



Capital Process, Procedure & Quality Policy (Estates & Facilities)

This is a new procedural document: please read in full.

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	17 March 2021	This is a new procedural document, please read in full	A White

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The contents of this Policy refer to the Capital Process Map, which can be found in Appendix 1.

The Capital Process Map provides an at a glance guide to the stages referenced in this document which are also linked into the RIBA stages of works.

Definitions:

Procure 21+/Procure 22 – Department of Health contractor framework for major capital projects

* Product or Company naming convention

1 INTRODUCTION

This procedural document highlights the Estates and Facilities Capital Projects Team Process & Quality Process. It is intended to outline the requirements of the Capital Planning Team roles and responsibilities in the delivery of strategic management and control of capital projects and associated quality requirements affiliated to the Trust financial processes and guidelines and wider NHSi/NHS England and Royal Institution of British Architects (RIBA)/Royal Institution of Chartered Surveyors (RICS) procurement and contractual guidelines.

2 PURPOSE

The purpose of the Capital Process and Quality Policy is to document and formalise the requirements of the Capital Planning Team (CPT) in the application of the capital programme and provide guidance and control mechanisms with regards to cost, quality and time in the carrying out of the Trust's capital programme.

The guidance contained within the associated processes are commensurate with Trust policy and Standing Financial Instructions (SFIs) and have been developed in line with RIBA plan of works as noted above. (See Appendix 2)

There may be projects where Department of Health Procure21+/Procure22 (Department of Health Procurement Framework for Major and Minor Capital works) is utilised and consequently where the stage references differ these will be referred to. The Capital Projects Team requirements with regards to Quality, Cost and Time, still apply but the DoH P21+/P22 Framework do supply their own process forms which the Trust follows commensurate with the requisite New Engineering Contracts (NEC) contract protocols.

The purpose of this document is also to provide guidelines and expectations with regards to quality benchmarks.

3 DUTIES AND RESPONSIBILITIES

Whilst it is incumbent upon all staff within Estates and Facilities, with responsibilities in connection with Capital Projects, to comply with the requirements of this Process, key personnel have particular responsibilities as follows:

3.1 Head of Capital Projects

To author and implement the process and determine appropriate resourcing in order that the requirements of the process can be achieved within the overall mission statement and goals of the team and the wider Estates and Facilities function.

To carry out a periodic review of the process in order to update in connection with changes in delivery or any other financial or quality related issues.

3.2 Capital Project Team Members

Project management personnel are internally appointed to deliver capital schemes and carry out other support works, to deliver feasibility and cost advice to our Trust's Divisions and Departments.

3.3 Capital Project Team – Externally Appointed Team

The Head of Capital Projects will appropriate the requisite staffing in order to deliver the schemes to include the appropriate design delivery teams, which will be chargeable to each project, including architect, mechanical and electrical design, quantity surveyors, structural engineers, principle designers and clerk of works etc.

The Capital Projects Team is a project management function with no internal design capability. The team is therefore made up of project management personnel and other external advisors dependent upon the stage of each project.

Funding will be set aside annually to assist in the delivery of feasibilities in connection with approved Capital Project Initiation Documents (CPIDs) including architectural support and cost advice (QS) for budgetary purposes.

Further QS support will also be required to assist with monthly cash flow and potentially accruals depending upon the volume of work at the time.

4 PROCEDURE

4.1 Strategic Definition (Stage 0) & Preparation & Brief (Stage 1)

Core Objectives (Stage 0): Identify Trust Division strategic and other core project requirements

Core Objectives (Stage 1): Develop Project Objectives including Quality Objectives and Project Outcomes, Sustainability aspirations, Project Budget, other parameters or constraints and develop initial Project Brief. Undertake Feasibility Studies and review of Site Information

The Trust's Division/Department will identify its corporate priorities and business planning requirements within the Annual Plan linked to National, Regional and DBTH objectives. At the appropriate time of the year in terms of planning, the Division/Department will identify its key priorities which have capital implications and complete a **Capital Projects Initiation Document** (CPID). The CPID must be signed and approved by a member of the Division's senior management team and then sent electronically to the Estates and Facilities Capital Projects team administrator. The CPID will then be reviewed by the Executive Directors of Finance and Strategy & Transformation to validate that the request remains aligned to the Trusts strategic plans. If approved the Capital Projects Team (CPT) lead will apportion resource to carry out feasibility with associated cost plan. (The CPT provide capital project and management support to the Trust and design team functions are externally sourced through architects, building surveyors, quantity surveyors, structural engineers, principle designers etc.)

The feasibility once approved may include Architect's proposals and Quantity Surveyor's cost plan.

Initial feasibilities must include reference to the Trust Division/Departmental objectives and also consider relevant impact on other divisions and departments where appropriate. Other key stakeholders must be considered as part of the initial feasibility although some will only need to be referred to as the scheme progresses. Initial reference at this stage must be made to the Estates Operational Team, to ensure that the proposal takes cognisance of Mechanical and Electrical elements as this will constitute a significant percentage of the cost of carrying out the works.

The cost plan must also include all extraneous elements of the project including the following:

- Abnormal (Additional considerations peculiar to the location of the works. E.g.: contaminated land, poor loadbearing capacity of the sub-strata)
- IT and Data
- Contingency and optimism bias
- Inflation pricing to mid point of the proposed construction of the works
- Furniture, Fittings and Equipment (FF&E)

- Fees
- VAT where applicable allow the full 20% at feasibility stage but the project may be subject to discounted VAT elements once the scheme progresses. Refer to the Trust VAT liaison advisor, finance and Quantity Surveyor (QS) in making this assessment.

All allowances to be commensurate with BCIS schedule of rates and VAT allocations to ensure that requisite consideration has been taken of elements of reclaim where possible. Where this is not known at the time the budget to allow for the current rate of taxation as noted above.

All projects to be accompanied with a draft programme to ensure adequate time is allocated within the planning process and adjusted to allow for any changes within the approval process. The programme must also be agreed by the Trust division/department and Trust Executive.

Feasibilities will then be confirmed to the Trust Division/Department for inclusion within a Business Case which will be designated either above or below the £50k approval threshold.

Once a project is approved to the feasibility stage it becomes a 'Proposal' and allocated a 'P' reference number which is recorded within the CPT projects folder. This represents unfunded works at this stage and projects may be divided into minor (below £50k) and major projects (above £50k). The CPID must be stored within the requisite Proposals folder along with other significant and associated documentation including the Business Case to which the works relate, where appropriate.

In accordance with good practice, adequate time must be allowed to develop the scheme including agreeing the programme for overall delivery which allows for the requisite decision points within the Trust's financial planning regime, which allows the project to be delivered in time to achieve the Divisional/Departmental objectives and associated benefits realisation, Cost Improvement Programmes or other external targets affiliated to Care Quality Commission or JAG for example. The Trust Division/Department must communicate to the Capital Projects Team their key deliverables in terms of timescales etc. which must be reasonable and achievable.

The CPT will provide the 'Estates Annexe' for each business case which will include the feasibility design, cost plan and consideration with regards to programme. The CPT must confirm that the proposals at this stage are both reasonable and achievable. The CPT will not comment on the clinical case of need and will not author the business case if it is clinical in nature.

The business case must include consideration of lifecycle costing and any revenue implications including pre-planned maintenance for new plant, prospective facilities costs and energy. The business case must also take cognisance of changes to the capital charges of the affected assets, valuation of the asset, depreciation and any impairment where appropriate.

Once completed the Business Case must be presented to the Estates Capital Committee (ECC) and then the Corporate Investment Group (CIG). The funding stream must be identified at this stage which will either be:

- Current year's agreed capital programme
- Following year's agreed capital programme
- Charitable funding
- Contingency

Relevant Capital Projects Team Documentation and Process Forms:

CPT 0 − 01 CPID

4.2 Concept Design (Stage 2)

Core Objectives: Prepare concept Design, including outline proposals for structural design, building services systems, outline specifications and preliminary Cost Information along with relevant Project Strategies in accordance with Design Programme. Agree alterations to brief and issue Final Project Brief.

Concept design will commence when the project has been approved by the Trust Board and funding stream agreed. The project will then be allocated a project number commencing with the year that it was approved, e.g.: 19001. The project folder will then be set up including the standard structure and including the relevant sub-folders and each project manager will ensure that this is kept up to date and current. In terms of Stage 2 the duties of the CPT will be as follows:

Stakeholders

- Agree the relevant stakeholder team with the Trust Division/Department
- Check design against critical success factors, initial benefits realisation
- Provide regular updates to stakeholders
- Agree accommodation requirements with appropriate Space Utilisation strategy team and determine schedule of accommodation

Delivery

- Budget sourced through the feasibility fund and recorded within the feasibility tracker, to include architects, Quantity Surveyor (QS) and other related fees.
- Engage framework design team for Architect and QS and Mechanical & Electrical (M&E) if required.
- Propose procurement route
- Determine Project roles

Quality

- Initiate discussions with Infection control, Fire Safety, Estates Operational teams, Health & Safety, Facilities etc.
- Consider Dementia, Patient Led Assessment of the Care Environment (PLACE), Hospital Technical memorandum (HTM), Hospital Building Note (HBN), Building Regulations and best practice in design and appropriate application
- Carry out measured surveys and topographical surveys where appropriate and obtain as built information where available from the Estates & Facilities
 Directorate.

Risk

• Initiate risk register to inform Business Case

Cost

- Advice Financial Accounts of likely cash flow requirements
- Develop cost plans to determine initial pre-tender estimate
- Carry out value engineering where required as good practice during the evolution of the project design and initial feasibility

Programme

- Agree programme to reach tender and activity schedule
- Determine key aspirational programme dates which tie into business plans and key operational requirements/compliance etc.
- Division/Department to approve initial feasibility design

This stage is critical to set out the boundaries of the scheme and the principles which will drive the design. Regular reference to a cost plan must be made to control scope and reference the budget within which the scheme must be delivered.

Establish the site information available to inform the design including topographical surveys, existing service drawings and establish standardisation of components and specific incumbent suppliers which need to be co-ordinated.

All design consultants to be encouraged to work with 'design integrity' which is defined as designing something that will work with regular on site checks to reference design with installation.

Key considerations during design and which must be agreed and referenced include quality of component and installation, serviceability and ease of maintenance, innovation and sustainability. With regards to quality it must also be noted that out of sight is not out of mind and the Trust require consistent standards throughout whether below or above the ceiling.

Relevant Capital Projects Team Documentation and Process Forms:

To be added

4.3 Developed Design (Stage 3)

Core Objectives: Prepare Developed Design, including coordinated and updated proposals for structural design, building services systems, outline specifications, Cost Information and Project Strategies in accordance with Design Programme.

In terms of Stage 3 the duties of the CPT will be as follows:

Stakeholders

- Negotiate impact on other clinical areas, decants, shut downs of electrical, water, gas, IT etc.
- Keep all stakeholders informed of progress, impact and programme
- Liaise with Operational Estates on design and specification

Delivery

- Procure works
- Monitor design progress against programme
- Check designers are engaging stakeholders
- Planning, Building Regulations and Building Research Establishment Environmental Assessment Method (BREEAM) applications
- Fire Safety Advisor and Authorising Engineer (AE)
- Ensure contractor includes training in commissioning etc.

Quality

- Check design delivers critical success factors
- Chair and minute regular design meetings with designers and stakeholders
- Write project execution plan
- Include MiCAD* and Planet FM* requirements and updates

Risk

· Review and update risk register

Services

- Carry out services survey, measurement and quantify services work to be carried out
- Carry out asbestos surveys
- Carry out Fire Safety surveys
- Determine extent of BIM requirements

Cost

- Prepare elemental pre tender estimate for project with assistance from external cost advisor
- Carry out value engineering where required

Programme

 Set detailed programme including commissioning (Estates and Facilities and Operational) and project evaluation

Relevant Capital Projects Team Documentation and Process Forms

• To be added

4.4 Technical Design (Stage 4)

Core Objectives: Prepare Technical Design in accordance with Design Responsibility Matrix and Project Strategies to include all architectural, structural and building services information, specialist subcontractor design and specifications in accordance with Design Programme.

In terms of Stage 4 the duties of the CPT will be as follows:

Stakeholders

- Submit F10 to Health & Safety Executive (HSE)
- Check H&S duties of Trust have been discharged
- Publicise works internally (Buzz) and externally media
- Provide regular updates to stakeholders

Delivery

- Ensure Construction Design & Management (CDM) services in place
- Check tender package against project brief
- Tender the works
- Appoint contractors Set up on Reset
- Provide monthly highlight reports to project boards and for the Monthly Capital Status Report which is prepared for the Capital Monitoring Committee.

Quality

- Engage site supervisors/clerk of works if works are of appropriate value
- Develop detailed works information packages
- Develop detailed specifications
- Quality check drawings deliver critical success factors

Risk

- Evaluate risk level, mitigate and actions
- Assign risks to Trust/contractor
- Arrange insurance and warranties
- Hold risk workshops

Services

- Ensure orders placed for all services and building items with long lead in periods
- Carry out clash detection and other 3D modelling requirements

Cost

- Agree final tender value and alignment with budget
- Evaluate tenders
- Check affordability of tender returns against business plan budget
- Carry out value engineering where required

Programme

- Check programme against critical success factors
- Agree contract programme and activity schedule

Relevant Capital Projects Team Documentation and Process Forms

To be added

4.5 Construction (Stage 5)

Core Objectives: Offsite manufacturing and onsite Construction in accordance with Construction Programme and resolution of Design Queries from site as they arise.

In terms of Stage 5 the duties of the CPT will be as follows:

Stakeholders

- Ensure planning and Building Regulation approval in place
- Ensure Fire Safety approval in place
- Regular liaison with stakeholders impacted by the works
- Carry out stakeholder H&S briefing
- Provide regular communications update with photos (Buzz)
- Include designated/appropriate stakeholders in site meetings

Delivery

- · Check contract is executed before start on site
- Monitor issue of design information
- Ensure progression of contract deliverables

Quality

- Ensure contractors use Reset log on
- Chair and minute regular project and monthly progress meetings on site with designers and contractor
- Ensure project progress photographs are taken and issued
- Receive and review Supervisor's/Clerk of Works reports and closes out issues arising

Risk

- Value risks and add to register
- Discharge construction phase Trust's duties of CDM regulations Services
- Complete any outstanding intrusive services/structure/ asbestos surveys/ Fire surveys requiring access
- Carry out asbestos abatement
- Carry out Fire Safety works as required

Cost

- Monitor costs against budget
- Provide cost report to Head of Capital and project boards each month
- Agree any project variation cost with Director of Finance via Head of Capital Projects

- Issue Architects Instruction (Al's)/Compensation Events (CE's)
- Escalate issues to Head of Capital Projects

Programme

- Agree contract programme
- Monitor and manage construction progress against programme
- Issue/Review early warnings/risks arising
- Escalate issues to Head of Capital Projects

Relevant Capital Projects Team Documentation and Process Forms:

- CPT 05-01 Project Directory
- CPT 05-02 Project Status Report
- CPT 05-03 Change Control

4.6 Handover and Close out (Stage 6)

Core Objectives: Handover and building and conclusion of Building Contract.

In terms of Stage 6 the duties of the CPT will be as follows:

Stakeholders

- Check all planning conditions discharged
- Provide regular updates to stakeholders

Delivery

- Complete commissioning checklist and obtain signature of lead project sponsor
- Carry out training of operations staff

Quality

 Ensure commissioning test data, operational and maintenance information, drawings and Revit model received

Risk

- Evaluate risk register is complete
- Inform stakeholders of residual risks

Services

- Update MiCAD with as built services and building information
- Update Fire Safety information
- Ensure asset tagging has taken place
- Ensure warranties in place

Relevant Capital Projects Team Documentation and Process Forms:

- CPT 06-01 Commissioning Schedule
- CPT 06-02 Snagging Schedule

4.7 In use (Stage 7)

Core Objectives: Undertake In Use services in accordance with Schedule of Services.

In terms of Stage 7 the duties of the CPT will be as follows:

Stakeholders

- Carry out project evaluation (six months after hand over) and feedback to PM team
- Carry out further project evaluation 12 18 months after handover to measure user experience against critical success factors

Quality

- Review 12 month defects and issue completion notice
- Inform Helpdesk that 12 month defects period is in place

Programme

Review and release retention

Relevant Capital Projects Team Documentation and Process Forms:

- CPT 07-01 Post Project Evaluation
- CPT 07-02 Contractor Evaluation
- CPT 07-03 Consultant Evaluation

5 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The ongoing performance of the Capital projects Team will be monitored and reported via the Estates Capital Committee and Capital Monitoring Committee which meet monthly.

Monthly Status reporting will be provided by the Head of Capital Projects to include but not restricted to the following:

- Reports on key schemes
- Status of current proposals and feasibilities
- Business Cases
- Cash flow
- Cost planning
- Risk
- Frameworks
- Strategic Issues
- NHSi bids

6 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

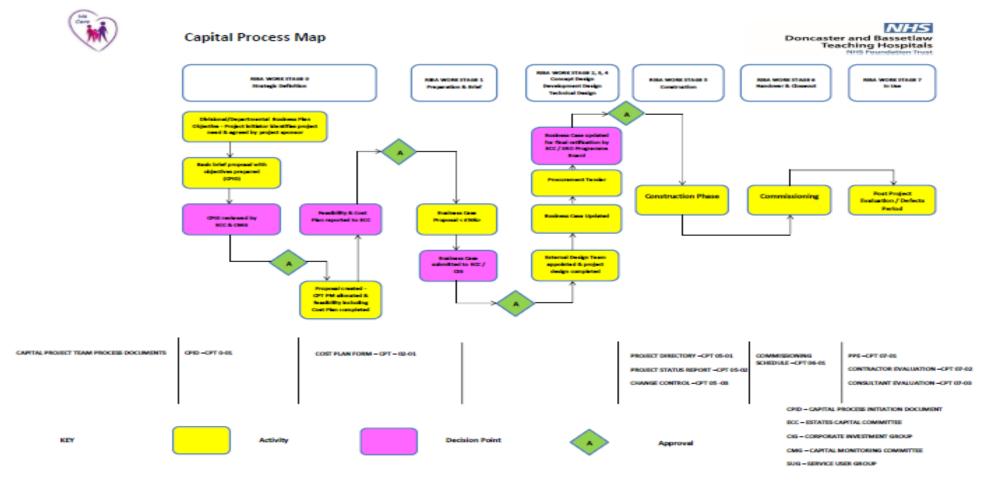
The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

7 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Finance
- CORP/FIN 1 (A) Standing Orders Board of Directors
- CORP/FIN 1 (B) Standing Financial Instructions
- CORP/FIN 1 (D) Fraud, Bribery and Corruption Policy and Response Plan
- CORP/FIN 8 Charitable Funds Policy
- CORP/EMP 4 Fair Treatment for All Policy
- CORP/EMP 27 Equality Analysis Policy
- Procurement
- CORP/PROC 8 (Procurement Policy) Policy and Guidance for the Procurement of Goods, Services and Works
- Estates Standard Operating Procedures:
 - ESOP11 Contractor Management
 - ESOP02 RESET System Management
 - ESOP12 Asbestos Management
 - ESOP13 Asbestos Capital Works
 - ESOP14 Safe Working in Ceiling voids & Risers
 - ESOP17 Asbestos Survey-Clearance Information
 - ESOP18 MICAD Asbestos Register

APPENDIX 1 – CAPITAL PROCESS MAP

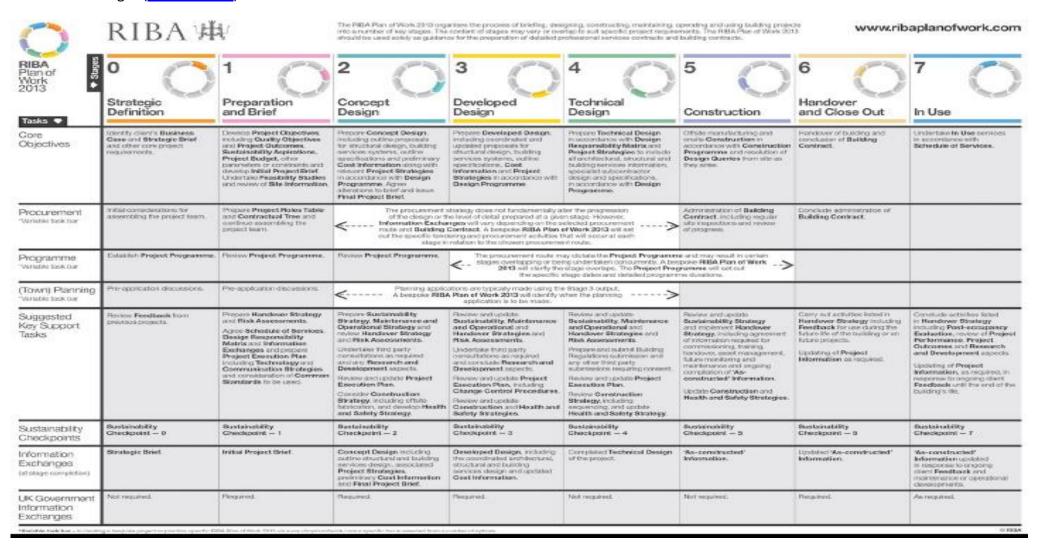
Capital Process Map - (magnify here)



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APPENDIX 2 – RIBA STAGES

RIBA stages (magnify here)



APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Estates and Facilities	Mr H Timms/	New	09/03/2020
	Mr A White		
		Estates and Facilities Mr H Timms/	Estates and Facilities Mr H Timms/ New

- 1) Who is responsible for this policy? Estates and Facilities
- 2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? To ensure compliance with Capital Process and Procedures and associated Trust policies and procedures and related committees etc (SFI's, Capital Monitoring Committee and Estates Capital Committee and CIG and compliance with Trust strategic business plans. Aligns with RIBA Plan of Work and also targets an optimal quality benchmark.
- 3) Are there any associated objectives? Procedural efficacy and quality improvement
- 4) What factors contribute or detract from achieving intended outcomes? Trust Staff and External Agency Awareness and Compliance.
- 5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No
 - If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] N/A
- 6) Is there any scope for new measures which would promote equality? [any actions to be taken. N/A
- 7) Are any of the following groups adversely affected by the policy?

Protected Characteristics Affected?		Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	
f) Maternity/Pregnancy g) Race h) Religion/Belief i) Sexual Orientation	No No No	

8) Provide the Equal	ity Rating of the service	/ function /policy / project	/ strategy – tick (√) outc	ome bo
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	

*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27

Date for next review: April 2023

Checked by: H Timms Date: March 2020