



Chief Operating Officer, NHS Scotland

John Burns, Chief Operating officer

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Dear Colleague

NHS SCOTLAND: Whole System Infrastructure Planning

This letter introduces a new approach to strategic infrastructure planning and investment across NHSScotland. It requires each NHS Board to prepare and submit to the Scottish Government, a Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Individual capital projects will not be considered for investment by the Scottish Government until a PIA has been approved by the respective NHS Board and the Scottish Government.

NHS Boards will no longer be required to prepare and annually update a Property and Asset Management Strategy, as currently required by CEL35 (2010). The PIA will also constitute the first step in the business case process, thus enabling individual capital investment projects to proceed straight to Outline Business Case stage, once agreed with Scottish Government. This also replaces the requirement for Initial Agreements to be submitted for individual capital investment projects, as currently stipulated by the Scottish Capital Investment Manual. A new Scottish Capital Investment Manual document is available to assist NHS Boards in the preparation of their Programme Initial Agreement (see Annex).

The first planning phase will be to develop a maintenance-only business continuity investment plan based on a risk-based assessment of the Board's existing infrastructure. The investment plan will aim to mitigate against inherent risks associated with existing infrastructure, meet environmental sustainability standards, and provide the necessary accommodation for service delivery needs. This is referenced as the Do Minimum Option within the PIA guidance document.

The second planning phase will be to develop a longer-term service-informed infrastructure investment strategy – referenced as the Preferred Way Forward Option in the PIA guidance document. It is recognised that NHS Boards may be at different stages of planning and some may need more time than others to develop this; however, existing Clinical Strategies and Medium Term Plans can be used to inform this exercise. Further planning guidance may also be forthcoming on the development of long term plans for Scotland, which will also help to

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Addresses

For action

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Executives
NHS Directors of Finance
Directors of Planning
Directors of Estates and
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For information

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inform this planning exercise. The Preferred Way Forward will also need to take account of any regional and national service plans.

Investment plans for both options will need to be prioritised to reflect realistic expectations of available capital and revenue funding. The Health Infrastructure and Sustainability Division at Scottish Government will advise NHS Boards on appropriate funding assumptions to be made.

NHS Boards shall submit their Do Minimum Business Continuity Option to the Scottish Government by 31st January 2025. The whole-system PIA, which incorporates the Preferred Way Forward Option, has a subsequent target date for submission of 31st January 2026. Earlier submissions may be possible, subject to prior agreement with the Scottish Government. The PIA shall then be regularly reviewed by the NHS Board, with any material changes reported to the Scottish Government on an annual basis. The PIA will be updated and resubmitted to Scottish Government for further approval every 5 years from the anniversary of first submission, or sooner if requested by Scottish Government.

Your sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke underneath.

Richard McCallum
Director of Health and Social Care Finance, Digital & Governance

A handwritten signature in black ink, appearing to read 'J Burns', with a long horizontal stroke underneath.

John Burns
NHS Scotland Chief Operating Officer

SCOTTISH CAPITAL INVESTMENT MANUAL

Programme Initial Agreement for Whole-System Infrastructure Planning

1 Whole-System Planning

1.1 What is it?

A whole-system strategic service and infrastructure plan set within this planning context will take a holistic perspective on all aspects of an NHS Board's responsibilities, as well as the needs of the people and communities that it serves. The aim is to identify how services and infrastructure can be best-arranged to support current and future organisational, patient, and community needs. A Board's Clinical Strategy will already set out the vision and approach to delivering change, and each locality will have developed, or be in the process of developing, their own intentions for the future of their local communities. This strategic planning exercise will thus confirm how these can be implemented from both a service and infrastructure perspective. The outcome will be a whole-system change plan with an accompanying prioritised infrastructure investment plan, including a do minimum maintenance only option.

1.2 Why are we doing it?

Too often in the past, business cases have focussed on the need for a new building to replace an older one. Investment decisions have also tended to be prioritised towards projects which are more advanced in their development rather than on their prioritised need. This has resulted in a pipeline of individual investment proposals which do not necessarily represent a Board's, community's or country's whole-system priorities. Board's whole-system strategic plans, as required under this new approach, will require Boards to plan on the basis of a number of scenarios, including a do minimum maintenance only plan. These will reflect realistic assumptions around funding availability and are informed by a comprehensive assessment of risk and opportunity to improve.

1.3 What is the planning timeframe?

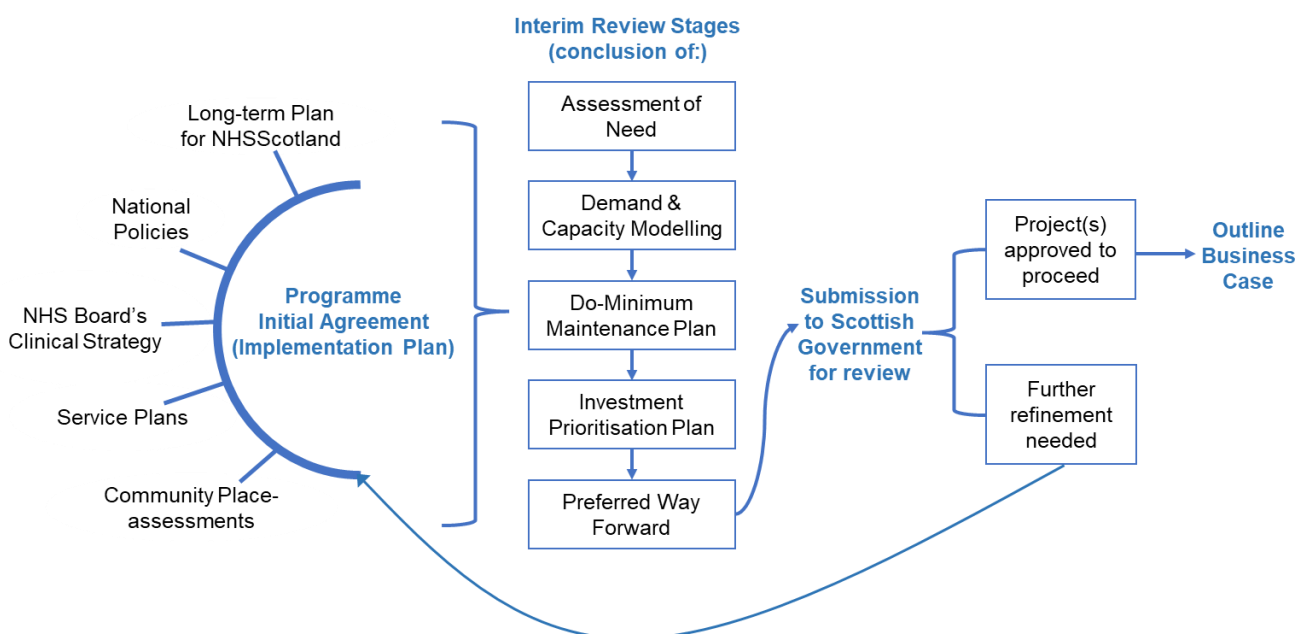
The presumed planning timeframe for the whole-system service and infrastructure plan will be 20-30 years; dependent upon the depth of investment ambition and realistic presumption of available funding. Such a long period is necessary when planning for infrastructure-based change due to the long lead-in time for property

investment projects. Investment projects proposed for the first 10-years of the plan will be more clearly defined in terms of scope of works and link to the Board’s direction of change than those to be progressed in later years.

1.4 How will it work?

A Programme Initial Agreement will be prepared by each NHS Board which sets out its evidence-base, decision-making processes, and proposals for whole-system service and infrastructure change. This Scottish Capital Investment Manual provides the guiding structure of what is expected from the planning exercise, plus the information and outputs that are to be produced. This Manual does not provide detailed instruction of how to complete each section, as this will be determined by the existing planning status and needs of each NHS Board. Scottish Government representatives should be contacted to provide additional advice on the expected scope and depth of information and outputs to be produced.

The following diagram, and subsequent text, sets out the framework taking each NHS Board from the development of a Programme Initial Agreement through to Outline Business Case stage for individual projects:



NHS Boards will work collaboratively with stakeholders to develop their strategic service and infrastructure implementation plans; including consultation with Health

Improvement Scotland on the appropriateness of any necessary public engagement proposals. Interim review meetings will take place with the Scottish Government at key planning development stages (see diagram). This will be an opportunity to share knowledge and shape strategic thinking about the work in development and adoption of any other regional or national planning work being developed.

Once the Programme Initial Agreement is complete, it will be submitted to Scottish Government for review and further discussion. This will result either in recommendations for further refinement of the plan, and/or agreement to the plan.

The decision to progress an individual project (or projects) towards Outline Business Case (OBC) stage will be determined by Scottish Government as part of the process of approval of the Programme Initial Agreement. Early liaison with independent governance review processes will be required at commencement of an OBC i.e. the NHS Design Assessment Process (NDAP) and Key Stage Assurance Reviews (KSAR).

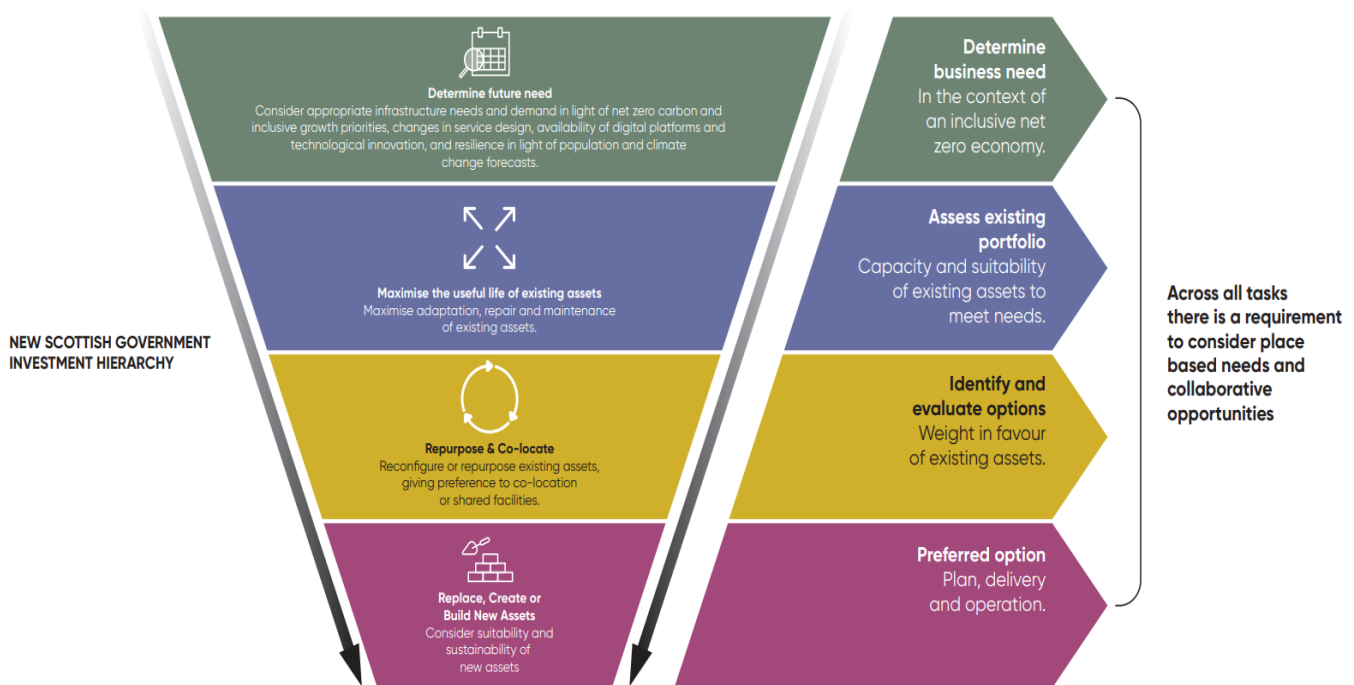
The Board's Programme Initial Agreement should be reviewed on an annual basis by each Board and any material changes notified to Scottish Government. The full Programme Initial Agreement will require to be updated and resubmitted every 5 years from the anniversary of first submission, or sooner if requested by Scottish Government.

2 Reform through Existing Infrastructure

It should be presumed that the majority of service reform plans will utilise existing infrastructure in order for NHS Boards to be able to tackle their short-to-medium-term service pressures. This is because delivering new infrastructure is expensive, takes many years before they become available for use, and the replacement of existing infrastructure conflicts with Scotland's net zero sustainability and circular economy objectives.

Scottish Government’s investment hierarchy (see diagram below) requires organisations to demonstrate that the continued use or repurposing of existing public sector assets has been considered first before determining that a replacement or new build is required. A Do-Minimum Maintenance Only investment plan (described later in this Manual) will thus be an important outcome of this planning exercise, as it will further demonstrate the investment needed to maintain the useful life of existing infrastructure whilst longer term replacement plans are being prepared.

Scottish Government’s Investment Hierarchy



3 A Programme Initial Agreement

3.1 Purpose

The purpose of a Programme Initial Agreement (PIA) for the whole-system planning exercise is to present the evidence behind the need for change, and to explain how the preferred way forward was determined. The expectation is that this will lead to a need for some infrastructure investment to enable that change to occur. The case for investment will need to be demonstrable, convincing and set within a realistically and affordable planning and funding parameters.

3.2 Guidance on drafting the Programme Initial Agreement

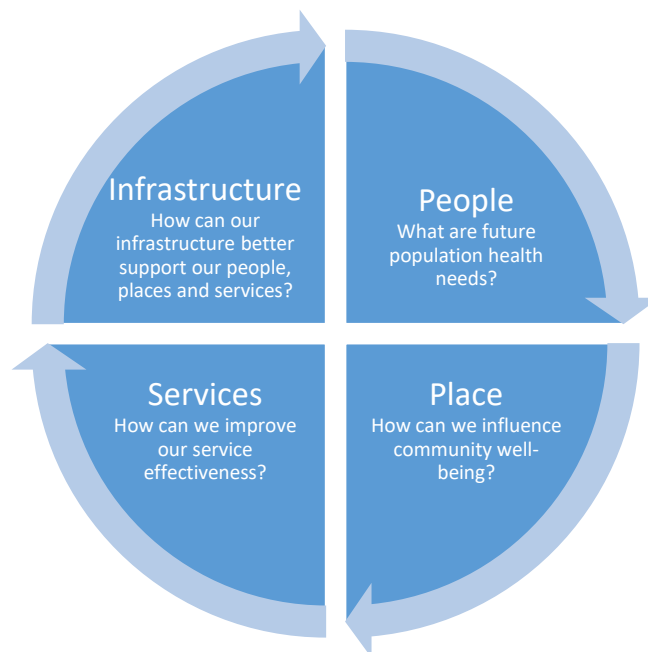
This guidance is structured in a similar manner to the Initial Agreement guidance for single projects, with the 5-case model at its core. However, it is intentionally not as descriptive so that it can be adapted to each Board's unique planning circumstances. It provides a general indication of what needs to be done to develop a whole-system plan and to produce a Programme Initial Agreement document. The quality of the processes followed should be evident from the presentation of the final document.

The 5-case model is split into three distinct stages to reflect the main planning processes that need to be followed. The first stage is the assessment of need for change (Strategic Case), the second is to identify a preferred way forward after considering a range of possibilities (Economic Case), and the third is to develop a realistic investment and implementation plan (Financial, Commercial and Management Case). The requirements for each of these stages is discussed:

4 Assessment of Need (Strategic Case)

The need for change will consider opportunities to improve the way things are currently done, resolve issues with existing arrangements, and respond to new government policies and other change influencers.

The assessment of need will focus on four key areas, as illustrated in the diagram below. This should start with an assessment of future health, care and well-being needs of the people served by the organisation, before then reflecting on the needs of communities (place), service provision, and infrastructure requirements.



4.1 People

A Board's whole-system strategic plan will need to demonstrate an understanding of people's health, care and well-being support needs; how this might change in the future; and how this could be improved by focussing attention towards changes in preventative measures, early-diagnosis, intervention, treatment, and after-care services. Equitable and ease of access to services also needs to be considered.

Evidence is required of service demand analysis covering the next 20+ years, and the associated functional capacity requirements of supporting property infrastructure.

4.2 Place – a one-public-sector approach

Health infrastructure must be developed with the needs of the communities that it serves in mind in order to create better 'Places'. In order to achieve this, Boards will, in the first instance, need to gather intelligence on the need and opportunity to be gained from supporting and enhancing the population health and socio-economic characteristics of each place and community it supports, including:

1. Reasons why a community needs to change?
2. How investment in health infrastructure can support that change?
3. What other plans, actions and support are being offered by other public, private, voluntary and community bodies which could impact on each Place?

A Place Standard Guide (www.ourplace.scot/tool/place-standard-guide) is available to support and begin such an assessment.

At this strategic planning stage, the intention is to undertake an initial scoping exercise to gather sufficient evidence of the comparative need for population health and socio-economic change, and/or opportunity for enhancement, between different places. The aim is to support the prioritisation of investment decisions which are influenced by their impact on a Place. A full Place Standard assessment may be required upon instruction from the Scottish Government when an investment proposal is approved for progression to Outline Business Case development.

A comparative assessment is required of the population health and socio-economic need for change, and/or opportunity for enhancement, between each place and community it supports.

4.3 Services

Whilst NHS Boards may naturally focus on the services that they directly provide, consideration should also be given to how improved collaboration with other NHS Boards, local authorities, the voluntary sector, private partnerships, care homes and other agencies, work together with the common aim of supporting the health, care and well-being of local people and communities. The whole-system plan will thus investigate the challenges and opportunities associated with the quality and effectiveness of service provision, and how this might be affected by the way in which they are designed, sized, arranged, located and /or accessed.

A whole-system review is required of the design, arrangement and effectiveness of the NHS Board's whole system. The aim will be to identify opportunities for change and improvement, irrespective of whether they are linked to associated infrastructure arrangements.

4.4 Infrastructure

There will be many influencing factors to consider when determining priorities for improvement and investment in the Board's infrastructure. A particular challenge will be the need to balance available funding towards immediate operational infrastructure issues, whilst also planning for more ambitious infrastructure change plans. A comprehensive, evidence-based assessment is therefore required which will identify the inherent risks associated with aging parts of a Board's infrastructure, the challenges of meeting environmental sustainability standards, and the need to continue providing sufficient accommodation in support of operational service needs. This assessment will form the basis from which future investment decisions and priorities for the Board's business-continuity maintenance plan are based.

A comprehensive assessment is required of the risks, challenges and opportunities for improvement associated with all of the Board's infrastructure arrangements.

4.5 Strategic Objectives and Constraints

Setting strategic objectives for the whole-system plan will confirm to all stakeholders what the exercise is intending to accomplish, and the direction it needs to take in order to achieve a successful outcome. They need to focus on core strategic issues, outcomes and criteria that are most important to the organisation's stakeholders. They should, therefore, not be too specifically focussed towards addressing individual issues.

A good starting point is to reflect on the assessment of need described earlier. This will have identified some strategic priorities for the Board to address; such as maintaining the integrity of the existing infrastructure, providing sufficient capacity for forecast service needs, responding to a national policy initiative such as environmental sustainability measures, etc. A further suggestion is to develop a framework or hierarchy of strategic objectives whereby some may be regarded as more influential to a successful outcome than others.

Different stakeholders may have different perspectives on what is a priority for this planning exercise therefore an engagement exercise is expected where all viewpoints can be expressed, considered and a collective agreement made on the most important ones to everyone.

Constraints to the planning exercise also need to be considered at this stage. These will set out planning parameters that a successful outcome needs to be contained within. They can sometimes be confused with strategic objectives - the main difference being that strategic objectives are more often focussed on positive outcomes, whereas constraints focus more on practical limitations of delivery. For example, delivering solutions that provide sufficient capacity for forecast service needs may be a strategic objective, but an associated constraint may be that this must be delivered from available capital funds.

The importance given to these objectives and constraints can determine future investment solutions, priorities, and beneficial outcomes; hence, sufficient attention needs to be given to how these are developed and agreed at the outset of the planning exercise. Guidance on how to arrange stakeholder discussions towards

the development of strategic objectives for a project or programme can be found here: [sftbriefingandevaluationframework.pdf \(scottishfuturetrust.org.uk\)](https://www.scottishfuturetrust.org.uk/sftbriefingandevaluationframework.pdf).

A set of strategic objectives and planning constraints are to be presented, which have been developed through consultation with appropriate stakeholder groups and approved by the NHS Board's executive management team.

5 Identifying a Preferred Way Forward (The Economic Case)

5.1 Purpose

The purpose of this stage is to identify how health, care and supporting services can be optimally arranged, sized and located to meet future needs. Strategic objectives will have been agreed at this point which will indicate the scope and ambition for this whole-system change. The confirmed constraints to the planning exercise will also determine the practical boundaries to that ambition. It can, for example, be impractical to embark on ambitious plans for comprehensive change if infrastructure, workforce, finances, or other constraints mean that such plans would most likely be undeliverable.

5.2 Developing a 'Do-Minimum' (business continuity) Option

A '*Do-Minimum: maintenance only*' investment plan is to be developed which presumes that all of the Board's existing buildings will be retained for the foreseeable future, and that the current configuration of the NHS Board's services will generally remain as they are. This stage will utilise the previous intelligence gathered from the infrastructure needs assessment in order to inform its priorities for investment. The focus will be on responding to the inherent risks with the existing estate, including the risks posed by climate change, the requirement to decarbonise the estate, and the need to support operational service demands.

The maintenance plan will have an initial focus on business continuity measures covering the whole estate and include feasibility studies for more complex projects. These will provide sufficient detail of the practical scope of works and costs of carrying out improvements to operational parts of the estate. This option will not include major refurbishment or new build solutions, as these should be incorporated into the Baseline Option.

A prioritised maintenance-only investment plan will be developed which is focussed on business continuity and set within appropriate funding availability constraints. (Further advice on funding thresholds can be gained from Scottish Government's Health Infrastructure and Sustainability Division).

5.3 The Baseline Option

This stage is an opportunity to reflect on how an NHS Board's healthcare services and infrastructure can continue to support its people, places and communities over the longer term. The Board's Clinical Strategy and other national, regional and local service plans will set out the direction of change, hence this exercise should be regarded as the service and infrastructure implementation plan.

In general, the Baseline Option will be based on responding to the following strategic questions:

1. What are the forecast functional capacity requirements for each aspect of the whole-system (e.g. number of beds, theatres, health centres, GP practices, catering facilities, etc.) - and how does this relate to current capacity provision?
2. How do existing service and care pathways arrangements need to be re-arranged to optimise service provision, performance and patient outcomes - and how does this relate to current arrangements?
3. How can existing infrastructure be arranged to support these capacity and service requirements, before considering the need for new infrastructure?
4. What aspects of the 'Do-Minimum' option need to be incorporated into this Baseline option to ensure continued operation of the Board's infrastructure while changes take place over the longer term?

The level of detail with which these questions are resolved will be commensurate with each Board's need for change and depth of detail of its existing service plan ambitions. It should also be recognised that there will be ample opportunity to refine any planning assumptions and functional capacity forecasts for longer-term infrastructure change proposals.

A Baseline Option will be developed and described based on forecast capacity requirements, proposed whole-system service and infrastructure arrangements, and future care pathways and service access proposals.



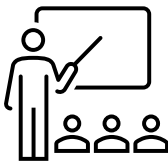
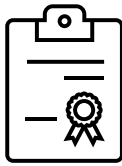
5.4 Developing the Preferred Way Forward

Once the Baseline Option has been developed, it then needs to be challenged to ensure that it represents the best way forward for the NHS Board. This is an opportunity to ask: “*How can we improve on the Baseline Option?*”. The aim is to investigate the potential from best-practice models of care, innovative infrastructure solutions, and technological and digital alternatives to service delivery and access, etc.

Several techniques are available to review and test different options or solutions - including SWOT analysis, option appraisals and scenario planning exercises. Scenario planning is presumed to be the most appropriate process for this exercise as it allows planners to test assumptions made about the future, whilst also exploring credible possibilities for enhancing the Baseline Option.

The focus will be to explore strategic, big-picture issues and how they might impact on the Baseline Option. Lessons-learnt from the exercise can then be adopted into an enhanced option – the Preferred Way Forward. The emphasis of this exploration will be to ask the question: “*What could happen if...?*”, and to then work through its impact.

The four main stages of this scenario planning approach are summarised:

			
<p>1. Shortlist a set of test scenarios</p>	<p>2. Imagine the impact of each scenario</p>	<p>3. Agree lessons learnt from each scenario</p>	<p>4. Adopt into the Preferred Way Forward</p>

1. Shortlist: brainstorm a range of scenarios that could be developed, before agreeing a shortlist based on their relevance to the task, potential impact and probability of occurring.
2. Imagine: work through a narrative description of “*What could happen if...?*” for each short-listed scenario, particularly focussing on the impact on the Baseline Option if it was to occur. This is an opportunity to be inventive, ambitious, and to think without constraint.
3. Learn: summarise the key findings from each scenario and agree how they can be incorporated into the Baseline Option. This will need to reflect on the practicalities of adoption and implementation, along with how they may affect each other when considered together
4. Adopt: make changes to the Baseline Option by adopting the key lessons learnt from this exercise. This will become the Preferred Way Forward - an enhanced version of the Baseline Option and demonstrably the best way forward for the NHS Board.

As an example:

Scenario: What could happen if an even greater emphasis was made of introducing digital and smart technology?”.

Imagine: A workshop-group would explore the possible impact if the Board was more ambitious, inventive and optimistic about introducing smart technology sooner than presumed possible.

Learn: Ask the question: “Which aspects of this response can be incorporated into the Baseline Option, and how?”

Adopt: Present the Preferred Way Forward which has an ambitious plan to implement digital and smart technology.

Evidence is required that the Baseline Option has been reviewed and challenged to demonstrate it is the best perceivable way forward for the NHS Board through a Scenario Planning Exercise, or similar.

5.5 Describing the Preferred Way Forward

The Preferred Way Forward will include an overview of how the whole-system plan is expected to change over the short, medium and longer term to meet its strategic objectives, forecast service demand changes, and inherent infrastructure risks. It will also explain how existing infrastructure will be used to support those changes, before then outlining proposals for further infrastructure investment. Presentation of the Preferred Way Forward will take all reasonable steps to be accessible and understandable to all stakeholders.

Things to consider when presenting the Preferred Way Forward:

<input checked="" type="checkbox"/>	Complex service demand modelling needs to be clearly explained, including how this links to infrastructure capacity requirements.
<input checked="" type="checkbox"/>	Proposed changes to service and/or infrastructure arrangements, care pathways, and points of access for patients need to be clearly illustrated for ease of understanding.
<input checked="" type="checkbox"/>	Hospital campus developments need to show proposed sequential changes to each site over a 20-30 year period.
<input checked="" type="checkbox"/>	All investment proposals must show how they will influence health & socio-economic enhancement for local communities.
<input checked="" type="checkbox"/>	Proposals for support services (catering, laundry, decontamination, etc.) need to be embedded into whole-system plans for change, with a clear indication of their local, regional and national relevance.
<input checked="" type="checkbox"/>	Links need to be shown to associated change plans for other resources; such as workforce, digital, medical equipment and fleet.
<input checked="" type="checkbox"/>	A 'Do Minimum Maintenance-only' business continuity plan needs to be presented independently from the Preferred Way Forward.

Presentation of the Preferred Way Forward will, as a minimum, incorporate all of the items above, whilst taking account of the funding scenarios set by Scottish Government's Health Infrastructure and Sustainability Division.

6 Investment & Implementation Plan

6.1 The Financial Case

The Preferred Way Forward must reflect realistic expectations of available capital and revenue funding - as this could impact on decisions made about the type and size of project being proposed, the order in which they are delivered, and/or the timing of delivery. It is therefore important to understand any funding constraints at the outset of the whole-system planning exercise.

Two funding scenarios are to be presumed for these planning purposes only:

1. Each Board's capital resource allocation is doubled from 2025/26 onwards (2020/21 base), whilst presuming that no further funding will be available. This will be used as the funding limit for the Do Minimum – Maintenance-only Option.
2. Each Board is able to access an additional and equitable share of an increased capital budget (set by Scottish Government's Health Infrastructure and Sustainability Division).

The Health Infrastructure and Sustainability Division at Scottish Government should be contacted to ascertain the confirmed funding limits to be presumed. These limits are for planning purposes only and not an indication of funding to be allocated. NHS Boards should also seek advice on how to proceed with investment proposals that would be unaffordable within these limits.

The Preferred Way Forward will set out the Board's ambition for investment for the next 20-30 years, hence, based on the above funding constraints, is likely to need to prioritise its investment proposals over that period. Criteria for prioritising projects should be sourced from a combination of the whole-system plan's strategic objectives, important project delivery objectives, and Scottish Government funding priorities. The outcome will be an affordable long-term investment programme.

Projects scheduled for the first five years of the programme should include a more detailed breakdown and explanation of costs, covering:

- An explanation of the basis of costs, to demonstrate their robustness.
- Realistic assumptions about the level of risk contingencies and optimism bias to be included.
- Project development costs, including professional fees.
- Projected inflation and VAT.

Associated revenue costs which require additional funding shall also be provided.

6.2 The Commercial Case

This section will set out proposed procurement routes for each investment project included in the first five years of the prioritised investment programme. A timetable is also required which covers presumptions about key business case stages, design development milestones, main procurement steps, the proposed construction period, and targeted move-in day. In addition, the commercial arrangements for appointment of external advisors will be provided, including a projection of annual funding support associated with each appointment.

6.3 The Management Case

This section will describe the management arrangements in place to successfully deliver the prioritised investment programme. A minimum expectation is that it will include the following aspects:

1. A Benefits Register:

This will outline the key benefits of taking forward the preferred way forward. It will cover outcomes from the programme's Strategic Objectives, service improvement measures, patient benefits, environmental sustainability targets, socio-economic growth opportunities, and support towards Scottish Government's broader objectives.

2. A Risk Register:

This will identify the big, strategic risks to the successful implementation of the prioritised investment programme. It will also incorporate actions being taken by the Board to mitigate against those risks.

3. An Organisational Governance Diagram.

This will demonstrate lines of reporting and governance responsibilities for the delivery of the prioritised investment programme. It will also demonstrate the appropriate experience and capability of the lead personnel within that governance framework.

4. A Resource Plan

This will include details of the resources needed and their capability for implementing this programme, plus any gaps in internal or external workforce that will need to be filled if the programme is to go ahead.

5. A Stakeholder Engagement Plan

This will include details of engagement already carried out, plus proposed further engagement to take place throughout implementation and further refinement of the programme. Health Improvement Scotland shall be consulted on the appropriateness of any public engagement proposals.

7 Next Steps

Once the Programme Initial Agreement is complete, it will then be submitted to Scottish Government for review and further discussion. This will result either in recommendations for further refinement of the plan, and/or agreement to that plan.

The Programme Initial Agreement will also constitute the first step in the business case process. Projects may, however, only proceed straight to Outline Business Case stage following approval from Scottish Government. This approval will be considered as part of the review of the Programme Initial Agreement.

The Outline Business Case will require further enhancement of service planning aspects of the proposal within the Strategic Case, plus early liaison with independent governance review processes, such as the NHS Design Assessment Process (NDAP) and the Key Stage Assurance Review (KSAR) process. NHS Boards will need to confirm their engagement in these processes within their project update reports.

8 Checklist of Requirements for the Programme Initial Agreement

Assessment of Need	
	Evidence of service demand analysis covering the next 20+ years, and the associated functional capacity requirements of supporting property infrastructure.
	A comparative assessment of the population health and socio-economic need, and/or opportunity for enhancement, between each place and community it supports.
	A whole-system review of the design, arrangement and effectiveness of the NHS Board's whole system. This will identify opportunities for change and improvement, irrespective of whether they are linked to associated infrastructure arrangements.
	A comprehensive assessment of the risks, challenges and opportunities for improvement associated with all of the Board's infrastructure arrangements.
Strategic Objectives and Constraints	
	Set of strategic objectives which confirm what needs to be achieved for a successful outcome.
	Acknowledgement of any planning constraints.
	Confirmation that these strategic objectives and planning constraints were developed through consultation with appropriate stakeholder groups and approved by the NHS Board's executive management team.
The Preferred Way Forward	
	A prioritised maintenance-only investment programme, focussed on business continuity and set within funding availability constraints. This will include feasibility studies in support of more complex maintenance proposals.
	A Baseline Option, based on forecast functional capacity requirements, proposed whole-system service and infrastructure arrangements, and future care pathways and service access proposals.
	Evidence of testing of the Baseline Option to demonstrate that it is the best perceivable way forward for the NHS Board – outcomes of a Scenario Planning Exercise, or similar.
	<p>Presentation of the Preferred Way Forward, including details of:</p> <ul style="list-style-type: none"> • Service demand and infrastructure capacity assessments. • Proposed changes to service and/or infrastructure arrangements, care pathways, and points of access for patients need to be illustrated for ease of understanding. • Hospital campus development plans showing proposed sequential changes to each site. • Primary / community care investment proposals incorporating socio-economic impact assessments. • Support service proposals (catering, laundry, decontamination, etc.), including local, regional and national connections. • Links to associated change plans for other resources; such as workforce, digital, medical equipment and fleet.
Investment and Implementation Plan	
	An investment plan for the Do Minimum: Maintenance Only plan.
	An affordable and prioritised investment plan to accompany the Preferred Way Forward.
	Procurement and project implementation timelines.
	Advisor support needs.
	Benefits and Risks registers.
	Organisational governance diagram.
	Programme resource plan.
	Stakeholder engagement plan.