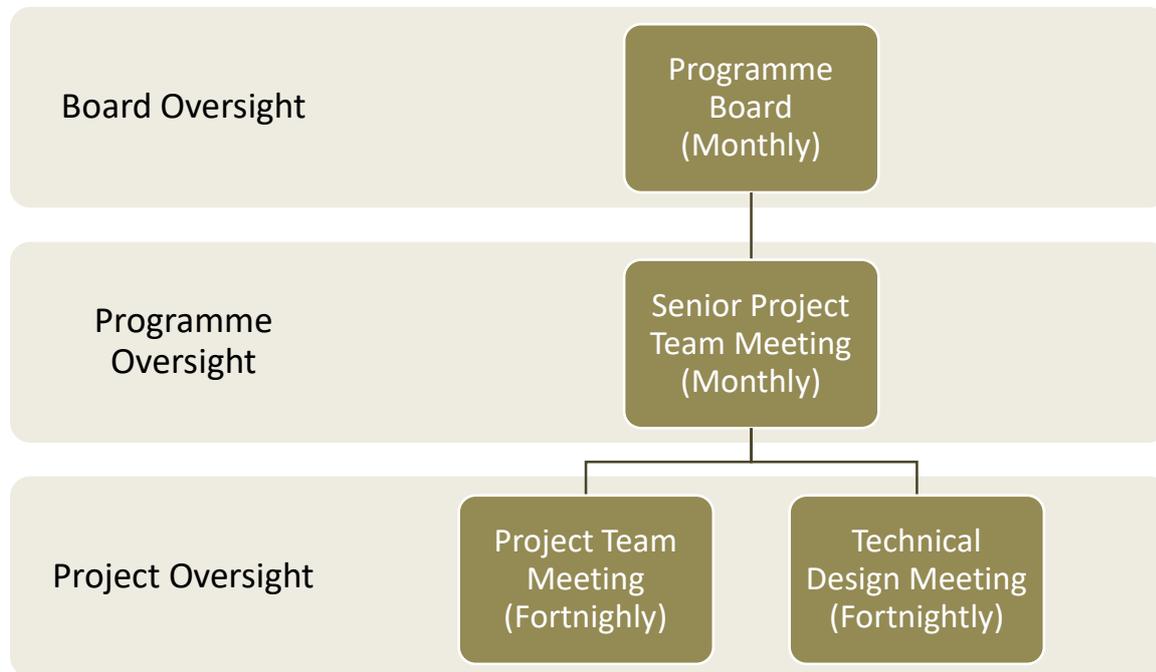
- Provide high level design and drawings of foundations and drainage
- services required for temporary modular buildings.
- Provide high level design and drawings of render repairs.
- Attend two weekly project team meetings.
- Attend two weekly technical meetings.
- Liaise with architect and QS regarding input to Feasibility Study report and
- costings.

## 6.4 Project Directory

The project directory can be found in Appendix A.

## 7. Meetings and Reporting

### 7.1 Meeting Strategy



#### 7.1.1 Project Team Meeting

<b>Format:</b>	MS Teams
<b>Frequency:</b>	Fortnightly
<b>Attendees:</b>	Project Director, NHS Project Manager, Elective Care Lead, Project Manager, Cost Advisor, Consultants, Infection Control and Prevention, NHS Assure
<b>Prerequisites:</b>	Agendas and supporting documents
<b>Outputs:</b>	Action List / Minutes / Risk Register

### 7.1.2 Programme Board Meeting

<b>Format:</b>	MS Teams
<b>Frequency:</b>	Monthly
<b>Attendees:</b>	Shetland NHS Board Non-Executive Director (Chair); Executive Lead, Director of Nursing & Acute Services (SRO); Project Director, Head of Estates; Medical Director; IJB Chief Officer, Chief Executive; Director of Finance; Director of HR and Support Services; Corporate Services Manager; Health and Safety Lead; Employee Director; Hub North Scotland Ltd.
<b>Prerequisites:</b>	Agendas and supporting documents
<b>Outputs:</b>	Action List / Minutes

### 7.1.3 Technical Design Meeting

<b>Format:</b>	MS Teams
<b>Frequency:</b>	Fortnightly
<b>Attendees:</b>	Project Director, NHS Project Manager, Project Manager, Cost Advisor, Consultants, NHS Assure, Construction Advisor
<b>Prerequisites:</b>	Agendas and supporting documents
<b>Outputs:</b>	Action List / Minutes / Risk Register

## 7.2 Reporting Strategy

Project Reports are mainly for the attention of and cover issues relevant to the client and project teams.

Report Title	Frequency	Prepared by	Predecessors/ Informed by	Audience
Programme Board Update Report	Monthly	Project Director (NHSS)	Project Team Work	Programme Board
Finance & Performance Committee Update Report	Quarterly	Project Director (NHSS)	Project Team Work	Finance & Performance Committee/ NHS Board

### 7.2.1 Programme Board Update

The Programme Board Update is a monthly dashboard report to provide a concise narrative on the progress of the programme. Additional narrative papers relating to specific issues and decision making as well as a regularly updated risk register will be part of supporting documents.

### 7.2.2 Update Report to Finance & Performance Committee

Similarly to the Programme Board Update, the Update Report to the Finance & Performance Committee will contain a dashboard like update to the programme progression on a quarterly basis. The report will be supported by a regularly updated risk register and additional papers relating to specific issues or essential decisions to be made as well as financial monitoring to provide an overview of the overall budget position of the project.

## 7.3 Stakeholder Engagement Strategy

Effective stakeholder engagement will be an essential part of the project management approach. The Project's approach to stakeholder engagement is as follows:

- Identify a comprehensive list of stakeholders;
- Establish and maintain effective communication links with all stakeholders;
- Provide an appropriate exchange of information in order to manage stakeholder expectations and needs effectively;
- Monitor and review the stakeholder engagement throughout the life of the project and refine where necessary.

*A project specific stakeholder strategy is currently being finalised.*

## 7.4 Communication Strategy

The NHS Shetland – Gilbert Bain Cladding Remedials Project Team aims to communicate the objectives, planning and implementation of the project to all stakeholders in an open, timely and readily understood manner using a range of appropriate techniques and media.

Communications to external stakeholders and local community will be managed via NHS Shetland's Communications Team.

A Communications Strategy which supports internal, external (public and media) and communications with government departments will be developed

The Project Team is aware that properly managed communications, with a suitable audit trail, is crucial to the successful delivery of this project.

- All correspondence / dialogue / meetings with the Finance and Performance Committee and Programme Board will be channelled via Senior Responsible Officer, NHS Shetland.
- Communication with persons outside of the project for information should be channelled through the Project Director and Project Manager
- Meeting Minutes should be circulated to any relevant parties within 3 business days of the meeting occurring.

#### 7.4.1 Email Communication

The main form of general communication on this project is to be through Email. Email is to be used to speed the process of communication between all parties. The individual team members should keep copies of all emails. Email title box to begin with the name of the project; such as “NHS Shetland – Gilbert Bain Cladding Remedials Project” and then the subject matter of the email to facilitate identification and traceability.

#### 7.4.2 MS Teams

An internal NHS Shetland MS Teams channel will be created to store, update and edit all relevant project documentation allowing for easy access and distribution between parties.

#### 7.4.3 Verbal Communication

All relevant verbal communications must be followed up with a written record, eg recorded in a format that can be read and copied via email.

#### 7.4.4 Confidentiality

All documents produced for and in conjunction with the NHS Shetland – Gilbert Bain Cladding Remedials Project should be treated as highly confidential.

Documents should not be distributed or disclosed to a third party without express permission of the Client.

#### 7.4.5 Information Request Strategy

Thomson Gray will implement a Request for Information (RFI) strategy to ensure a timely and well-structured process of requesting and receiving information which will be formally recorded and trackable.

## 8. Programme Control

### 8.1 Project Plan (Master Programme, Rev 4)

Milestone Activity	Current Key Date (end date)
Feasibility (Stage 1)	28 March 2025
Cladding Design (Stage 2)	11 April 2025
Detailed Design (Stage 3)	9 May 2025
Technical Design (Stage 4a)	06 June 2025
Production Information for Cladding (Stage 4b)	18 July 2025
Planning and Building Warrant Approvals (Cladding) (end of approval period)	29 August 2025
Decant Strategy and Phasing Plan	25 April 2025
Planning and Building Warrant for Temporary Accommodation	19 September 2025
Enabling Works for Temp Accommodations (complete by)	24 October 2025
Install Temporary Accommodation (complete by)	30 January 2026
Decant to Temporary Accommodation	20 February 2026 2025
Construction of Cladding Solution (Stage 5)	February 2026 to November 2026
Project End	February 2027

### 8.2 Key Programmes

To ensure a project is progressing as intended, programmes contain planned project activities allowing for traceability and comparison to a pre-defined timeline.

#### 8.2.1 Master Programme

The Master Programme is developed by the Project Manager and includes high-level project stage details from inception to completion including activities which are part of the contract and executed post handover. Next to project activities, critical decision dates are highlighted noting key time constraints.

The Master Programme can be found in Appendix B.

## 9. Risk Assessments and Register

The primary contact for risk management matters on the project will be NHS Shetland. A Risk Register has been compiled and will be updated regularly through the hosting of Risk Review workshops. The Risk Register can be found in Appendix C.

### 9.1 Overview

Risk management is a process that allows individual risk events and overall project risk to be understood and managed proactively, optimising success by minimising threats and maximising opportunities and outcomes.

Risk management is focused on anticipating what might not go to plan and putting in place actions to reduce uncertainty to a tolerable level.

Risk can be perceived either positively (as opportunities) or negatively (as threats). A risk is the potential of a situation or event to impact on the achievement of specific objectives.

The Risk Management process looks to ensure that

- project risks are clearly identified,
- their potential likelihood and consequences are assessed and
- appropriate risk mitigations are identified and implemented to reduce or eliminate the risk.

The project risk management process reflects the dynamic nature of project work, capturing and managing emerging risks and reflecting new knowledge in existing risk analyses and is an iterative process.

The risk register is used to document risks, assess risk likelihood and consequences, plan mitigations, and to assign clear ownership of the risk and the mitigating actions.

The risk register is reviewed and updated on a regular basis to ensure mitigations remain effective, and to continually reassess risks as the project develops.

A Risk Report will be provided to the Gilbert Bain Cladding Remedials Programme Board at each meeting.

## 9.2 Key Issues to Consider

- What are the Project objectives and constraints?
- What is the Client's attitude to risk?
- Who are the key stakeholders?
- What is the size and complexity of the project?
- Does the Client have any existing risk management processes in place?

## 9.3 Key Activities

### 9.3.1 Project Context & Objectives

- Agree Project objectives and constraints
- Determine Client's attitude to risk
- Identify key stakeholders
- Identify any existing risk management processes in place

### 9.3.2 Risk Identification

Hold Risk Workshops which are attended by the project team to:

- Confirm project context and objectives
- Identify risks
- Provide an open forum for discussing the project and the inherent risks
- Identify the Cause and Effect of risks

### 9.3.3 Risk Analysis

- Identify impact on project and prioritise (High, Medium or Low)
- Identify likelihood of occurrence (High, Medium or Low)
- Identify cost impact of each individual risk
- Establish likelihood of all identified risks occurring in project lifetime
- Recommend figure for client contingency

## 9.4 Risk Management

- Identify methods of eliminating risk
- Establish best method of mitigating risk (share, bear or transfer)
- Establish best team member to own the risk
- Agree and record specific mitigation actions
- Agree regular review process
- Mitigate and utilise a risk strategy in accordance with the chosen form of contract

## 9.5 Risk Register

**The Project Team, supported by the Cost Manager and Project Manager will be responsible for managing the Risk Register.**

This Risk Register will cover all perceived risks to the Project and will be updated regularly in a controlled and inclusive manner. This will be an exercise focusing on the management and mitigation of the identified risks.

NHS Shetland is the owner of the Risk Register. Thomson Gray and in later stages the contractor shall jointly input to the Risk Register.

The Risk Register should incorporate all risks associated with the various aspects of the project. Whilst Health and Safety may not be identified as a risk separately in its own right, any Statutory Legislation or Health and Safety items that may result in a cost or time risk may be added to the Register. Responsibility for risks identified in it will be allocated and identified on the Register.

The Risk Register should be subject to continuous review and updating by the whole Project Team/Supply Chain as provided for in the Risk Management requirements/ process identified within the chosen form of contract.

The Risk Register is a key project control document. All high priority risks should be reviewed with a general overview provided on all other risks to ensure that either individually or cumulatively their impact on the project is not escalating in respect of their effects on the project to the extent they become a high priority.

Risk workshops including the key NHS Shetland stakeholders/ users and the project team will capture and assess the risks. Risk Action Plans will then be required to be prepared by the allocated Risk Manager of each risk.

## 10. Cost Management and Control

Project Control and Cost Control is the joint responsibility of all members of the Project Team. However, the Project Manager and Cost Advisor have specific responsibilities to manage, monitor and report on cost status throughout the project life cycle.

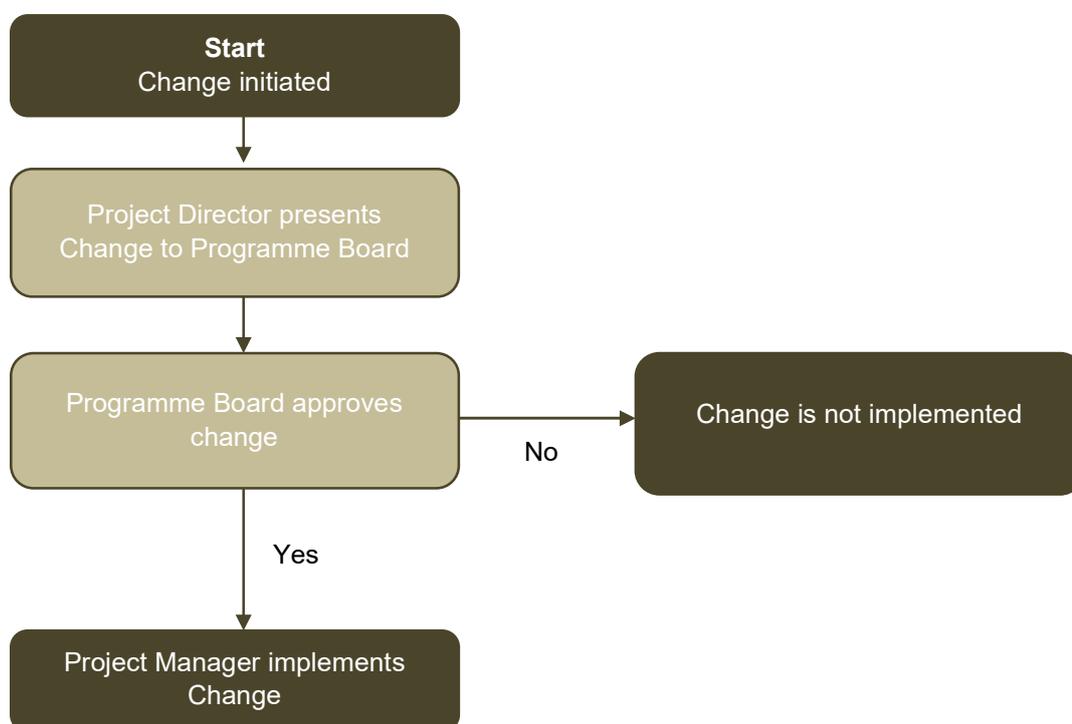
The Cost Advisor (Thomson Gray) will have significant input into the development of the Procurement Strategy and cost estimates during the project.

Thomson Gray will prepare budget estimates for the Options appraisal exercise and will produce a cost report to capture the relevant details of this exercise. As the design and specification are developed, cost estimates will be updated to accurately record movement in costs plans and budgets.

## 11. Change Management and Control

Once the project progresses to the design and construction stages, a comprehensive change management process will be applied and managed through Thomson Gray.

The following Flowchart demonstrates a high-level process further developed once applicable.



## **12. Health and Safety**

### **12.1 Introduction to Health and Safety**

Health and Safety is fundamental for the successful delivery of a project. During the construction Stage, all internal and external stakeholders must ensure Health and Safety when accessing the current hospital sites.

During later stages, Health and Safety tools such as Construction Health & Safety Plan, Health and Safety File and Safety reports will be implemented to ensure a safe environment for all parties involved.

## **13. Payment Procedures**

### **13.1 Procedure**

Thomson Gray will report on all financial matters including the reporting of project costs, together with payment recommendations for all expenditure incurred on the project which is derived from the project budget.

## **14. Appendices**

Appendix A – Project Directory

Appendix B – Master Programme

Appendix C – Risk Register

## **Appendix A: Project Directory** (see attached)

## **Appendix B: Programme** (see attached)

## **Appendix C: Risk Register** (see attached)