NHS Greater Glasgow & Clyde

New Woodside Health and Care Centre

Full Business Case

Issue and Revision Record

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1 Executive Summary

1.1 Introduction

This document is presented on behalf of NHS Greater Glasgow and Clyde (NHS GGC) who seek approval for funding to provide a new Woodside Health and Care Centre.

1.1.1 Full Business Case for Woodside Health and Care Centre

NHS Greater Glasgow & Clyde presented an Initial Agreement document, '**Replacement Woodside Health Centre**', to the Scottish Government Capital Investment Group (CIG) on 4th September 2012. It received approval on the 12th November 2012. Subsequently the Outline Business Case (OBC) received approval on 24th April 2015. A copy of the approval letter is enclosed at Appendix A. The final stage of the process is presenting a FBC outlining the preferred option in detail for approval by CIG.

Planning permission was submitted to Glasgow City Council planning department on 29th April 2015 and received approval on 25th November 2015 (Appendix B).

The purpose of this report is to present the Full Business Case for the project. This will justify and demonstrate the proposals for the development of the new Woodside Health and Care Centre. Specifically the purpose of this FBC is to:

- Review work undertaken within the OBC, detailing any changes in scope and updating information as required.
- Describe the value for money option including providing evidence to support this.
- Set out the negotiated commercial and contractual arrangements for the project.
- Demonstrate that the project is affordable
- Establish detailed management arrangements for the successful delivery of the project.

This FBC has been prepared in accordance with the requirements of the current Scottish Capital Investment Manual (SCIM) Business Case Guide, July 2011.

1.2 Strategic Case

1.2.1 Overview

The purpose of the project is much more than the simple replacement of the existing facilities. This is an opportunity to enable and facilitate fundamental change in the way in which health is delivered to the people of Woodside and those from surrounding areas that will access the health and care centre. The underlying aim is to reshape services from a patient's point of view. Health care services will be shaped around the needs of patients and clients through the development of partnerships and co-operation between patients, their carers and families and NHS staff; between the local health and social care services; between the public sector, voluntary organisations and other providers to ensure a patient-centred service.

1.2.2 National Context

At a national level, the policy drivers supporting the development of a new Health and Care Centre include:

- **Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision**
- **Quality Strategy** which underpins the narrative, with the three central ambitions that care should be person centred, safe and effective.
- **'Renewing Scotland's Public Services',** (the Scottish Government's response to the *'Christie Commission Report') which* emphasises the need to make the best use of resources, providing integrated care and improving the quality of health and other public services.
- Public Bodies (Joint Working) (Scotland) Act 2014: integrating health and social care services under a single organisation to improve the care experience and outcomes for patients and service users

Each of these policies seeks to improve the health and social care responses to the people of Scotland.

1.2.3 Local context

In 2012 the NHS Board embarked on a far reaching clinical services service. The Case for Change set out nine key themes that NHS GGGC required to consider and address as it plans services for the future.

1. The health needs of our population are significant and changing;
2. We need to do more to support people to manage their own health and prevent crisis;
3. Our services are not always organised in the best way for patients; we need to ensure it is as easy to access support to maintain people at home, when clinically appropriate, as it is to make a single phone call to send them to hospital;
4. We need to do more to make sure that care is always provided in the most appropriate setting;
5. There is growing pressure on primary care and community services;
6. We need to provide the highest quality specialist care;
7. Increasing specialisation needs to be balanced with the need for coordinated care which takes an overview of the patient;
8. Healthcare is changing and we need to keep pace with best practice and standards;
9. We need to support our workforce to meet future changes.

1.2.4 Organisational Overview

NHS GGC is the largest NHS Board in Scotland and covers a population of 1.2 million people. The Board's annual budget is £2.8 billion and employs over 40,000 staff. Services are planned and provided through the Acute Division and six Health and Social Care Partnerships (HSCPs), working with six partner Local Authorities.

Glasgow City CHP was established in November 2010 with responsibility for the planning and delivery of primary care, community health and mental health services. This includes the delivery of services to children and adult community care groups and health improvement activity. The new Glasgow City HSCP formally became operational in February 2016.

The HSCP covers the geographical area of Glasgow City Council, a population of 593,245 and includes 154 GP practices, 135 dental practices, 186 pharmacies and 85 optometry practices. Services within the HSCP are delivered in 3 geographical localities:

- North West Glasgow with a population of 206,483
- North East Glasgow with a population of 167,518
- South Glasgow with a population of 219,244

Glasgow City HSCP has an annual revenue budget of approximately £1.13 billion, with a staffing compliment of approximately 9000 staff.

The integration of health and social care services within the new facility will represent a visible demonstration of the commitment to integrated working consistent with the ambitions and priorities set out by Glasgow City HSCP's Integration Joint Board within its Strategic Plan for 2016-19, including:-

- Improving outcomes and reducing inequalities
- Person-centred care, providing greater self-determination and choice
- Early intervention, prevention and harm reduction
- Shifting the balance of care to better support people in the community
- Enabling independent living for longer and promoting recovery
- Public Protection to ensure people are kept safe and risks are managed appropriately

1.2.5 Profile of Woodside

The current location of Woodside Health Centre and the proposed location of the new health and care centre fall within the North West Locality of Glasgow City HSCP.

Glasgow City has profound health challenges that resonate at the top of UK and European indices. Woodside, where the new health and care centre is planned, represents one of the most deprived communities in Glasgow. 54% of the patients who access Woodside Health Centre live in a SIMD

1 area (i.e. within the most deprived neighbourhoods listed within the Scottish Index of Multiple Deprivation).

Section 3 provides a summary of some of the headline health statistics which illustrates the challenges faced in improving health in Woodside.

1.2.6 Business Strategies & Aims

This project is consistent with the objectives identified within the NHS GGC Corporate Plan 2013-16, which sets out the strategic direction for the Board. It will also support the achievement of the Board's share of national targets as set out within the Local Delivery Plan 2015/2016.

NHS GGC's purpose, as set out in the Board's Corporate Plan 2013 – 16 is to *"Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities."*

The Corporate Plan sets out the following five strategic priorities:

Early intervention and preventing ill-health

Shifting the balance of care

Reshaping care for older people

Improving quality, efficiency and effectiveness

Tackling inequalities.

The HSCP's draft Strategic Plan 2016-19 sets out a range of key outcomes and actions to deliver the Board's corporate priorities. These key development objectives for this project centre on the following key corporate themes for the NHS Board:-

Enabling disadvantaged groups to use services in a way which reflects their needs

Increasing the use of anticipatory care planning

Improving identification and support to vulnerable children and families

Enabling older people to stay healthy prolonging active life and reducing avoidable illness

Fewer people cared for in settings which are inappropriate for their needs

Improving appropriate access on a range of measures

Planning and delivering services in ways that take account of individuals' wider social circumstances and equality needs.

1.2.7 Investment Objectives

During the development the Outline Business Case, the investment objectives were reviewed and validated. These were used to appraise options and select the preferred option. In addition at OBC stage SMART objectives were determined in accordance with SCIM guidance (including baseline data for measurement and timing of assessment of the objectives. These objectives have been reviewed again as part of the preparation of the Full Business Case and confirmed as valid. Investment objectives are set out in table 14 within section 3.

1.2.8 Existing Arrangements and the Case for Change

The current Woodside Health Centre is the base for 8 GP practices and a range of other primary and community care services (see 1.2.9, below). (All 8 GP practices, comprising a total of 23 GPs will transfer to the new facility). The facility was built in the early 1970's and serves a GP practice population of 32,260. The existing centre is of poor fabric, is functionally unsuitable, does not meet current standards, is not fully accessible for people with a physical disability and does not have the space to deliver services that can be expected from a modernised National Health Service. The most recent PAMS (Property and Asset Management Survey) of premises carried out for Scottish Government Health Department identified Woodside Health Centre as a priority for improvement.

In summary it is considered that the existing service provision in Woodside Health Centre fails to provide:

- A platform for sustaining and expanding clinical services, in line with the current and future models of primary care
- Facilities which allow a fully patient centred service and "one stop shop" for all primary care services
- Modern facilities and design that meet the required standard for health related infection
- The required focus on reducing inequalities in health set out in "*Better Health, Better Care".*
- A working environment that supports the health and well-being and safety of staff
- Facilities which have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies
- Facilities which meet the required quality standards for safe, effective, patient-centred care
- Facilities which are flexible and adaptable, able to meet future changing demands
- Facilities that enable effective and efficient use of the CHP's resources.

1.2.9 Scope of Project

Since the submission of the OBC there have been no significant changes to the scope of the project. The scope of the services to be provided is therefore as follows:

- General Dental Practice * (1)
- General Medical Practices* (8)

- Pharmacy*
- Physiotherapy*
- Podiatry*
- Treatment Room Service*
- Clinical and Interview Rooms to be used by health and social care services and visiting third sector organisations*
- Addictions Service**
- Specialist Children Services – Child and Adolescent Mental Health and Specialist Community Paediatric Service***
- Older Person's Day Care****
- Agile working space for the range of integrated health and social care staff / teams belonging to services operating from the new facility.
- A range of community outreach services provided on a sessional basis*

*transferring from Woodside Health Centre. The land that the current Woodside Health Centre is built upon is leased from Glasgow City Council. Discussions are underway with GCC on the future use of this building and the termination of the lease.

**transferring from Callander St Clinic which is joined onto the current Woodside 'Health Centre and is owned by NHS GG&C. Discussions are underway with GCC on the future use and ownership of this building.

***transferring from the 'old' Possilpark Health Centre, which will be vacated and declared surplus to requirements.

****transferring from the GCC Day Care Unit at Oran St. Once vacated, it will most likely be considered surplus to requirements unless another opportunity or need arises.

1.2.10 Changes since OBC

The changes since Outline Business Case to the project are limited and can be summarised as follows:

- Total area of the building confirmed at 6,732sqm based upon an agreed schedule of accommodation.(6,730sqm at OBC stage)
- Total occupancy of the building confirmed at 225 across all disciplines (225 at OBC stage)
- Final area and configuration of the site has been agreed and reflected on the stage E proposals.

- Cost position – Capital costs have increased from OBC from £18,720,567 to £20,065,252. Unitary Charge has increased from £1,709,258 to £1,734,168 mainly due to capital contributions being removed and replaced by revenue. SGHSCD contribution has in fact reduced from £1,535,569 to £1,408,790 due to reduction in gilt rates and revised funding terms since OBC.

  A revised Affordability Cap of £20,083,907 was set taking account of inflationary uplift, technical changes to the project, further design development and site issues. The revised figures were supported by SFT and the Boards technical advisors, reflecting the true cost of the proposed works.

  There are a number of items still to be clarified before Financial Close but the total final cost will not exceed the affordability cap.

- The ESA10 situation has been resolved since the OBC was approved therefore the FBC now reflects this position both financially and contractually.

1.2.11 Benefits Criteria

The benefits criteria articulated in this document are all desirable outcomes for the project that can be achieved by the preferred solution. Further details on the benefits for the project is included in section 3 Strategic Case

1.3 Economic Case

1.3.1 Critical Success Factors

The critical success factors were subject to workshop discussion at the early stages of the project and set out within the OBC. These have been revalidated as part of the preparation of this FBC and are outlined in Section 4 – Economic Case.

1.3.2 Summary of Shortlisted options

There were eight long list options at OBC stage and through a process of ranking the options against the agreed benefits criteria a short-list of four options was agreed. Consequently a full economic and financial appraisal was carried out on these options. The scored short list of options for the project is summarised as follows:

Table 1 – Non financial appraisal summary

	Option 1 - Do Minimum	Option 2 – Grovepark Street	Option 3 – New City Road	Option 4 – Hinshaw Street
Appraisal Element				

		Option 1 - Do Minimum	Option 2 – Grovepark Street	Option 3 – New City Road	Option 4 – Hinshaw Street
Benefit Score	a	22.45	62.2	60.3	130.75
Rank		**4**	**2**	**3**	**1**

1.3.3 Value for Money

The result of the benefit scoring in the format used in the OBC is summarised in the table below which indicates that Option 4 'Hinshaw Street' is the highest scoring option. Costs for options 1,2 and 3 have been updated for the FBC as set out in section 4 Economic Case.

This validates the outcome at OBC indicating that Option 4 provides the greater economic benefit compares to the other options.

Table 2 – Cost/benefit appraisal

25 year Life Cycle		Option 1 - Do Minimum	Option 2 – Grovepark Street	Option 3 – New City Road	Option 4 – Hinshaw Street
Appraisal Element					
Benefit Score	a	**22.45**	**62.20**	**60.3**	**130.75**
Rank		**4**	**2**	**3**	**1**
Net Present Cost – Includes risk	b	£10,546,822	£29,837,044	£29,837,044	£30,979,753
Cost per benefit point	b/a	£469,792	£479,695	£494,810	£236,939
Rank		**2**	**3**	**4**	**1**

1.3.4 The Preferred Option

The results of the option appraisal is to consolidate the position of **option 4 – new build at Hinshaw Street** as the preferred option.

1.4 Sustainability Case

The stage 2 reports highlights that the Stage 2 design is on track to achieve it's target BREEAM score of 75.4 although the 'current' (fully validated) score is 35.83 The requirement is to achieve BREEAM 'Excellent' which requires a score of 70 which is well below the target score.

1.5 Commercial Case

1.5.1 Procurement Route

The hub initiative has been established in Scotland to provide a strategic long-term programme approach to the procurement of community-focused buildings that derive enhanced community benefit.

Woodside Health Centre is located within the West Territory. A Territory Partnering Agreement (TPA) was signed in 2012 to establish a framework for delivery of this programme and these benefits within the West Territory. The TPA was signed by a joint venture company, hub West Scotland Limited (hubco), local public sector Participants (which includes NHS GGC and GCC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The Woodside Health and Care Centre project will be bundled with the new Gorbals Health and Care Centre - the purpose of this approach and the benefits are outlined in the bundling paper which accompanied this and the Gorbals OBCs and which has been updated to accompany this FBC.

1.5.2 Risk Allocation

Having identified the risks relating to the project and quantifying each, a review of the appropriate allocation of each was undertaken prior to agreement of the Guaranteed Maximum Price. In accordance with the hub process a total of 1% risk is allowed at the construction stage. This equates to £168,519 which is included within the GMP.

1.5.3 Agreed Contractual arrangements and charging mechanisms

The agreement for Woodside Health and Care Centre is based on the SFT's hub current standard form Design Build Finance and Maintain (DBFM) Agreement. The TPA and SFT require that SFT's standard form agreement is entered into by NHS GGC and DBFM Co with only amendments of a project specific nature being made. Therefore, the DBFM Agreement for this project (as bundled with Gorbals Health and Care Centre) contains minimal changes when compared against the standard form.

NHS GGC will pay for the services in the form of an Annual Service Payment.

1.5.4 Agreed Personnel Implications

As the management of soft facilities management services will not transfer to DBFM Co, there are no anticipated personnel implications for the DBFM Agreement

1.5.5 Agreed Accountancy Treatment

The project will be on balance sheet for the purposes of NHS Greater Glasgow and Clyde's financial statements. Section 6 – The Financial Case provides more detailed comment.

1.6 Financial Case

1.6.1 Capital Costs

The capital cost for the preferred option is £20,065,252 as outlined in the stage 2 report and includes Prelims (10.82%), overheads & profit (4%) new Project Development Fee (6.199%), Additional Management Costs (2.554%), DBFM Fees (2.13%), hubco (1.83%).

1.6.2 Revenue Costs and Funding

The following table summarises the revenue costs and associated funding for the project. In addition to revenue funding required, capital investment will also be required for land purchase, equipment and subordinated debt investment. The following table in the first year of operation demonstrates that at FBC submission, the project revenue funding is cost neutral:

Table 3 - Revenue Costs

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	1,408.8
NHSGG&C recurring funding	1,378.9
NHSGGC funding from GCC	227.9
Total Recurring Revenue Funding	**3,015.6**

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	1,734.2
Depreciation on Equipment	85.2
Facility running costs	427.1
IFRS – Depreciation	720
NHSGGC Recurring Costs	**2966.5**
GCC recurring costs	49.1
Total Recurring Revenue Costs	**3015.6**

1.6.3 Financing and Subordinated Debt

Hub west will finance the project through a combination of senior debt, subordinated debt and equity. The finance will be drawn down through a sub-hubco special purpose vehicle that will be set-up for the project.

The senior debt facility will be provided by Aviva, the remaining balance will be provided by hWS' shareholders in the form of subordinated debt (i.e. loan notes whose repayment terms are subordinate to that of the senior facility) and pin-point equity. It is currently intended that the subordinated debt will be provided to the sub-hubco directly by the relevant Member, a summary of the sources of finance are shown below:

Table 4 – Financing summary

	Woodside

Senior Debt (£000)	**19,768**
Sub debt (£000)	**1,947**
Equity (£000)	**0.01**
Total Funding	**21,715**

The value of the required sub debt investment to be injected at financial close is as follows:

Table 5 – Sub debt value

	NHS GG&C	SFT	HCF Inv	hubco	Total
Proportion of subdebt	10%	10%	20%	60%	100%
£ subdebt	166,272	166,272	332,544	997,634	1,662,772

1.6.4 Financial Model

The key inputs and outputs of financial model are detailed below:

Table 6 - Key inputs and outputs of financial model

Output	Woodside
Capital Expenditure (capex & development costs	20,065k
Total Annual Service Payment (NPV)	19,676k
Nominal project return (post tax)	5.39%
Nominal blended equity return	10.50%
Gearing	91.03%
All-in cost of debt (including 0.5% buffer)	2.50%
Minimum ADSCR[1]	1.15%
Minimum LLCR[2]	1.165%

1.6.5 Glasgow City Council commitment

There will be an Older Person's Day Care Centre created as part of the new centre and Glasgow City Council (GCC) capital cost equates to £2,066,132. GCC will fund this through revenue.

[1] Annual Debt Service Cover Ratio: The ratio between operating cash flow and debt service during any one-year period. This ratio is used to determine a project´s debt capacity and is a key area for the lender achieving security over the project
[2] The LLCR is defined as the ratio of the net present value of cash flow available for debt service for the outstanding life of the debt to the outstanding debt amount and another area for the lender achieving security over the project

The approach to securing the site through an exchange of sites, demonstrates the benefits from NHS GG&C and GCC proactively working together to their mutual benefit, in managing their estates efficiently and in securing the optimum outcome for service delivery to the public.

1.7 Management Case

1.7.1 Project Programme

A summary of the key project programme dates is provided in the table below:

Table 7 - Project Programme

CIG Meeting for FBC	Jan 2017
Financial Close	Jan 2017
Site Start	Feb 2017
Completion date	Sept 2018
Services Commencement	Oct 2018

1.7.2 Project Management Arrangements

A Project Board has been established and is chaired by Paul Adams the Head of Older People's and Primary Care Services, North West Locality. The Head of Operations, North West Locality is the Project Director.

The Project Board comprises representatives from the:

- Senior Management Group of the North West Locality, Glasgow City HSCP,
- Glasgow City Council
- Key stakeholders from the GP/User group,
- PPF,
- NHSGGC Capital Planning team.

The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGGC hub projects. This group is chaired by Glasgow City HSCP Chief Officer Operations and includes representative from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco.

1.7.3 Consultation with Stakeholders and the Public

An extensive programme of community engagement has been undertaken as part of the consultation process on the project since the development of the outline business case and will continue as the project progresses. Further details are set out in section 8 – Management Case.

1.7.4 Benefits Realisation, Risk and Contract Management and Post Project Evaluation

The management arrangements for these key areas are summarised as follows:

Robust arrangements have been put in place in order to monitor the benefits realisation plan throughout the development to maximise the opportunities for them to be realised.

The strategy, framework and plan for dealing with the management of risk are as required by SFT in regard to all hub projects. A project risk register has been prepared with the PSDP which is actively managed by the Project Manager and reviewed on a monthly basis with the team.

The risk register includes reference to the concerns expressed by GPs to the planned 'open' design of GP reception areas and that sign-off on room data sheets (RDS) by GPs currently remains outstanding. Glasgow City HSCP has proposed to undertake a learning exercise from the recently opened Maryhill Health and Care Centre to review their experience of operating with open receptions in the context of the concerns expressed by Woodside Health Centre GPs. The output from the learning exercise will inform whether there is a need to alter the design of GP reception areas for this project. Liaison will also take place with East Renfrewshire HSCP to share learning from the newly opened Eastwood Health and Care Centre, which was chosen as the benchmark reference design for new primary care health centres. In the current absence of GP sign-off, Glasgow City HSCP will take responsibility for signing off GP RDS.

With regard to contract management, this will be as per the DBFM Agreement and is set out in more detail in section 8 of this FBC

Following satisfactory completion of the project, a Post Project Evaluation (PPE) will be undertaken and this is set out in detail within section 8.

2 Introduction

2.1 Background

The new centre is being planned to provide high quality accommodation to support the development of primary care services and the further integration of health and social care along with GCC and third sector partners, in line with national policy. This FBC is supported and subject to approval by NHS GGC Board.

2.2 Bundled Projects

It is proposed that Woodside Health and Care Centre be bundled with the new Gorbals Health and Care Centre project into one contract to be provided by Hub West Scotland as part of Scottish Government's approach to the delivery of new community infrastructure.

A bundling paper on the bundling approach sets out the benefits in more detail and accompanies this and the Gorbals FBC.

2.3 FBC Purpose and Compliance

The overall purpose of the Full Business Case (FBC) is to justify and demonstrate the proposals for the development of the new Woodside Health and Care Centre. Specifically the purpose of this FBC is to:

- Review work undertaken within the OBC, detailing any changes in scope and updating information as required.
- Describe the value for money option including providing evidence to support this.
- Set out the negotiated commercial and contractual arrangements for the project.
- Demonstrate that the project is affordable
- Establish detailed management arrangements for the successful delivery of the project.

2.4 FBC Structure

The structure and content of the Full Business Case is based on the need to justify proposed decision making, demonstrate the expected outcomes of the project and the expected benefits that will be delivered. It defines what has to be done to meet the strategic objectives identified in the Outline Business Case and prepares the way to proceed to financial close and contract signature.

The following table illustrates the structure of the Full Business Case, reflecting the approach taken in the OBC alongside appropriate Scottish Government Health Directorate guidance.

Table 8 – FBC Structure

Section	Description
1. Executive Summary	Provides a summary of the Full Business Case (FBC) content and findings.
2. Introduction	Provides the background and methodology used in preparing the FBC.
3. Strategic Case	Reviews the case for change, scope and underlying assumptions as set out in the OBC.
4. Economic Case	Revisiting the OBC options, assumptions, procurement process and updates the economic case.
5. Sustainability Case	Considers NHS GGC policy on developing sustainable facilities.
6. Commercial Case	Sets out the agreed deal and contractual arrangements.
7. Financial Case	Sets out the financial implications of the deal. .
8. Management Case	Sets out agreed arrangements for project and change management, benefits realisation, risk and contract management and post project evaluation.

2.5 Further Information

For further information about this Full Business Case please contact:-

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3 Strategic Case

3.1 Introduction

This section sets the national and local context for the project, describes the objectives and benefits of the project, outlines the scope of the project and highlights the constraints and dependencies.

3.2 Strategic Overview

3.2.1 National Context

At a national level, the key policy drivers supporting the development of a new health centre include:

Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision

The Scottish Government has set out its vision for the NHS in Scotland in the strategic narrative for 2020.

> **Our vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting.
>
> We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

Underpinning the narrative is the **Quality Strategy**, which sets out NHS Scotland's vision to be a world leader in healthcare quality, described through the 3 quality ambitions of effective, person centred and safe care.

Delivering Quality in Primary Care (2010) and the associated progress report (June 2012) set out the strategic direction for primary care.

The emphasis on making best use of resources, providing integrated care and improving the quality of health and other public services, was reinforced in **'Renewing Scotland's Public Services',** (the Scottish Government's response to the *'Christie Commission Report').*

Each of these policies seeks to improve the health and social care responses to the people of Scotland. There are a number of key cross cutting themes that underpin these policies:

- Improving access to services and providing patient centred care.
- Working in partnership with patients, carers, other public agencies and the voluntary sector to provide the support people need to lead as healthy a life as possible.
- Integrating services to provide timely and holistic care.
- The need to focus more resource and activity on prevention, early intervention and anticipatory care.
- The aim of providing more services in the community and reducing demand on acute hospital services.
- Building the capacity of individuals and communities to support good health.
- Tackling health inequalities.

3.2.2 Local Context

Clinical Services Fit for the Future

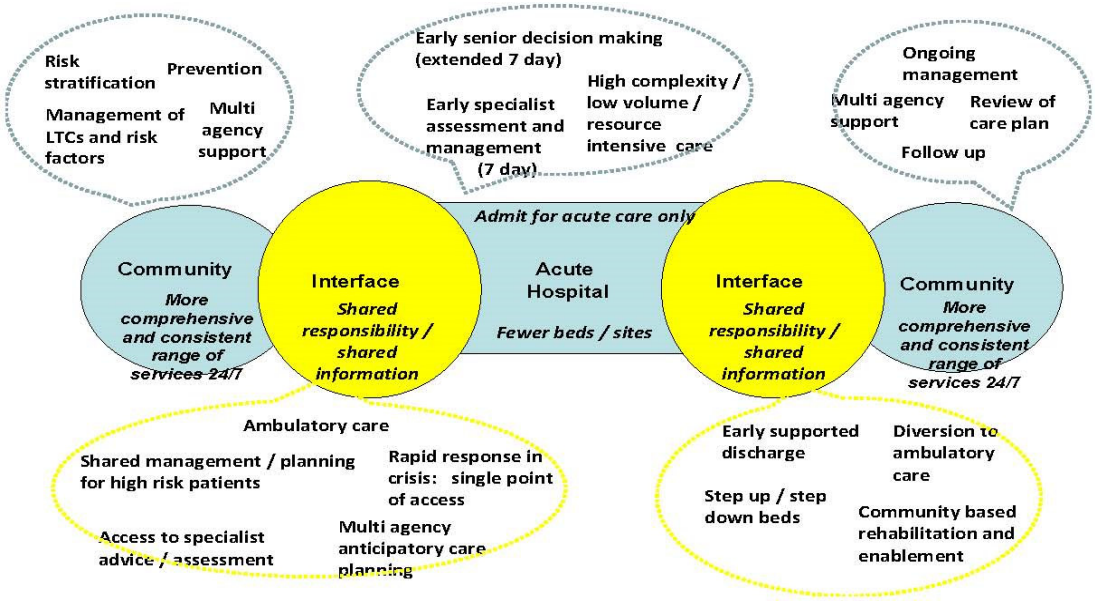
In 2012 the NHS Board embarked on a far reaching clinical services service. The Case for Change set out nine key themes that NHS GGC was required to consider and address as it plans services for the future.

1. The health needs of our population are significant and changing;
2. We need to do more to support people to manage their own health and prevent crisis;
3. Our services are not always organised in the best way for patients; we need to ensure it is as easy to access support to maintain people at home, when clinically appropriate, as it is to make a single phone call to send them to hospital;
4. We need to do more to make sure that care is always provided in the most appropriate setting;
5. There is growing pressure on primary care and community services;
6. We need to provide the highest quality specialist care;
7. Increasing specialisation needs to be balanced with the need for coordinated care which takes an overview of the patient;
8. Healthcare is changing and we need to keep pace with best practice and standards;
9. We need to support our workforce to meet future changes.

These issues set a context which recognised that health services need to change to make sure that they can continue to deliver high quality services and improve outcomes. The Case for Change recognised that in the years ahead there will be significant changes to the population and health needs of NHS GCC, starting from a point where there are already major challenges in terms of poor health outcomes and inequalities.

The overarching aim of the service models that emerged from the review was to encourage the development of **a balanced system of care where people get care in the right place** from people with the right skills, working across the artificial boundary of 'hospital' and 'community' services. It was recognised that the need to work differently at the interface (represented by the yellow circles in the diagram below); extending existing services; creating new ways of working through in-reach, outreach and shared care; evolving new services; as well as changes to the way we communicate and share information across the system if we are to address the case for change.

Figure 1 – CSR Service model



Evidence from the emerging service models suggests that getting the basics right – integrated, multifaceted and coordinated primary, secondary and social care - are much more important than any single tool or approach.

3.3 Organisational Overview

3.3.1 Profile of NHS GGC

NHS GGC is the largest NHS Board in Scotland and covers a population of 1.2 million people. The Board's annual budget is £2.8 billion and employs over 40,000 staff.

Services are planned and provided through the Acute Division and six Health and Social Care Partnerships co-terminous with the six Local Authorities.
The Acute Division delivers planned care and emergency services in nine major hospital sites and provides specialist regional services to a much wider population. This includes medicine and emergency services; surgery; maternity services; children's services; cancer treatment; tests and investigations; older people and rehabilitation services.

The six Health and Social Care Partnerships are responsible for the full range of community based health and social work services delivered in homes, health centres, clinics day services and schools, as well as having responsibility for a range of hospital, care home and residential services. The Health (and Social Care) Partnerships also work in partnership to improve the health of their local populations and reduce health inequalities.

3.3.2 The HSCP's work with local primary care contractors and each year over 1 million patients are seen by GPs and practice staff. Glasgow City HSCP

Glasgow City HSCP became operational formally in February 2016. Through its Integration Joint Board, it is responsible for the planning and delivery of a range of services and functions that have been delegated to it by Glasgow City Council and NHSGGC. These include:

- District nursing services
- Services provided by allied health professionals such as dieticians and occupational therapists
- Dental services
- Primary medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services
- Sexual Health Services
- Mental Health Services
- Alcohol and Drug Services
- Services to promote public health and improvement
- School Nursing and Health Visiting Services
- Social Care Services for adults and older people
- Carers support services
- Social Care Services provided to Children and Families, including:
    - Fostering and Adoption Services
    - Child Protection
- Homelessness Services
- Criminal Justice Services
- Palliative care services

- strategic planning for Accident and Emergency services provided in a hospital
- strategic planning for inpatient hospital services relating to the following branches of medicine:
    - general medicine;
    - geriatric medicine;
    - rehabilitation medicine;
    - respiratory medicine.

Glasgow City HSCP has an annual revenue budget of approximately £1.13 billion, with a staffing compliment of approximately 9000 staff.

The HSCP covers the geographical area of Glasgow City Council, a population of 593,245* and includes 154 GP practices, 135 dental practices, 186 pharmacies and 85 optometry practices. Services within the HSCP are delivered in 3 geographical sectors:

- North West Glasgow with a population of 206,483
- North East Glasgow with a population of 167,518
- South Glasgow with a population of 219,244

*Source: Social Work Area Demographics, September 2014 (based on 2011 census)

The development of a new health and care centre for Woodside will demonstrate in a very tangible and high profile way NHS Scotland and NHSGGC's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation. The integration of health and social care services within the new facility will represent a visible demonstration of the commitment to integrated working consistent with the following ambitions and key principles set out by Glasgow City HSCP's Integration Joint Board within its Strategic Plan for 2016-19:-

- Improving outcomes and reducing inequalities
- Person-centred care, providing greater self-determination and choice
- Early intervention, prevention and harm reduction
- Shifting the balance of care to better support people in the community
- Enabling independent living for longer and promoting recovery
- Public Protection to ensure people are kept safe and risks are managed appropriately

3.3.3 Profile of Woodside

The current location of Woodside Health Centre and the proposed location of the new health and care centre fall within the North West Sector catchment of Glasgow City CHP.

The majority of patients using Woodside Health Centre live in the surrounding area – the 4 neighbourhoods of Cowlairs and Port Dundas, Keppochhill, Woodside and Firhill.

These 4 areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities. 54% of patients using Woodside Health Centre live in a SIMD 1 area.

The following is a summary of some headline health statistics (from the Health and Well-Being Profiles 2014) which illustrates the challenges faced in improving health in Woodside.

Life Expectancy -The average male life expectancy across Cowlairs and Keppochhill is 68.85 years (approximately 8 years below the national average). Firhill and Woodside average male life expectancy is 72 years (4 years below the Scottish average). The average female life expectancy across the 4 neighbourhoods is 75.5 years (5 years below the national average).

Table 9 – Life Expectancy

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Male life expectancy	68.3	69.4	72.3	71.8	76.6
Female life expectancy	73	74.9	75.9	78.3	80.8

Alcohol and Drugs - The average rate of alcohol-related hospital stays in all 4 areas is significantly worse than the Scottish average. The rate in Cowlairs & Port Dundas and Keppochhill is over 3 times the Scottish average.

The rate of drugs-related hospital admissions in Cowlairs & Port Dundas and Keppochhill is more than twice the Scottish average.

Table 10 – Alcohol and Drugs

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Alcohol related hospital stays (rate per 100k)	2002	2247	1413	807	671
Drugs related hospital stays (rate per 100k	292	271	100	145	122

Mental Health - Psychiatric hospital admissions are significantly higher than the Scottish average in all 4 neighbourhoods. The rate in Keppochhill is over 3 times the Scottish average.

Table 11 – Mental Health

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Psychiatric hospitalisation rate (per 100k)	590	940	530	538	292

Older people and long term conditions - Hospital admissions are significantly above the national average. The average rate of hospital admissions for COPD across the 4 neighbourhoods is nearly double the national rate.

The average rate of emergency admissions and multiple admissions for people aged 65+ across the 4 neighbourhoods is significantly above the national average, with Keppochhill showing the highest rate of admissions.

Table 12 – Hospital Admissions

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Hospitalisation for COPD (rate per 100k)	1010	1472	897	1026	660
Emergency Admissions (rate per 100k)	11470	12469	10600	9510	7500
Multiple admissions people aged 65+ (rate per 100k)	7530	9618	8076	8290	5160

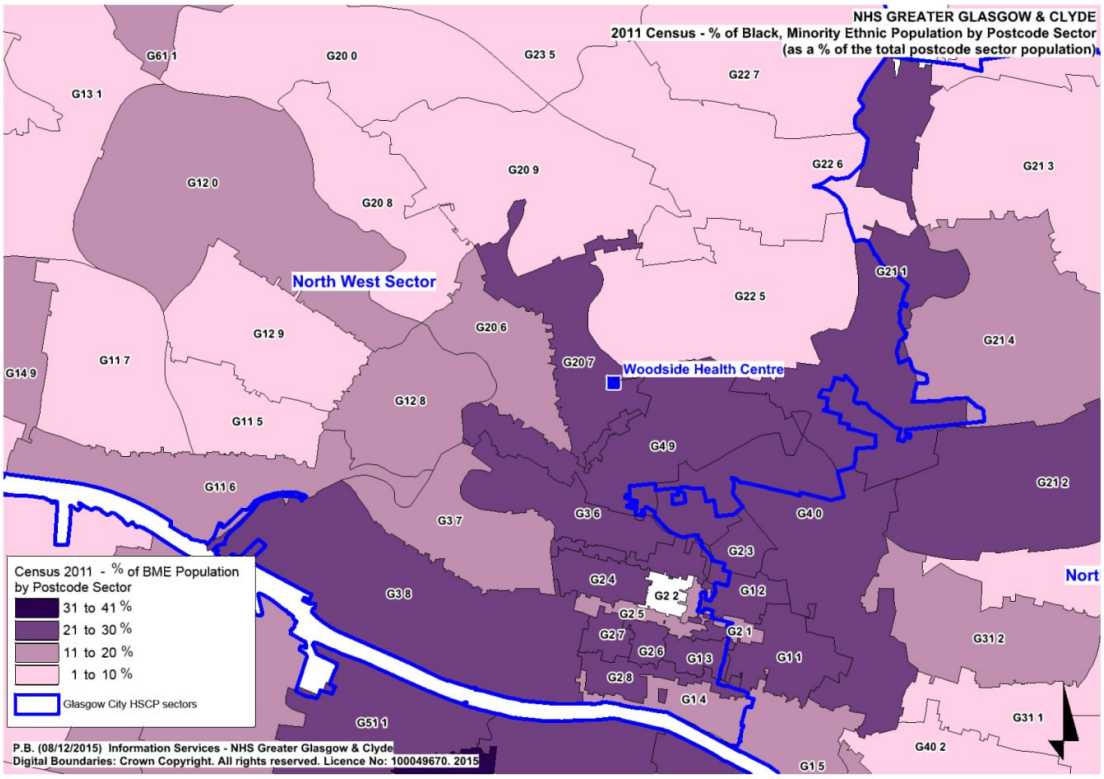
Child Health - Rates for mothers smoking during pregnancy are marginally above the national average in 3 areas, with Woodside below the national average. Breastfeeding rates are below the national average in 3 localities, with the rate for Firhill significantly above the national average.

Table 13 – Children's Health

	Cowlairs and Port Dundas	Keppochhill	Woodside	Firhill	Scotland
Smoking in pregnancy	22.4%	22.5%	14.8%	19.6%	20%
Breastfeeding (babies exclusively breastfed at 6-8 weeks)	22.7%	14.6%	22.7%	40.9%	26.5%

BME- The average proportion of BME population within the 12 postcodes in which the majority of Woodside Health Centre patients reside is 17%, compared with a Glasgow City average of nearly 12%. In half of the 12 postcodes in which the majority of Woodside Health Centre patients reside, the proportion of BME population ranges from 21-30%. (Figures from 2011 Census). See figure 2 below.

Figure 2



3.4 Business Strategy & Aims

NHS GGC Corporate Plan 2013 - 2016

This project is consistent with the objectives identified within the NHS GGC Corporate Plan 2013-16, which sets out the strategic direction for the Board. It will also support the achievement of the Board's share of national targets as set out within the Local Delivery Plan.

NHS GGC's purpose, as set out in the Board's Corporate Plan 2013 – 16 is to "*Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.*"

The Corporate Plan sets out the following five strategic priorities:

- Early intervention and preventing ill-health
- Shifting the balance of care
- Reshaping care for older people
- Improving quality, efficiency and effectiveness
- Tackling inequalities.

The Corporate Plan sets out key outcomes for each of the five priorities.

The outcomes for **early intervention and preventing ill-health** are:

- Improve identification and support of vulnerable children and families
- Enable disadvantaged groups to use services in a way which reflects their needs
- Increase identification of and reduce key risk factors (smoking, obesity , alcohol use, etc)
- Increase the use of anticipatory care planning
- Increase the proportion of key conditions, including cancer and dementia , detected at an early stage
- Enable older people to stay healthy.

The outcomes **for shifting the balance of care are:**

- Fewer people cared for in settings which are inappropriate for their needs and only patients who really need acute care are admitted to hospital
- There are agreed patient pathways across the system with roles and capacity clearly defined including new ways of working for primary and community care
- We offer increased support for self-care and self-management with reduced demand for other services
- More carers are supported to continue in their caring role.

The outcomes for **reshaping care for older people** are:

- Clearly defined, sustainable models of care for older people
- More services in the community to support older people at home to provide alternatives to admission where appropriate
- Increased use of anticipatory care planning which takes account of health and care needs and home circumstances and support

- Improved partnership working with the third sector to support older people
- Improved experience of care for older people in all our services.

The outcomes for **improving quality, efficiency and effectiveness** are:

- Making further reductions in avoidable harm and in hospital acquired infection
- Delivering care which is demonstrably more person centred, effective and efficient
- Patient engagement across the quality, effectiveness and efficiency programmes
- Developing the Facing the Future Together (services redesign and workforce development) programme.

The key outcomes for **tackling inequalities** are:

- We plan and deliver health services in a way which understands and responds better to individuals' wider social circumstances
- Information on how different groups access and benefit from our services is more routinely available and informs service planning
- We narrow the health inequalities gap through clearly defined programmes of action by our services and in conjunction with our partners.

Within the Corporate Plan, the Board has identified that the delivery and development of primary care is fundamental to progressing all of these priorities.

Glasgow City HSCP Draft Strategic Plan 2016-19

The HSCP's objectives and priorities are set out in the HSCP's Strategic Plan 2016-19 and reflect the corporate priorities for the NHS Board and Glasgow City Council. The key development objectives for this project centre on the following key corporate themes for the Board:

- Improve Resource Utilisation: making better use of our financial, staff and other resources
- Shift the Balance of Care: delivering more care in and close to people's homes
- Focus Resources on Greatest Need: ensure that the more vulnerable sectors of our population have the greatest access to services and resources that meet their needs
- Improve Access: ensure service organisation, delivery and location enable easy access
- Modernise Services: provide our services in ways and in facilities which are as up to date as possible
- Improve Individual Health Status: change key factors and behaviours which impact on health

- Effective Organisation: be credible, well led and organised and meet our statutory duties

Key Outcomes within the CHP Development Plan to deliver those corporate themes include:

- Enabling disadvantaged groups to use services in a way which reflects their needs
- Increasing the use of anticipatory care planning
- Improving identification and support to vulnerable children and families
- Enabling older people to stay healthy prolonging active life and reducing avoidable illness
- Fewer people cared for in settings which are inappropriate for their needs
- Improving appropriate access on a range of measures
- Planning and delivering services in ways that take account of individuals' wider social circumstances and equality needs

Equality Impact Assessment

As part of the process of developing the OBC, we have undertaken an Equality Impact Assessment (EQIA) of the aims and objectives of this new development. The results of the EQIA were included in the OBC. As part of the development of this FBC we have established an associated action plan which is enclosed at Appendix C.

3.5 Other Organisational Strategies

3.6.1 Workforce Strategies

The development of a new Woodside Health and Care Centre is consistent with **NHS Scotland's** vision is to ensure that the needs of individuals and communities are met by providing high-quality safe and effective care through an empowered and flexible workforce which understands the diverse needs of the population and which chooses to work for and remains committed to, NHS Scotland. The new Health and Care Centre will have a positive effect across a number of NHSGGC workforce strategies, including:-

Improving the Working Environment

The new facility in Woodside will help promote NHS GGC as an employer of choice, by creating and maintaining a positive organisational reputation and demonstrating a commitment to improving the environment within which our staff deliver excellent care to patients.

Improving Retention and Reducing Absenteeism

North West Locality has a staff turnover figure of 6.93%. Turnover figures by location are not routinely collected. An audit of staff turnover for the services to be accommodated within the new health centre will be undertaken to establish a benchmark for future comparison. North West Locality has an absenteeism figure for NHS and Social Work staff of 6% and 4.56% respectively. Again, an audit of current absenteeism rates for services to be located in the new health and care centre will be undertaken to allow comparison. By radically improving the working environment for staff, it is envisaged that the new health and care centre will encourage existing staff to work in that environment

and in turn have a positive impact on minimising staff turnover and absenteeism wherever feasible.

Enabling Recruitment - Now and in the Future

The new Woodside Health and Care Centre will provide a facility that will be attractive to a range of staff in terms of being in a pleasant working environment and being co-located with other colleagues and services that are essential for cohesive team working in the delivery of the patient journey and the patient experience.

Agile Working

Underlying agile working is a commitment to modernise working practices. The way we work is changing. In the current challenging financial climate, NHS GGC as an organisation is looking closely at what we do and how we do it. Becoming a more flexible and agile workforce can assist us in transforming and streamlining our organisation. Agile working is about modernising working practices and is broadly based on the following principles:

- Work takes place at effective locations and at effective times
- Flexibility becomes the norm rather than the exception
- Employees have more choice about where they work, subject to service considerations
- Space is allocated to activities, not to individuals – improving efficiency and VfM
- There is effective and appropriate use of technology
- Employees have the opportunity to lead balanced and healthy lives

The new Woodside Health and Care Centre will facilitate the introduction of the above agile working principles, with the staff accommodation on the 2nd floor of the building designed specifically to support agile working.

3.6 Investment Objectives

The investment objectives as set out in the Outline Business Case for the project have been reviewed and remain valid. These are:

Table 14 – Investment Criteria

Investment objective	Criteria
Improve access	Good pedestrian access Easy walking Near public transport

	On site car parking Fully DDA compliant
Improve patient experience/ good working environment for staff	Welcoming building Easy to navigate Improve patient pathway Improved patient (and staff) safety
Promote joint service delivery	Promote team working Capacity for social work and other partners Capacity for other organisations to use space Design allows out of hours use of building
Sustainability	Energy efficient Reduce carbon footprint Reduce running costs
Contribution to regeneration of Woodside	Clear signal of investment Catalyst for improvement Support to local businesses Attract other investors Consistent with Town Planning objectives

3.7 Existing Arrangements

The current Woodside Health Centre is the base for 8 GP practices (comprising a total of 23 GPs). The following services are provided from Woodside Health Centre by the 8 GP practices and a range of health services including a GDP and pharmacy.

3.7.1 Current Services

- General Medical Services
- Community Pharmacy
- General Dental Practice
- Podiatry
- Physiotherapy
- Community Adult Nursing Services (including Treatment Room Services, District Nursing and Health Visiting)

- Community Addiction Service (adjacent building)

- a range of community Outreach Services provided on a sessional basis including:- Primary Care Mental Health Team services, Counselling, Ante natal, Anticoagulant Clinics, Continence Advice, Keep Well, Dietetics, Diabetic Specialist Nurse Clinics and Health Improvement services.

3.7.2 Woodside Health Centre

The existing health centre is located just off Garscube Road, within dense housing development, an area characterised by severe and enduring poverty and urban deprivation.

The key issues underpinning the current situation include:

Life expired building – the fabric of the existing health centre building is very poor and space is restricted. Despite improvements made in recent years, in the national PAMS (Property and Asset Management Survey) carried out for the Scottish Health Department, Woodside was identified as a priority for replacement.

Poor access - Car parking is very limited. There is a small parking area for the health centre which is frequently used by unauthorised users who are not visiting the health centre. On-street parking beside the centre is at a premium and there are significant problems of illegal/unsafe parking in neighbouring streets. There is a limited bus service on Garscube Road and the nearest bus stop is some distance from the health centre.

Energy inefficient - The construction methods used for Woodside Health Centre means that it is one of the least energy efficient buildings in the Glasgow HSCP. The building is poorly insulated and as a result suffers from problems of overheating in the summer months, making it a poor working environment for staff and a hot and uncomfortable environment for patients. Conversely it is an expensive building to heat in winter

In the past few years some improvements have been made to the accommodation in the health centre. However these have been limited to making the roof watertight and installing a small single person lift to allow disability access to the first floor. There is however a wing of the building that has no disability access and there no feasible way to retro-fit a lift or ramp.

Limited expansion opportunities - there is very limited potential for expansion on the current site and NHS aspirations to develop more local multi-disciplinary teams working in the community (e.g. through the dispersal of specialist child health staff to support more local partnership working, the bringing together of health and social care staff) cannot be supported without additional space being made available.

In summary it is considered that the existing service provision in Woodside Health Centre fails to provide:

- A platform for sustaining and expanding clinical services, in line with the current and future models of primary care

- Facilities which allow a fully patient centred service and “one stop shop” for all primary care services

- Facilities that support the development of more integrated ways of working.

- Modern facilities and design that meet the required standard for health related infection
- The required focus on reducing inequalities in health set out in "*Better Health, Better Care".*
- A working environment that supports the health and well-being and safety of staff
- Facilities which have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies
- Facilities which meet the required quality standards for safe, effective, patient-centred care
- Facilities which are flexible and adaptable, able to meet future changing demands
- Facilities that enable effective and efficient use of the HSCP resources.

3.7.3 Property Strategy

NHS GGC's Property and Asset Management Strategy April 2012 to March 2016 was approved by the Scottish Government in April 2013. This outlines the plans for the coming years which are in line with both corporate and service plans. The strategy seeks to optimise the utilisation of assets in terms of service benefit and financial return in line with government policy. The strategy has a range of policy aims, one of which is to support and facilitate joint asset planning and management with other public sector organisations and the provision of the new Woodside Health and Care Centre is one of a number of projects which meet this requirement but also support all of the other aims and objectives of the strategy.

The table below notes the status of the infrastructure based on an assessment through the Property Asset Management system.

Table 15 - Property Asset Management System (PAMS) Assessment

Topic Category	Category
Physical Condition	D
Statutory Standards	D
Environment	D
Space	F
Function	D
Quality	D

Where the following categories apply:

A Very Satisfactory/No change or investment required
B Satisfactory/Only minor change or investment required
C Not Satisfactory/major change or investment needed.
D Unacceptable/replacement/replacement or total re-provision required.

F Fully Utilised

3.8 Business Needs – Current & Future

Having established the objectives of the planned project and considered the current provision, this section demonstrates there is a continued, and increasing, clinical need and establishes the deficiencies in current provision and existing facilities at Woodside Health Centre.

3.8.1 Clinical Need

- 2 GP practices in Woodside are 'Deep End' practices with the majority of their patients living in areas of deprivation (with the resultant health problems associated with communities living in difficult circumstances)
- 4 GP practices in Woodside Health Centre participated in the Keep Well LES
- Glasgow City Population Health and Well-being Surveys have consistently highlighted poor health and well-being in areas of deprivation such as Woodside.

The headline health statistics set out in section 3.3.3 only serve to illustrate the increasing pressure being placed on the health and community services from inadequate and space constrained facilities.

A Review of the Current Workload of the GP Practices

The National Records of Scotland population projections forecast that Glasgow's population will grow by 15% between 2012 and 2037, mainly due to a rise in the number of people aged 50 and over (GCPH). Using this as a proxy for the practice population served by Woodside Health Centre, the practice population could potentially increase from its current combined list size of 32,260 to approximately 37,000 across that timeframe.

While it is not envisaged that there will be an increase in the number of practices operating from the new Woodside health & care centre, to meet future demands and maintain access standards, it may transpire that practices choose to increase their general practitioner capacity / volume of available appointments. The new health and care centre would better support any necessary increase to practice list sizes, as well as better supporting the range of other primary and community services required to meet patient need.

Deficiencies in Clinical Services

Within the existing Woodside Health Centre locality, progress is being made with the development of integrated primary care services. Nurses and Allied Health Professionals work in or closely with all practices, and in doing this they are seeking to extend the range of services provided to meet such needs as smoking cessation, assessment of minor illnesses, management of patients with long-term conditions (e.g. diabetes, asthma, CHD-Coronary Heart Disease), psychological support, and self care. Practices and multi-disciplinary teams are seeking to build on relations they have with the local social workers, home care teams and local community health organisations to ensure that they provide a comprehensive community service. The new Health and Care Centre will provide a greater opportunity for integrated working which, along with patient experience, is at times compromised by the standard of the current accommodation.

Adults and Children with Complex Needs

The existing premises do not have the capacity for an extended team to meet the additional service requirements. The new Health and Care Centre will have capacity to allow specialist children's services and CAMHS to run regular sessions, thereby improving local access to services.

Inequalities

The majority of patients using Woodside Health Centre live in the surrounding area – the 4 neighbourhoods of Cowlairs and Port Dundas, Keppochhill, Woodside and Firhill. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities. The average male life expectancy across Cowlairs and Keppochhill is 68.85 years (approximately 8 years below the national average). Firhill and Woodside average male life expectancy is 72 years (4 years below the Scottish average). The average female life expectancy across the 4 neighbourhoods is 75.5 years (5 years below the national average). 54% of patients using Woodside Health Centre live in a SIMD 1 area.

The development of a new health and care centre for Woodside would demonstrate in a very tangible and high profile way NHS Scotland and NHSGGC's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

Older Person's Day Care

The partnership arrangement with Glasgow City Council to accommodate an older person's day centre within the new health and care centre will provide a greater opportunity for integrated working across health and social care service. The new day service itself will facilitate a service that is more directly tailored to the needs of the individual. The new accommodation will be able to provide a more flexible structure, able to offer a mixture of services for older people within the categories of enhanced and dementia care within the same setting. The service will be configured to provide 30 overall places per day (20 places for enhanced care and 10 for specialist dementia care. Along with the quality of the internal environment, the creation of a dedicated garden, tailored to meet the needs of people with dementia, will enhance the experience and quality of life of those using the facility.

Additional Services

In addition to the current services set out at 3.8.1, the following additional services are planned for the new Woodside Health and Care Centre:

- Specialist Children's Service (CAMHS and specialist community paediatric services)
- Social Work Older Persons Day Care
- Community Addiction Services (that will now be located within same building)
- Additional Physiotherapy services (including a new gymnasium to enable some activity to be undertaken more locally out with Acute hospitals)
- New Community Treatment rooms and Consulting Suites providing the opportunity for more community services to provide a more local base for service delivery.

3.9 Business Scope & Service Requirements

3.9.1 General

The project scope is essentially the design and development of facilities that meet the Investment Objectives described in Section 3. However, in order to establish project boundaries, a review was undertaken by key stakeholders, and the following items were established in relation to the limitation of what the project is to deliver.

The core elements of the business scope for the project identified in the IA as the minimum requirements are tabled below. Intermediate and maximum elements will continue to be considered during development in line with costs or expected benefits.

Table 16 – Business Scope

	Min	Inter	Max
Potential Business Scope			
To enable the HSCP to provide an integrated service spanning primary care, community health, social care services in the Woodside area.	☑		
To maximise clinical effectiveness and thereby improve the health of the population.	☑		
To improve the quality of the service available to the local population by providing modern purpose built healthcare facilities	☑		
To provide accessible services for the population of Woodside and surrounding areas.	☑		
To provide flexibility for future change thus enabling the HSCP to continually improve existing services and develop new services to meet the needs of the population served.	☑		
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.	☑		
To provide additional services that are complimentary to the core services provided by the HSCP		☑	
To be part of the delivery of an integrated community			

facility contributing to the social, economic and physical urban regeneration of a deprived area		☑	
Key Service Requirements			
GP practices	☑		
A new dental health suite	☑		
Treatment rooms	☑		
Health visitors and district nurses working in integrated teams	☑		
Social Work staff on site, working in integrated teams with health staff	☑		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	☑		
Social Work Older Persons Day Care Centre	☑		
Community Paediatric Team	☑		
Child and adolescent mental health services	☑		
Primary Care Mental Health Team clinics	☑		
Personal care facilities in the community to support independent living for local disabled people (allowing them access to shopping and other community activity in the Woodside area).	☑		
Youth health services	☑		
Sexual Health services	☑		
Pharmacy	☑		
Training accommodation for primary care professionals including undergraduate and postgraduate medical , dental students	☑		
Community Addiction Team services	☑		
Breast feeding support services	☑		
Parenting services/ baby clinics	☑		
Smoking cessation services	☑		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		☑	
Carers services		☑	
Community health services and community-led rehabilitation and health improvement activity		☑	
Local Stress Centre services		☑	

Money advice services			☑
Employability advice and support			☑
Housing advice and support			☑
Opportunities for volunteering			☑
Crèche facilities			☑

To summarise, the business scope includes :

- New facilities which will be commensurate with modern healthcare standards and meet all relevant health guidance documentation
- A project budget within the HSCP's affordability criteria, to achieve value for money in terms of the nature and configuration of the build on the selected site given the site topography and adjacencies
- Developing facilities which take full cognisance of the local environment in terms of the choice of external materials and finishes.
- The design not being designed in isolation, but will include the best practice from all 4 Hub areas and benefit from cross fertilisation of ideas from all design teams. Information will be shared between design teams by use of common shared information portals (all Architectural teams are already sharing best practice)
- Maximising the sustainability of the development, within the HSCP's resources, and meeting the mandatory requirement of "Excellent" under the BREEAM Healthcare assessment system
- The development of a design that gives high priority to minimising life cycle costs
- Achieving *"Secure by Design"* status
- Complying with all relevant Health literature and guidance including, but not limited to, Scottish Health Technical Memorandum (SHTM), Scottish Health Planning Notes (SHPN's) and Health Briefing Notes (HBN's).
- Within the relevant guidance, maximise use of natural light and ventilation
- In conjunction with the Infection Control Team, develop a design that minimises the risk of infection. To facilitate this, the design will be considered in conjunction with the NHS "HAIScribe" system
- Comply with CEL 19 (2010) - A Policy on Design Quality for NHS Scotland - 2010 Revision which provides a revised statement of the Scottish Government Health Directorates Policy on Design Quality for NHS Scotland. CEL 19 (2010) also provides information on Design Assessment which is now incorporated into the SGHSCD Business Case process.

3.9.2 Art and Environment Strategy

Works of art and craft can contribute greatly to the patient experience and hopefully in turn, health and well-being. An arts and environment strategy group has been established to explore how art and the environment can be integral to the design of the building and its surrounding area. This work includes how the development of the new health and care centre can give greater impetus to local arts activity and make positive environmental connections with the local community and green space.

Woodside Art and Environment Group, the HSCP and NHSGGC has a strategy for the new Woodside Health and Care Centre to commission high quality art and run exhibitions and engagement activities in partnership with local arts and environment groups, organisations and individuals. The aim is to create a rich variety of commissions with a view to art and environment interventions fulfilling a function as a humanising force. Local involvement and participation are key to each of the commissions and eight separate but linked commissions are in progress to reflect the diversity of the community, local history and taking account of local issues. Artists have now been appointed to develop an art installation on the panels above the 3 entrances to the health and care centre, atrium and/ or waiting areas. The current costs allow circa £95k in relation to Art and the Arts strategy for the project.

The Arts and Environment Strategy Group also includes representation from the Green Exercise Partnership. Through this partnership, additional resources have been secured to maximise and deliver a site that offers a range of “green” environmental improvements to ensure the new health and care centre promotes positive health and wellbeing through the incorporation of use of green space and ‘green ideas’ within the building and its surrounding area (including the promotion of way-finding to other green space and activities).

The HSCP is also an active partner in the development and delivery of a shared vision for the regeneration of the wider area. This includes input to the ‘Firhill Basin Canal Corridor Masterplan’, being led by Glasgow Canal Regeneration Partnership. This has involved extensive work with local communities, with part of the plan aiming to offer improved access and connectivity to the new Health and Care Centre site, promoting access to green corridors, health and wellbeing leisure activities and active travel opportunities. In October 2016, Glasgow Canal Regeneration Partnership submitted a Canal Hamiltonhill Development Framework to Glasgow City Council, which was well received and will now constitute one of the main material considerations that will feature in the determination of future masterplans and proposals that are set to come forward for Hamiltonhill housing-led development sites and the Canalside sites that will provide new mixed development, housing and improved greenspace and active travel links (routes and bridges).

3.10 Benefits Criteria

During the development the Outline Business Case, benefits criteria were developed and agreed. These were reviewed as part of the preparation of the Full Business Case and substantially updated. They are set out in the table below. In addition the detailed benefits realisation plan is enclosed at Appendix D.

Table 17 - Benefits Criteria

	Main Benefit	Measured By	Baseline Measure	Target / Projected Impact
1	Enable speedy access to modernised and integrated primary care and community health services	- Service waiting times	-Podiatry clinic new patient wait 5/6 weeks *(Source: Head of Service)*	Reduce waiting times across services
			- Physiotherapy clinic new patient wait 19 weeks *(Source: Head of Service)*	Reduce waiting times across services
			- Alcohol & Drugs RTT in 3 weeks: North West Target 90%. (100% achieved at Dec 2015 *HSCP performance report June 2016)*	Achieve target waiting times
			- access to specialist CAMHS: North West longest wait 18 weeks at April 2016 *(HSCP performance report June 2016)*	Achieve target waiting times
			-PCMHT RRT in 18 weeks: North West Target 90%. (79.2% achieved at March 2016 *(HSCP performance report June 2016)*	Increase number of musculoskeletal annual appointments
		- GP access targets: % positive rating for accessing GP practice urgently		Improve positive experience rating
		% able to make appointment 3 days in advance	-5000 musculoskeletal service patient visits per annum (Woodside) *(Source: Head of Service)*	Improve positive experience rating
		- monitor patient activity and throughput in treatment rooms; - monitor levels of patient activity / consultations across all services; - patient registration with general practice	% positive rating across 8 GP practices: 92.4% 2015/16 *(Woodside GPs average from Scottish Health and Care experience survey)* % positive rating across 8 GP practices: 75.4% 2015/16 *(Woodside GPs average from Scottish Health and Care experience*	Increased patient throughput in treatment rooms; Increased number of patient consultations; Increased patient registration in line with demographic projections

			survey) GP consultations / treatment room activity not routinely collected – will require baseline audit to be undertaken Combined patient list size at Woodside Health Centre: 32,260	
2	Promote a greater focus on prevention and anticipatory care	- monitor level of anticipatory care plans; - LTC bed days per 100,000 -LTC discharges per 100,000 -New A&E attendances with source of GP referral per 100,000 - Referrals to financial inclusion and employability -carer assessments - screening and immunisation rates	Under Integrated Care Fund, we are developing a model for anticipatory care that will be supported by the roll-out of anticipatory care plans. A baseline for performance will be set in 2016/17 -North West rate: 8282 April 2015-March 2016 *(Sharepoint)* -North West rate: 3045 April 2015-March 2016 *(Sharepoint)* -North West rate:1992 April 2015-March2016 *(HSCP performance report June 2016)* Glasgow City: 1897 at Sept 2015 *(HSCP performance report April 2016)* North West: 894 2014/15 against target of 700 *(HSCP performance report June 2016)* -North West bowel screening 48.2 % uptake against 60% target -North West cervical screening 63% uptake against 80% target -North West breast screening 64% uptake against 70% target *(HSCP performance report June 2016)*	Increased number of patients with anticipatory care plans; Reduction in LTC bed days (net of population growth) Reduction in LTC discharges (net of population growth) Reduction in rate of new A&E attendances Increased number of referrals Increase number of carer assessments Increased uptake of screening and immunisation programme Increased uptake of screening and immunisation programme Increased uptake of screening and immunisation programme
3	Improve the	- monitor levels of patient	% positive rating across	- positive patient and service

	patient and service user experience	and user satisfaction: Overall % positive rating for care provided by GP practice	8 GP practices: 90.8% for 2015/16 *(Woodside GPs average from Scottish Health and Care experience survey)*	user feedback on both the facilities and services; - audit of service usage / waiting times; - monitor levels of patient registration; - survey of community use of facilities; - positive feedback from community groups and representatives
4	Promote integrated working between primary care, community health services, specialist children's services and social work services	- Patient's rating of referral arrangements to other services -Monitoring of Integration Delivery Principle: 'services are integrated from the point of view of services users' - monitor levels of liaison including meetings and informal contacts between all services; - review community use of facilities	% Positive rating across 8 GP practices: 81.9% for 2015/16 *(Woodside GPs average from Scottish Health and Care experience survey)* Will be monitored as part of national health & care outcomes. Baseline *to be established.* Local survey to be undertaken to establish baseline performance	Improve percentage of people expressing a positive experience Improve percentage of people expressing a positive experience Evidence of greater integrated working across all services
5	Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs	- contribute to NW Locality's share of CHP target for reduced carbon emissions.	Will be assessed upon facility becoming operational	Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)
6.	Achieve a BREEAM Healthcare rating of 'Excellent'	- independent assessment by BREEAM accredited assessor	Will be assessed upon facility becoming operational	BREEAM score of 70 or over. Securing BREEAM Healthcare Rating of Excellent
7	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	- use of quality design and materials to create a pleasant environment for patients and staff; - HAI cleaning audits (regular NHSGG&C process); - building	Will be assessed upon facility becoming operational	Secure a joint statement of support from A+DS and HFS via the NHS Scotland Design Process (NDAP).
8	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	- carry out DDA audit and EQIA of building; - involve of BATH (Better Access to Health) Group in checking building works for people with different types of disability;	Will be assessed upon facility becoming operational	Compliance with Disability Discrimination Act, Building Control Standards and NHS SHTMs.

		- engagement with local people to ensure building is welcoming – PPF to carry out survey of users.		
9.	Contributes to regeneration of area - supports development of surrounding area development.	Glasgow City Development Plan outcomes Glasgow City Single Outcome Agreement indicators	Qualitative assessment will be undertaken as part of reviewing implementation of Development Plan	Health & Care Centre will be deemed to have contributed significantly to regeneration of the area
10.	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Health & Well Being Survey Results	Reference Scottish Public Health Observatory neighbourhood profiles	Long term aspiration to move a range of poor health and wellbeing outcome indicators linked to areas of deprivation in a positive direction that contributes to addressing health inequalities

3.11 Strategic risks

Throughout the stage 2 process and development of the FBC the project participants have undertaken a series of risk workshops to review and update the risk register. This has included both strategic and design/project related risks. Mitigation and ownership of these risks was considered. A summary of the key risks at FBC stage is contained in Appendix G.

The risk register includes reference to the concerns expressed by GPs to the planned 'open' design of GP reception areas and that sign-off on room data sheets (RDS) by GPs currently remains outstanding. Glasgow City HSCP has proposed to undertake a learning exercise from the recently opened Maryhill Health and Care Centre to review their experience of operating with open receptions in the context of the concerns expressed by Woodside Health Centre GPs. The output from the learning exercise will inform whether there is a need to alter the design of GP reception areas for this project. Liaison will also take place with East Renfrewshire HSCP to share learning from the newly opened Eastwood Health and Care Centre, which was chosen as the benchmark reference design for new primary care health centres. In the current absence of GP sign-off, Glasgow City HSCP will take responsibility for signing off GP RDS.

3.12 Constraints

The key stakeholders have considered the key constraints within which it is essential the project must be delivered. These will clearly have a significant impact on the way the project is procured and delivered. A summary of the key constraints identified is provided as follows:

Financial

NHS GGC, in line with other Boards across Scotland is facing a very challenging financial position. This will mean a very difficult balancing act between achieving Development Plan targets whilst delivering substantial cash savings.

Programme

Woodside Health and Care Centre cannot start on site until the required FBC approvals are complete both for NHS and GCC who are also to occupy the building.

Quality

Compliance with all current health guidance.

Sustainability

Achievement of BREEAM Health "Excellent" for new build.

3.13 Dependencies

The construction on the new facility will depend on securing appropriate approvals from GCC planning department. Full Planning approval for the new facility was granted on 25th November 2015. Refer to Appendix B however there are a number of 'conditions' to this approval that need to be discharged as part of the pre construction and pre occupancy process. All of these are being managed using the planning matrix which is a document used to track progress on discharging all planning conditions.

4 Economic Case

4.1 Introduction

This section sets out the economic case where a number of options were identified and critically evaluated in both financial and non-financial terms including value for money analysis.

4.1.1 Critical Success Factors

The critical success factors were subject to workshop discussion at the early stages of the project and set out within the Outline Business Case. These have been revalidated as part of the preparation of this Full Business Case and are outlined below:

Table 18– Critical Success Factors

Critical Success Factor	Description
Strategic fit & business needs	How well the option meets the agreed investment objectives, business needs and service requirements and provides holistic fit and synergy with other strategies, programmes and projects.
Potential Value for money	How well the option maximises the return on investment in terms of economic, efficiency effectiveness and sustainability and minimises associated risks.
Potential achievability	How well the option is likely to be delivered within the Hub timescale for development & matches the level of available skills required for successful delivery.
Supply-side capacity and capability	How well the option matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply
Potential affordability	How well the option meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints

4.2 Options Considered

4.2.1 Long List of Options

The long list of options developed at Outline Business Case stage was reviewed and confirmed as valid. These are summarised below:

Table 19 – Long List of options

Option	Description
1	Do minimum
2	Build new Woodside Health and Care Centre on current site
3	Build new Woodside Health and Care Centre at Rodney Street
4	Build new Woodside Health and Care Centre at Grovepark/Cedar Street
5	Build new Woodside Health and Care Centre at Hinshaw Street/Doncaster Street
6	Build new Woodside Health and Care Centre at New City Road
7	Build a new combined health and care centre for Woodside and Maryhill at Hugo Street/Shuna Street
8	Build a new combined health and care centre for Woodside and Maryhill at Maryhill Road/ Queen Margaret Drive

4.3 Shortlisted Options

The options that were shortlisted and assessed in the OBC are set out in the table below:

Table 20 – Shortlisted options

Option	Description
Option 1 (previously 2) – Do Minimum	This option would incur minor interior upgrade works to improve the building. This option would fail to meet the service and project objectives. However it has been included as an option to provide a baseline so that the extra benefits and costs of the other options can be measured against it.
Option 2 (previously 4) – Grove park Street	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered viable – but there are some issues regarding building on a site that is currently a children's play area/green space in a much built up area, the new building being overshadowed by adjacent high rise buildings, and some access and safety concerns for pedestrians.

Option 3 (previously 6) – New City Road	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered viable but there were concerns regarding the isolation of this site, the lack of adequate road access, noise and pollution due to its proximity to the motorway.
Option 4 (previously 5) – Hinshaw Street	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered to be the best and achieved the highest scores in relation to each of the investment criteria.

4.4 Non Financial Benefits Appraisal

The short listed options were scored using the weighted benefit criteria and the results of the scoring of these options was set out in detail in the Outline Business Case. The results of the scoring is set out in the table below. As part of the preparation of this FBC, the scoring exercise has been revisited and the preferred options remains unchanged from the OBC stage as the highest ranking option. This included a review of the critical success factor appraisal set out in the OBC. This exercise confirmed that the outcomes presented within the OBC remain valid.

Table 21 – Results of Non Financial Benefit Criteria Scoring

Option Nr	Option Description		Improve access	Improve patient experience/good working environment for staff	Promote joint service delivery	Sustainability	Contribute to the Regeneration of the Woodside Area	Total weighted score	% of total possible score (based on average scores)
1	Do Minimum	Score	30	25	23	13	16		13%
		Weight	20%	30%	20%	15%	15%		
		Weight Score	**6**	**7.5**	**4.6**	**1.95**	**2.4**	**22.45**	
2	Build new Woodside Health and care centre at Grove park St.	Score	50	64	69	84	44		39%
		Weight	20%	30%	20%	15%	15%		
		Weight Score	**10**	**19.2**	**13.8**	**12.6**	**6.6**	**62.20**	
3	Build new Woodside Health and care centre at New City Road	Score	46	53	74	84	52		39%
		Weight	20%	30%	20%	15%	15%		
		Weight Score	**9.2**	**15.9**	**14.8**	**12.6**	**7.8**	**60.30**	

4.	**Build new Woodside Health and care Centre at Hinshaw Street**	Score	131	130	132	133	128		82%
		Weight	20%	30%	20%	15%	15%		
		Weight Score	**26.20**	**39.00**	**26.40**	**19.95**	**19.20**	**130.75**	

4.5 Summary of Economic Appraisal

An initial stage 2 submission was provided by hWS in November 2015. However at that time the price significantly exceeded the affordability cap for the project. A detailed review was undertaken at that stage involving all parties to the project. The outcome of this was the establishment of a revised affordability cap in May 2016 of £20,083,907.

The capital cost for the preferred option at OBC stage was £18,720,907 however the current capital costs at stage 2 (FBC) for the preferred option is £20,065,252. Whilst this is within the affordability cap it is an increase of circa £1.34m (7.28%) on the OBC figure. A detailed review was carried out by NHS GGC alongside GCC to establish the revised affordability cap, recognising the changes that had occurred and to ensure all parties were satisfied it represented value for money.

As part of the FBC process a detailed technical review of the stage 2 submission has been carried out, including by the appointed technical advisors which has concluded that the capital costs submitted represents value for money. Some of the key changes since the stage 1 submission include:

- Increased building area to 6,732sqm (6730sqm at stage 1)
- Programme delay to overall completion by August 2018 (May 2017 at stage 1)
- Revised requirements, including to achieve improved energy targets and updated regulations, technical standards covered by various change control forms.
- Scope changes including in relation to FF&E.

It has also been verified that the stage 2 costs have been fully market tested in accordance with requirements. The capital cost estimates for the options short-listed are detailed as follows:

Table 22 - Capital Cost Estimates

Option	Capital Cost Estimate
Option 1 – Do Minimum	£3,116,618.75*
Option 2 – build new Woodside Health and care centre at Grovepark St.	£18,922,542.99**
Option 3– build new Woodside Health and care centre at New City Road	£18,922,542.99**

Option 4 – build new Woodside Health and care centre at Hinshaw St.	£20,065,252.00***

* These costs reflect those used in the OBC adjusted for inflation to reflect the programme.

**. These costs have been updated since the OBC to reflect the stage 2 design including the area of 6,732sqm. They have been based on the rate of £1,462/sqm updated for inflation to reflect the actual programme and to reflects allowances for site works similar to those at OBC stage including for cut and fill, piling, water attenuation, culvert diversion and diversion of overhead cables. They have also been adjusted to reflect actual fees percentages submitted in the *stage 2 submission and include Prelims (10.82%), Overheads & Profit (4%), New Project Development Fee (6.73%), Additional Management Costs (2.48%), DBFM Fees (1.26%), Hubco portion (1.83%) plus survey costs/ statutory fees, additional fees, etc to match the stage 2 submission.*

*** These Capital Cost estimates are the stage 2 costs provided for the stage E design at Hinshaw St. A technical review of the stage 2 submission has been carried out which has confirmed that the proposal demonstrates value for money and that costs are in line with market rates, in the circumstances of this project.

The quantitative assessment of value for money was made using NPV analysis. A summary of the NPV for each option is shown below. The calculations for deriving the NPV figures are enclose at Appendix F and are based on the revised capital costs set out above and the tendered FM and LCC rates for the new build options..

Table 23 - VfM Analysis

25 year Life Cycle		Option 1 - Do Min	Option 2 – Grove park St.	Option 3 – New City Road	Option 4 – Hinshaw St
Appraisal Element					
Benefit Score	a	**22.45**	**62.2**	**60.3**	**130.75**
Rank		**4**	**2**	**3**	**1**
Net Present Cost – Includes risk	b	£10,546,822	£29,837,044	£29,837,044	£30,979,753
Cost per benefit point	b/a	£469,792	£479,695	£494,810	£236,939
Rank		**2**	**3**	**4**	**1**

The result of the benefit scoring in the format used in the OBC is summarised in the table above which confirms that **Option 4 – New Build at Hinshaw Street**, is the highest scoring option whilst also meeting the critical success factors. Costs for options 2 and 3 have been reviewed to incorporate relevant elements of the GMP figure for option 4.

This validates the outcome of the OBC indicating that Option 4 provides the greater economic benefit compared to the other options.

4.6 Performance Scorecard

A value for money scorecard has been completed for this project in accordance with the current guidance from the Scottish Government for the implementation of performance metrics. This is enclosed at Appendix E and demonstrates the following performance against the five metrics:

Area Performance Measurements

Area per GP - an 15% improvement on the standard metric at 85sqm/GP (standard is 100 sqm/GP)

Ratio of clinical Space versus support space – an 8% uplift on the standard metric at a ratio of 1:3.2 (standard is a ratio of 1:3)

Commercial Performance Metrics

Total Project costs - a 4% improvement on total cost metric

Prime Costs - an 8% uplift on prime cost metric

Life Cycle - an 8% uplift on the cost metric, with life cycle increasing by £1.5/sqm but FM being £4.47/sqm below metric..

Some additional detail in relation to the numbers in the Performance scorecard as well as ongoing actions are set out below:

The abnormals include: issue 1- grouting to mine workings, breaking out rock, piling, gas venting, services diversions, cut and fill, de watering; issue 2- additional fire compartmentation works agreed with NHS in compliance with SHTM81, timber and brick plinths to walls and external elevations; issue 3 - additional mechanical ventilation works necessary to deal with site specific acoustic issues; issue 4 - retaining walls and associated bases.

The LCC cost of £19.50/sqm has been obtained through market testing with Robertsons FM. This reflects project specific issues, including in relation to additional provision for cooling water at storage tank and finalised design.

The Stage 2 Cost Plan and the Stage 2 Final Pricing Report provided by hWS indicates that the cost to deliver Woodside Health and Care Centre is £20,065,252, which is £1,344,686 over the Stage 1 costs of £18,720,566 set within the OBC but £18,655 below the revised Affordability Cap of £20,083,907 The costs within the Stage 2 submission from HWS are based upon Prime Costs including site abnormal costs, risks including those defined within the costed Risk Register, additional inflation allowance and all development costs including tendered Design Team Fees. The Project Specific issues and abnormal elements to the project and are set out below for this FBC::

1 There is a requirement for a Stopping Up Order to Doncaster Street to maintain an open and safe community ‘thoroughfare’ within the main parking area and pedestrian access route to the development.

2 Considerable utility diversions required.
3 The topography of the site requires that there are significant levels of retention within the building, and that brick and timber plinths are required at the east end of the site. In addition there are requirements for cut and fill, and removal of potentially hazardous waste.
4 There are significant issues with the geology of the site including a fault to the west of the site, shallow mine workings throughout the site and shallow rock.
This requires grouting throughout, together with piled foundations.
5 Extensive Mechanical ventilation is required due to the recommendations within the Acoustic Report for the development.

4.7 Risk Workshop and Assessment

The objective of performing a risk assessment is to:

- allow the Board to understand the project risks and put in place mitigation measures to manage those risks
- assess the likely total outturn cost to the public sector of the investment option under consideration
- ensure that the allocation of risks between the Board and the private sector is clearly established and demonstrated within the contractual structure.

Continued monitoring and mitigation of all risks has continued through the FBC stage including at monthly project Board meetings.

The risk register has been a key tool in driving the ongoing management of risk through the FBC stage. A copy of the risk register is included at Appendix G. This reflect the position at November 2016.

Operational risks will be transferred to the Board's risk register post FBC as the Board will manage operational risks.

4.7.1 Key Risks and Potential Costs Associated with Preferred Option

The outcome of the risk cost analysis exercise to establish the potential costs associated with the recorded risks at OBC stage was as follows:-

Preferred Option - total risk allowance of £883,673 which represented 7.5% of the Prime Cost (1% Construction Risk + 6.5% Project Un – Assessed Risk).

Through the stage 2 process risk has been managed out of the project as the detailed design has been developed.

A risk register has been provided in the stage 2 cost report. The stage 2 costs incorporate a risk allowance of £168,519 which is included in the Maximum Cost set out in the stage 2 report. This represents circa 1% of the Prime Cost including preliminaries and is in accordance with the allowances permitted under the Territory Partnering Agreement.

4.7.2 Summary and Conclusions

The current risk register at FBC stage indicates a significant reduction in the level of retained risk for the preferred option as compared to that risk at OBC stage. In financial terms the risk allowance has dropped from £883,673 at OBC stage to £168,519 at FBC stage.

4.8 Sensitivity Analysis

It is clear from Table 23 above that Option 4 represents the most favourable option in NPV terms with a net cost per benefit point of £236,939. It is noted that for Option 1 (the second ranking option), to become the greater economic benefit than option 4, the cost of Option 4 would need to increase by over 98 % whilst the cost of Option 1 remained the same.

4.9 The Preferred Option

The results of the combined quantitative and qualitative appraisal of the shortlisted options shows that **Option 4** – **New Build at Hinshaw Street** gives the lowest cost per benefit point, achieves the critical success factors, has a low risk profile and therefore is the preferred option.

5 Sustainability Case

5.1 Overview

As with all public sector bodies in Scotland, NHS GGC must contribute to the Scottish Government's purpose: *'to create a more successful country where all of Scotland can flourish through increasing sustainable economic growth'.* The Board and the PSCP team are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution.

5.2 BREEAM Healthcare

The requirement to achieve a BREEAM Healthcare excellent rating is integral to the business case process. The stage 2 report includes updates reflecting work carried out for the FBC and includes a BREEAM Assessment report based on the stage E design. This indicates an expected score of 75.4 which is above the BREEAM 'Excellent' threshold of 70%.

5.3 The Cost of Sustainable Development

Whilst the HSCP and the Board acknowledge that it is a common misconception that sustainable development is always more expensive or too expensive, the project team are working within the constraints of a budget. A whole life cost approach has been taken to this project and sustainable development has been viewed in the longer term or holistic sense, however, this has to be balanced with the affordability of the project and the competing priorities of the benefits criteria.

5.4 Green Travel Plan

In compliance with NHS GGC travel policy and the Board's Carbon Plan 2014, the new building will have a Green Travel Plan (GTP). This plan will have defined targets for increased walk and cycle to work journeys for staff and reducing single occupancy car journeys for staff. Compliance with the plan will be monitored through the building user group chaired by the in-patient service manager. Provision of this Travel Plan is a condition of Planning Permission and should be in place before occupation of the facility.

5.5 Summary

The project team has given careful consideration to the ongoing sustainability of the Woodside Health and Care Centre post completion. After providing a building that is designed and constructed with sustainability as one of the priorities it is then essential that the ongoing management of the facility continues these principals. Operational policies should be developed to ensure resources are utilised to their maximum and waste is minimised. Installing an Environmental Management System in the building will help staff control light, ventilation, temperature and monitor energy usage and allow targets to be set regarding reducing consumption.

The facility is being designed to meet the current standards and agreed targets as set out in the Authority Construction Requirements. This includes requirements in respect of Environment, Sustainability and Energy Consumption. A Building Energy Management System will be installed in the new facility to assist in the control, and reporting process and in minimising energy consumption in accordance with current guidelines for the NHS estate. The system has been specified by NHS (in consultation with their technical support team, including HFS) and is being developed and installed by Hub West.

This new health and care centre will lead NHS GGC's journey in reducing their carbon output and make it one of the most environmentally aware buildings in their estate.

By providing this facility, and doing so across the three fronts described, the provision of the services within the new health centre will be sustainable for the foreseeable future.

6 Commercial Case

6.1 Introduction

This section of the Full Business Case sets out the terms of the negotiated agreement.

6.2 Procurement Route

The hub initiative has been established in Scotland to provide a strategic long-term programme approach in Scotland to the procurement of community-focused buildings that derive enhanced community benefit.

Woodside Health and Care Centre is located within the West Territory. A Territory Partnering Agreement (TPA) was signed in 2012 to establish a framework for delivery of this programme and these benefits within the West Territory. The TPA was signed by a joint venture company, hub West Scotland Limited (hubco), local public sector Participants (which includes NHS GGC and GCC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The Woodside Health and Care Centre project will be bundled with the new Gorbals Health and Care Centre - the purpose of this approach and the benefits are outlined in the bundling paper which accompanies this and the Gorbals OBCs.

The TPA prescribes the stages of the procurement process including:

- New Project Request
- Stage 1 (submission and approval process)
- Stage 2 (submission and approval process)
- Conclude DBFM Agreement (financial close)

Since the OBC was approved and as a result of the ESA 10 issue, there has been a revised delivery structure established by SFT for DBFM projects. As this project includes design, construction and certain elements of hard Facilities Management services the contracting parties (one of which is the DBFM Co) will be required to enters into SFT's current standard form Design, Build, Finance and Maintain Agreement for hub projects.

6.3 Agreed Scope and Services

As identified in earlier sections, this Full Business Case has confirmed that the preferred option identified at Outline Business Case stage remains valid and is the preferred option. The design proposals have been developed to RIBA stage E through an inclusive process involving key members of NHS Greater Glasgow and Clyde and City of Glasgow Council as well as various advisers including technical, financial and legal advisers. This section describes some of the key design development issues including changes since the Outline Business Case stage.

6.3.1 The Site

The preferred site is Hinshaw Street which is located within the Woodside area. This was selected following an option appraisal exercise held on 30th April 2013.

A missive to purchase the land has been agreed with Glasgow City Council and this will be concluded early in the new year and before financial close.

6.3.2 Site Access, Constraints and Orientation

The site has a number of challenging engineering issues associated with ground conditions, all of which have been fully accounted for in the stage 2 design proposals and associated costs
The provision for and management of parking, is recognised as an issue for the site. An overall approach will be used to maximise the use of public or other transport options and to reduce the demand on car parking for the facility. A travel plan is being developed that includes patient and staff surveys to understand the demand and to develop options to support the use of alternative means of travel.

In addition, a range of support will be offered including using established approaches with staff such as loans for zone cards to support use of bus and rail travel and also cycle to work schemes to encourage cycling. There have also been specific developments including the use of technology that changes the work patterns of certain key groups of staff and reduces the requirement for them to come to a base as frequently.

The site for the new centre benefits from its central location and proximity to public transport routes.

6.3.3 Design Development

The design has been developed for the Woodside Health and Care Centre with key stakeholders, using the Eastwood Health and Care Centre as the reference point. Throughout the stage 2 process the design has been developed collaboratively involving all stakeholders and in accordance with the Authorities Construction Requirements. The resultant stage E design has been reviewed as part of the stage 2 review process and deemed to be in accordance with requirements of these stakeholders.

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6.3.4 Schedule of Accommodation

A schedule of accommodation has been arrived at following a number of meetings with the users and project team.

The Schedule of Accommodation is included at Appendix H and totals a floor area of 6,732sqm. The split of area between NHS and GCC has also been reviewed and validated.

6.3.5 Architecture and Design Scotland

As part of the embedding of the design process in the various business case stages, the Scottish Government has, in addition to BREEAM assessments, advocated a formalised design process facilitated by Architecture and Design Scotland (A&DS) and Health Facilities Scotland (HFS). NHS GGC has taken steps to consult with A&DS in the development of the design of the Health and Care Centre.

The FBC NDAP review of the design has been completed and joint statement of support report has been issued by HFS and A&DS has been issued and is included in this FBC as Appendix I.

6.3.6 HAI-Scribe

An HAI-Scribe Stage 2 Infection Control Assessment of the preferred option site was successfully carried out with representatives of the Infection Control Team and the Glasgow City HSCP. The Stage 2 HAI Scribe report is included at Appendix J.

6.3.7 Clinical and Design Brief

The clinical brief for the project has been developed in conjunction with the key stakeholders in a number of forums with all of the service providers . An operational policy document, has also been developed, that describes the way in which it is envisaged services would operate and the specific accommodation requirements for each service. The Health Planner for the project attended the Delivery Group and met with various stakeholders to look at the operational policy documents provided by NHS GGC and GCC and to review the accommodation requested.

6.3.8 Staff to be accommodated in the new facility

Approximately 225 wte staff will be based at Woodside Health and Care Centre. This includes many staff who will be working with people in their own homes or who will be participating in agile working. An approximate breakdown of staffing numbers is identified in the table below.

Staff Function	Approximate WTE
General Practitioners	**23**
General Practice staff	**34**
District Nursing	**18**
Health Visiting	**28**
General Dental Practice	**5**

Pharmacy	**5**
Allied Health Professionals	**33**
CAMHS / community paediatrics	**29**
Community Addictions	**25**
Social Work Day Care	**20**
General Admin / Reception	**5**
Total	**225**

6.3.9 Surplus Estate

The current Woodside Health Centre building is built on land leased from Glasgow City Council. The adjoining Clinic on Callander St (both land and building) is owned by NHS GGC and will become surplus to requirements on completion of the new building.

The Woodside Health Centre land lease will be terminated on completion of the purchase of the land for the new build and discussions on this and the disposal of the Callander St site are underway with GGC.

6.3.10 Service Continuity

I.T. and Voice Overview

The NHS GGC "eHealth" strategy is informed by the national and eHealth Strategy as well as key drivers for change such as the "*Better Health Better Care"* action plan.

Specifically there is an active policy of maximising clinical access to modern IT equipment including clinical & office applications. This policy will be actively pursued in the new facility.

The existing Health Centre is connected to the Glasgow coin network via a 10Meg LES circuit routed through Glasgow Royal Infirmary which is the connection to the secure SWAN network. A secondary backup 100Meg SWAN circuit is routed through Possilpark Health and Care Centre. It is envisaged that this arrangement will continue with an increase to a 100Meg primary circuit with a 100Meg backup. The increase in network capacity will improve performance and resilience and allow expansion.

National and local eHealth systems are continually being procured, developed and enhanced and appropriate systems will be utilised within the new facility.

The design and nature of the facility will allow integrated working between members of the primary care team. It is intended that eHealth solutions will be used to the full in supporting this and maximising benefits to service users.

All internal networking within the building will be provided by the contractor, this will provide a modern, flexible and versatile cabling system capable of supporting voice, video and data systems. Connections to the outside world will be provided and maintained by NHS GGC.

IT equipment including hubs, routers, servers, PCs etc. will be provided and maintained by NHS GGC.

I.T. Strategy

The new site will be connected to the national secure NHS Net (N3) which will allow high-speed data communications with healthcare sites and staff both nationally and across the NHS GGC area.

The N3 network will allow staff within the facility to communicate securely with colleagues across the NHS. The connection from the N3 network to the internet will also be available to staff within the facility.

The NHS GGC Voice network will facilitate single extension dialling to other facilities; clinics support service at zero cost, The IP system will be installed and operate on BTHV circuits separate to the IT Data circuits. DR/Resilience will be provided via BT PSTN lines via copper cabling

A wireless network will be provided to improve flexibility and operability of mobile devices, whilst maintaining the highest security.

Secure communication will be enabled between the NHS employed staff and their GP colleagues within the building. Not sure what this entails could be misconstrued – appropriate links between staff who need to link in with GP's will be available.

Use of Electronic check in within GP and clinic settings

Electronic Booking and appointment systems

Reduction of paper records through electronic systems including back scanning of current records

Use of technology to manage work allocation and increase efficiencies for community staff in health and social care including real time access to information / results

Development of technologies to support management of long term conditions including home telehealth (Self testing for key measures such as blood pressure)

These initiatives will contribute significantly to supporting a seamless care regime for the service users with different services within the health and care systems able to communicate with each other without the hindrance of network incompatibility. A joint Greater Glasgow & Clyde / Glasgow City Council IT Group was set up early in the project development to ensure that appropriate IT protocols are in place.

Network enabled application availability is increasing and it is intended that clinical staff within the facility will have access to laboratory results, electronic referral letters and other relevant clinical applications.

The procurement of eHealth solutions and related equipment will remain a function of NHS GGC.

6.3.11 Facilities Management (FM)

The Hard FM, such as building repairs and maintenance, of the new building, will be dealt with by the DBFM Co organisation, through the appointment of the Hard FM Service Provider. Soft FM will be managed by NHS GGC.

6.4 Risk Allocation

6.4.1 Transferred Risks

Inherent construction and operational risks are to be transferred to the DBFM Co These can be summarised as follows:

Table 24 – Risk Allocation

	Risk Category	Potential Allocation		
		Public	Private	Shared
1	Design risk		Yes	
2	Construction and development risk		Yes	
3	Transitional and implementation risk		Yes	
4	Availability and performance risk		Yes	
5	Operating risk			Yes
6	Variability of revenue risks		Yes	
7	Termination risks			Yes
8	Technology and obsolescence risks		Yes	
9	Control risks	Yes		
10	Residual value risks	Yes		
11	Financing risks		Yes	
12	Legislative risks			Yes

6.4.2 Shared Risks

Operating risk is shared risk subject to NHS GGC and DBFM Co responsibilities under the Project Agreement and joint working arrangements within operational functionality.

Termination risk is shared risk within the Project Agreement with both parties being subject to events of default that can trigger termination.

While DBFM Co is responsible to comply with all laws and consents, the occurrence of relevant changes in law as defined in the Project Agreement can give rise to compensate DBFM Co.

6.5 Contractual Arrangements

The hub initiative in the West Territory is provided through a joint venture company bringing together local public sector participants, Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The West Territory hubco PSDP is a consortium consisting of Morgan Sindall and Apollo.

The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To increase the value for money for this project it is intended that the Woodside Health and Care Centre will be bundled with the similarly timed new Gorbals Health and Care Centre. This will be achieved under a single Project Agreement utilising SFT's current standard "Design Build Finance and Maintain (DBFM) Agreement".

This bundled project will be developed by a DBFM Co. DBFM Co will be funded from a combination of senior and subordinated debt and equity and supported by a 25 year contract to provide the bundled project facilities.

The senior debt is provided by a project funder that will be appointed following a funding competition. Equity will be invested by the PDSP, SFT and hub Community Foundation .and subordinated debt is invested by a combination of Private Sector parties, the hub Community Foundation and Scottish Futures Trust. The Participant also has the option to invest both subordinated debt and equity, but this is not a requirement..

DBFM Co will be responsible for providing all aspects of design, construction, ongoing facilities management and finance through the course of the project term with the only service exceptions being wall decoration, floor and ceiling finishes.

Soft facilities management services (such as domestic, catering, portering and external grounds maintenance) are excluded from the Project Agreement.

Group 1 items of equipment, which are generally large items of permanent plant or equipment will be supplied, installed and maintained by DBFM Co throughout the project term.

Group 2 items of equipment, which are items of equipment having implications in respect of space, construction and engineering services, will be supplied by NHS GGC, installed by DBFM Co and maintained by NHS GGC.

Group 3-4 items of equipment are supplied, installed, maintained and replaced by NHS GGC.

The agreement for Woodside Health and Care Centre will be based in the SFT's hub standard form Design Build Finance Maintain (DBFM) contract (the Project Agreement). The Project Agreement is signed at Financial Close. Any derogation to the standard form position will be agreed with SFT.

DBFM Co will delegate the design and construction delivery obligations of the Project Agreement to its building contractor under a building contractor. A collateral warranty will be provided in terms of other sub-contractors having a design liability. DBFM Co will also enter into a separate agreement with a FM service provider to provide hard FM service provision.

The term will be for 25 years.

Termination of Contract – as the NHS will own the site; the building will remain in ownership of the NHS throughout the term, but be contracted to DBFM Co. On expiry of the contract the facility remains with NHS GGC.

Service level specifications will detail the standard of output services required and the associated performance indicators. DBFM Co will provide the services in accordance with its method statements and quality plans which indicate the manner in which the services will be provided.

NHS GGC will not be responsible for the costs to DBFM Co of any additional maintenance and/or corrective measures if the design and/or construction of the facilities and/or components within the facilities do not meet the Authority Construction Requirements.

Not less than 2 years prior to the expiry date an inspection will be carried out to identify the works required to bring the facilities into line with the hand-back requirements which are set out in the Project Agreement.

DBFM Co will be entitled to an extension of time on the occurrence of a Delay Event and to an extension of time and compensation on the occurrence of Compensation Events.

NHS GGC will set out its construction requirements in a series of documents. DBFM Co is contractually obliged to design and construct the facilities in accordance with the Authority's Construction Requirements.

NHS GGC has a monitoring role during the construction process and only by way of the agreed Review Procedure and/or the agreed Change Protocol will changes occur. DBFM Co will be entitled to an extension of time and additional money if NHS GGC requests a change.

NHS GGC and DBFM Co will jointly appoint an Independent Tester who will also perform an agreed scope of work that includes such tasks as undertaking regular inspections during the works, certifying completion, attending site progress and reporting on completion status, identifying non-compliant work and reviewing snagging.

NHS GGC will work closely with DBFM Co to ensure that the detailed design is completed prior to financial close. Any areas that do remain outstanding will, where relevant, be dealt with under the Reviewable Design Data and procedures as set out in the Review Procedure.

The Project Agreement details the respective responsibilities towards malicious damage or vandalism to the facilities during the operational terms. NHS GGC has an option to carry out a repair itself or instruct DBFM Co to carry out rectification.

Compensation on termination and refinancing provisions will follow the standard contract positions.

6.6 Method of Payment

NHS GGC will pay for the services in the form of an Annual Service Payment.

A standard contract form of Payment Mechanism will be adopted within the Project Agreement with specific amendments to reflect the relative size of the project, availability standards, core times, gross service units and a range of services specified in the Service Requirements.

NHS GGC will pay the Annual Service Payment to DBFM Co on a monthly basis, calculated subject to adjustments for previous over/under payments, deductions for availability and performance failures and other amounts due to DBFM Co.

The Annual Service Payment is subject to indexation as set out on the Project Agreement by reference to the Retail Price Index published by the Government's National Statistics Office. Indexation will be applied to the Annual Service Payment on an annual basis. The base date will be the date on which the project achieves Financial Close.

Costs such as utilities and operational insurance payments are to be treated as pass through costs and met by NHS GGC. In addition NHS GGC is directly responsible for arranging and paying all connection, line rental and usage telephone and broadband charges. Local Authority rates are being paid directly by NHS GGC.

6.7 Personnel Arrangements

As the management of soft facilities management services will continue to be provided by NHS GGC, there are no anticipated personnel implications for this contract.

No staff will transfer and therefore the alternative standard contract provisions in relation to employee transfer (TUPE) have not been used.

7 The Financial Case

7.1 Introduction

It is proposed that the Woodside Health and Care Centre project will be one of two schemes contained within the Woodside – Gorbals DBFM bundle being procured through hub West Scotland by NHS Greater Glasgow & Clyde (NHSGG&C)

The financial case for the preferred option, option 4 - New Build Woodside Health and Care Centre at Hinshaw Street sets out the following key features:

- Revenue Costs and associated funding
- Capital Costs and associated funding.
- Statement on overall affordability position
- Financing and subordinated debt.
- The financial model
- Risks
- The agreed accounting treatment and ESA10 position.

There have been a number of changes to the project since the OBC. There has been an increase in the overall capital cost and the removal of NHSGG&C and Glasgow City Council's Capital Contribution due to ESA10. The FBC submission notes a total project cost of £20,065,252 compared to £18,720,567 at OBC Stage.
A revised Affordability Cap of £20,083,907, was set taking account of inflationary uplift, technical changes to the project, further design development and site issues. The revised figures were supported by SFT and the Boards technical advisors, reflecting the true cost of the proposed works.
There are a number of items still to be clarified before Financial Close but the total final cost will not exceed the affordability cap.

7.2 Revenue Costs & Funding

7.2.1 Revenue Costs and Associated Funding for the Project

The table below summarises the recurring revenue cost with regard to the Woodside Health and Care Centre scheme.

In addition to the revenue funding required for the project, capital investment will also be required for land purchase including site investigation (£168.0k), equipment (£852.0k) and subordinated debt investment (£156k) Details of all the revenue and capital elements of the project together with sources of funding are presented below:

Table 25 - Recurring Revenue Costs Table

First full year of operation	2019/20
Additional Recurring Costs	**£'000**
Unitary Charge net of GCC capital contribution)	1,555.4
Depreciation on Equipment	85.2
IFRS – Depreciation	720.0
Heat, Light & Power, Rates & Domestics services	395.2
Client Facilities Management (FM) Costs	31.9
Total Additional Recurring costs for Project	**2,787.7**
Glasgow City Council Unitary Charge	**178.8**
Glasgow City Council recurring costs	**49.1**
Total Additional Recurring costs for the Project GCC	**227.8**
Total Recurring Costs	**3,015.6**

7.2.2 Unitary Charge

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 2 submission dated November 16 and the Financial Model Woodside & Gorbals v13 and represents the Predicted Maximum Unitary Charge of £1,555.4k pa based on a price base date of April 13.

Glasgow City Council (GCC) will make a revenue contribution equal to the value of the capital and finance cost for its share of the building. The UC figure presented above is therefore a net UC figure after GCC's revenue contribution.
The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% pa in the financial model. The current financial model includes a level of partial indexation (20%) and this will be reviewed prior to financial close to ensure it provides a natural hedge.

7.2.3 Depreciation

Depreciation of £85.2k relates to a 5% allowance assumed for capital equipment equating to £852.0k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

7.2.4 HL&P, Rates & Domestic Costs

HL&P costs are derived from existing Health Centre costs and a rate of £22.57/m2 has been used.

Rates figures have been provided by external advisors of £19.00/m2 has been included.

Domestic costs are derived from existing Health Centre costs and a rate of £23.87/m2 has been used.

7.2.5 Client FM Costs

A rate of £5.29/m2 has been provided by the Boards technical advisors based on their knowledge of other existing PPP contracts.

7.2.6 Costs with regard to Services provided in new Health Centre

NHS staffing and non-pay costs associated with the running of the health centre are not expected to increase with regard to the transfer of services to the new facility. Council staff costs are also not expected to rise and whilst non-pay costs are still under review any increase would be addressed within the Council's budget deliberations and will not be an issue for the project.

7.2.7 Recurring Funding Requirements – Unitary Charge (UC)

A letter from the Acting Director – General Health & Social Care and Chief Executive NHS Scotland issued on 22nd March 2011 stated that the Scottish Government had agreed to fund certain components of the Unitary Charge as follows:

100% of construction costs;

100% of private sector development costs;

100% of Special Purpose Vehicle (SPV) running costs during the construction phase;

100% of SPV running costs during operational phase;

50% of lifecycle maintenance costs.

Based on the above percentages the element of the UC to be funded by SGHD is £1,480.8k which represents 81.2% of the total UC, leaving NHSGG&C and GCC to fund the remaining £325.3k (18.8%). This split is tabled below:

Table 26 – Unitary Charge split

UNITARY CHARGE	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000	GCC Cost £'000
Capex inc group1equipment (Net)	1,505.1	100	1,349.9	0	155.2
Life cycle Costs NHS	117.7	50 (NHS only)	58.9	58.8	0
Life cycle Cost GCC	13.5	0	0	0	13.5
Hard FM NHS	87.7	0	0	87.7	0
Hard FM GCC	10.1	0	0	0	10.1
Total Unitary Charge including Risk	**1,734.1**		**1,408.8**	**146.5**	**178.8**

7.2.8 Sources of NHSGG&C recurring revenue funding

The table below details the various streams of income and reinvestment of existing resource assumed for the project.

Table 27 – Sources of revenue funding

NHSGG&C Income & Reinvestment	£'000
Existing Revenue Funding – Depreciation	70.0
Existing Revenue Funding - HL&P, Rates & Domestic	102.3
IFRS – Depreciation	720.0
Additional Revenue Funding	358.5
Revenue Funding via GPs, Dental & Pharmacy	128.1
Sub total	**1,378.9**
Glasgow City Council Unitary Charge	178.8
Glasgow City Council running costs	49.1
Sub Total	**227.9**
Total Recurring Revenue Funding	**1,606.8**

7.2.9 Depreciation

Annual costs for depreciation outlined above relate to current building and capital equipment. The budget provision will transfer to the new facility.

7.2.10 H, L & P, Rates & Domestic Costs & GP's Contribution

All heat, light & power, rates and domestic budget provision for current buildings will transfer to the new facility. This is reflected above in the NHSGG&C contribution. Current budget provision for rent / rates of existing GP premises will also transfer to the new facility as reflected above.

7.2.11 Additional Revenue Funding

This relates to indicative contributions from GPs within the new facility.

7.2.12 Glasgow City Council

Budget provision for existing Council premises will transfer to the new facility. Should any shortfall be identified this will be addressed through the Council revenue budget process and therefore does not pose any financial risk.

7.2.13 Summary of revenue position

In summary the total revenue funding and costs associated with project are as follows:

Table 28 - summary of revenue position

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	1,408.8
NHSGG&C recurring funding per above	1,378.9
NHSGGC funding from GCC per above	227.9
Total Recurring Revenue Funding	**3,015.6**

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	1,734.2
Depreciation on Equipment	85.2
Facility running costs	427.1
IFRS - Depreciation	720.0
NHSGGC Recurring Costs	**2,966.5**
GCC recurring costs	49.1
Total Recurring Revenue Costs	**3,015.6**

Net surplus at FBC stage	**0**

The above table highlights that at FBC and Stage 2 Submission stage, the project revenue funding is cost neutral.

7.3 Capital Costs & Funding

Although this project is intended to be funded as a DBFM project i.e. revenue funded, there are still requirements for the project to incur capital expenditure. This is detailed below:

Table 29 - Capital costs and associated funding for the project

Capital Costs	£'000
Land purchase & Fees	168.0
Group 2 & 3 equipment Including VAT NHS	852.0
Sub debt Investment	166.3
Total Capital cost	**1,186.3**
Sources of Funding	
NHSGG&C Formula Capital	1,186.3
SGHD Capital	
Total Sources of Funding	**1,186.3**

7.3.1 Land Purchase

A capital allocation for the land purchase of £168.0k has been incorporated in NHSGG&C's 2016/17 capital plan.

7.3.2 Group 2 & 3 Equipment

An allowance of £852.0k including VAT has been assumed for the Woodside Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers.

7.3.3 Sub Debt Investment

The Board will be providing the full 10% investment. The value of investment at FBC stage is £166.3k for which NHSGG&C has made provision in its capital programme.

7.3.4 Non Recurring Revenue Costs

There will be non-recurring revenue costs in terms of advisors' fees and removal/commissioning costs associated with the project which have been calculated at £124.4k. These non-recurring revenue expenses have been recognised in the Board's financial plans.

7.3.5 Disposal of Current Health Centre

The OBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facility. The net book value as at 28th November 2016is £1,411k. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

7.4 Statement on Overall Affordability

The current financial implications of the project in both capital and revenue terms as presented in the above tables confirm the projects affordability. The position will continually be monitored and updated as we progress towards Financial Close.

7.5 Financing & Subordinated Debt

7.5.1 hubco's Financing Approach

hub West Scotland (hWS) will finance the project through a combination of senior debt, subordinated debt and equity. The finance will be drawn down through a sub-hubco special purpose vehicle that will be set-up for the two projects.

The senior debt facility will be provided by Aviva who will provide up to 95% of the total funding requirement of the project. The remaining balance will be provided by hWS' shareholders in the form of subordinated debt (i.e. loan notes whose repayment terms are subordinate to that of the senior facility) and pin-point equity. It is currently intended that the subordinated debt will be provided to the sub-hubco directly by the relevant Member

7.5.2 Current finance assumptions

The table below details the current finance requirements from the different sources, as detailed in the Woodside financial model submitted with hubco's Stage 2 submission.

Table 30 - Current finance assumptions

	Woodside
Senior Debt (£000)	19,768
Sub debt (inc rolled up interest) (£000)	1,947
Equity (£000)	0.01
Total Funding	21,715

The financing requirement will be settled at financial close as part of the financial model optimisation process.

7.5.3 Subordinated debt

Our expectation is that subordinated debt will be provided in the following proportions: 60% private sector partners, 20% Hub Community Foundation, 10% NHS Greater Glasgow & Clyde and 10% Scottish Futures Trust.

The value of the required sub debt investment to be injected at financial closeis as follows:

Table 31 – subordinated debt

	NHS GG&C	SFT	HCF Investments	hubco	Total
Proportion of sub debt	10%	10%	20%	60%	100%
£ sub debt	166,272	166,272	332,544	997,634	1,662,722

NHS Greater Glasgow & Clyde confirms that it has made provision for this investment within its capital programme.

It is assumed the sub-ordinated debt will be invested at financial close, and therefore there would be no senior debt bridging facility.

7.5.4 Senior Debt

In late 2013 the SFT undertook an Aggregator Funding competition to identify senior debt funders for hub projects, resulting in Aviva being selected as the funder for Gorbals and Woodside projects. The principal terms of the senior debt, which are included within the financial model, are as follows:

Table 32 – Senior debt

Metric	Terms
Margin during construction	1.75%
Margin during operations	1.75%

Arrangement fee	0.75%
Commitment fee	1.75%
Maximum gearing	95% (91.03% modelled)

An Aviva term sheet, and confirmation of Aviva's terms have been received from hubco as part of the Funding Review Report and NHS GG&C's financial advisors confirm that these terms modelled are in line with Aviva's approach in the market currently.

7.6 Financial Model

The key outputs and outputs of the financial model are detailed below:

Table 33 – Financial model key inputs and outputs

Output	Woodside
Total Annual Service Payment(NPV)	£19,676k
Nominal project return(post tax)	5.39%
Nominal blended equity return	10.50%
Gearing	91.03%
All-in cost of debt (including 0.5% buffer)	2.50%
Minimum ADSCR[3]	1.15
Minimum LLCR[4]	1.165

The all-in cost of senior debt includes an estimated swap rate of 2.0%, and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close. The current (28 November 2016) Aviva 4.25% 2032 Gilt, which the underlying debt is priced off, is 1.80%. Therefore, current swap rates are above those assumed in the financial models. The interest rate buffer will provide cover for 0.70% of adverse movements in the guilt rates in the period to financial close.

The financial model will be audited before financial close, as part of the funder's due diligence process.

7.6.1 Financial efficiencies through project bundling

A separate paper has been provided that outlines the financial efficiencies through project bundling.

7.7 Risks

[3] Annual Debt Service Cover Ratio: The ratio between operating cash flow and debt service during any one-year period. This ratio is used to determine a project´s debt capacity and is a key area for the lender achieving security over the project

[4] The LLCR is defined as the ratio of the net present value of cash flow available for debt service for the outstanding life of the debt to the outstanding debt amount and another area for the lender achieving security over the project

The key scheme specific risks are set out in the Woodside Health and Care Centre Risk Register, which is held at Appendix G to this FBC. This has been developed by joint risk workshops with hub West Scotland. The risk register ranks 10 separate risks according to their likely impact (red, amber, green).

The unitary charge payment will not be confirmed until financial close. The risk that this will vary due to changes in the funding market (funding terms or interest rates) sits with NHS GGC. This is mitigated by the funding mechanism for the Scottish Government revenue funding whereby Scottish Government's funding will vary depending on the funding package achieved at financial closed.

A separate, but linked, risk is the risk that the preferred funder will withdraw its offer. This is a risk which needs to be considered when the funding market for revenue projects is difficult. This will be monitored by means of on-going review of the funding market by NHS GG&C's financial advisers and periodic updates from hubco and its funders of the deliverable funding terms (through the Funding Report). This will incorporate review of the preferred lender's commitment to the project as well. This will allow any remedial action to be taken as early in the process as possible, should this be required. hubco's financial model currently includes a small buffer in terms of the interest rate which also helps mitigate against this price risk adversely impacting on the affordability position.

The project's affordability position is reliant on revenue contribution from Glasgow City Council. Were this withdrawn then the impact would be that NHS GG&C would have to revisit the scheme's scope or find alternative funding for affordability purposes. This risk is considered to be sufficiently mitigated: the Council has approved the revenue contribution to the scheme and the contribution has been reported in Council budgets.

At financial close, the agreed unitary charge figure will be subject to indexation, linked to the Retail Prices Index. This risk will remain with NHS GG&C over the contract's life for those elements which NHS GG&C has responsibility (100% hard FM, 50% lifecycle). NHS GG&C will address this risk through its committed funds allocated to the project.

The affordability analysis incorporates that funding will be sought from GP practices who are relocating to the new health and care centre. This funding will not be committed over the full 25 year period and as such is not guaranteed over the project's life. This reflects NHS GG&C's responsibility for the demand risk around the new facility.

The project team will continue to monitor these risks and assess their potential impact throughout the period from FBC and financial close.

7.8 Accounting Treatment and ESA10

This section sets out the following:

- the accounting treatment for the Woodside scheme for the purposes of NHS GG&C's accounts, under International Financial Reporting standards as applied in the NHS; and
- how the scheme will be treated under the European System of Accounts 1995, which sets out the rules for accounting applying to national statistics.

7.8.1 Accounting treatment

The project will be delivered under a Design Build Finance Maintain (DBFM) service contract with a 25 year term. The assets will revert to NHSGG&C and Glasgow City Council at the end of the term for no additional consideration.

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"[5] states:

" under IFRS [International Financial Reporting Standards], which has a control based approach to asset classification, as the asset will be controlled by the NHS it will almost inevitably be regarded as on the public sector's balance sheet".

The DBFM contract is defined as a service concession arrangement under the International Financial Reporting Interpretation Committee Interpretation 12, which is the relevant standard for assessing PPP contracts. This position will be confirmed by NHS GGC's auditors before the Full Business Case is adopted. As such, the scheme will be "on balance sheet" for the purposes of NHS GG&C's financial statements.

NHS GG&C will recognise the cost, at fair value, of the property, plant and equipment underlying the service concession (the health centre) as a non-current fixed asset and will record a corresponding long term liability. The asset's carrying value will be determined in accordance with International Accounting Standard 16 (IAS16) subsequent to financial close, but is assumed to be the development costs for the purposes of internal planning. On expiry of the contract, the net book value of the asset will be equivalent to that as assessed under IAS16.

The lease rental on the long term liability will be derived from deducting all operating, lifecycle and facilities management costs from the unitary charge payable to the hubco. The lease rental will further be analysed between repayment of principal, interest payments and contingent rentals.

The overall annual charge to the Statement of Comprehensive Net Expenditure will comprise of the annual charges for operating, lifecycle and maintenance costs, contingent rentals, interest and depreciation.

The facility will appear on NHSGG&C's balance sheet, and as such, the building asset less service concession liability will incur annual capital charges. NHSGG&C anticipate it will receive an additional ODEL IFRS (Out-with Departmental Expenditure Limit) allocation from SGHD to cover this capital charge, thereby making the capital charge cost neutral.

7.8.2 ESA10 (European System of Accounts 1995)

As a condition of Scottish Government funding support, all DBFM projects, as revenue funded projects, need to meet the requirements of revenue funding. The key requirement is that they must be considered as a "non-government asset" under ESA10.

[5] http://www.scottishfuturestrust.org.uk/publications/guide-to-nhs-balance-sheet-treatment/

The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubco. On this basis, it was expected that the Woodside scheme would be treated as a "non-government asset" for the purposes of ESA 10. Following clarification and the provision of guidance “A guide to the statistical treatment of PPPs” by EUROSTAT on 29 September 2016 SFT have engaged the various parties and made amendments to the standard documentation that allow hub schemes to be considered as a "non-government asset" under ESA10.

7.9 Value for Money

The Predicted Maximum Cost provided by Hubco in their Stage 1 submission has been reviewed by external advisers and validated as representing value for money.

The costs have been compared against other similar comparators with adjustment to reflect specific circumstances and industry benchmarks, compliance with method statements and individual cost rates where appropriate.

For Stage 2, Hubco are expected to achieve further value for money through market testing.

7.10 Composite Tax Treatment

Aviva no longer require an interest in property over which they can take security as part of their lending documentation, which was the case at Stage 1. This now allows the financial model to assume composite trade tax treatment and all capital expenditure is treated as expenditure which reduces the tax paid by hWS and is passed on through a lower Annual Service Payment.

The Financial Model assumes hWS will charge VAT on the Service Payment and will reclaim VAT incurred in its own development and operational costs.

8 Management Case

8.1 Overview

This section summarises the planned management approach setting out key personnel, the organisation structure and the tools and processes that will be adopted to deliver and monitor the scheme.

8.2 Project Programme

A programme for the project has been developed. . A summary of the identified target dates is provided as follows.

Table 34 – Project programme dates

Stage 2: Approval of OBC	April 2014
Stage 3: Submission of FBC	Dec 2016 (Approval Jan 2017)
Stage 4: Start on site	Feb 2017
Completion date	Sept 2018
Services Commencement	Oct 2018

A detailed project programme is included as Appendix K.

8.3 Project Management Arrangements

The approach to the management and methodology of the project is based on the overriding principles of the "hubco" initiative where NHS GGC, GCC and Glasgow City HSCP will work in partnership with the appointed Private Sector Development Partner to support the delivery of the project in a collaborative environment that the "Territory *Partnering Agreement*", and "*DBFM Agreement*" creates.

A Project Board has been established and is chaired by the North West Locality Head of Operations of Glasgow City HSCP who will act as the Project Sponsor.

The Project Board comprises representatives from the:

- Senior Management Team of the North West Sector, Glasgow City HSCP
- Service leads, including lead GP representation
- PPF
- NHSGGC Capital Planning team.
- Hub West

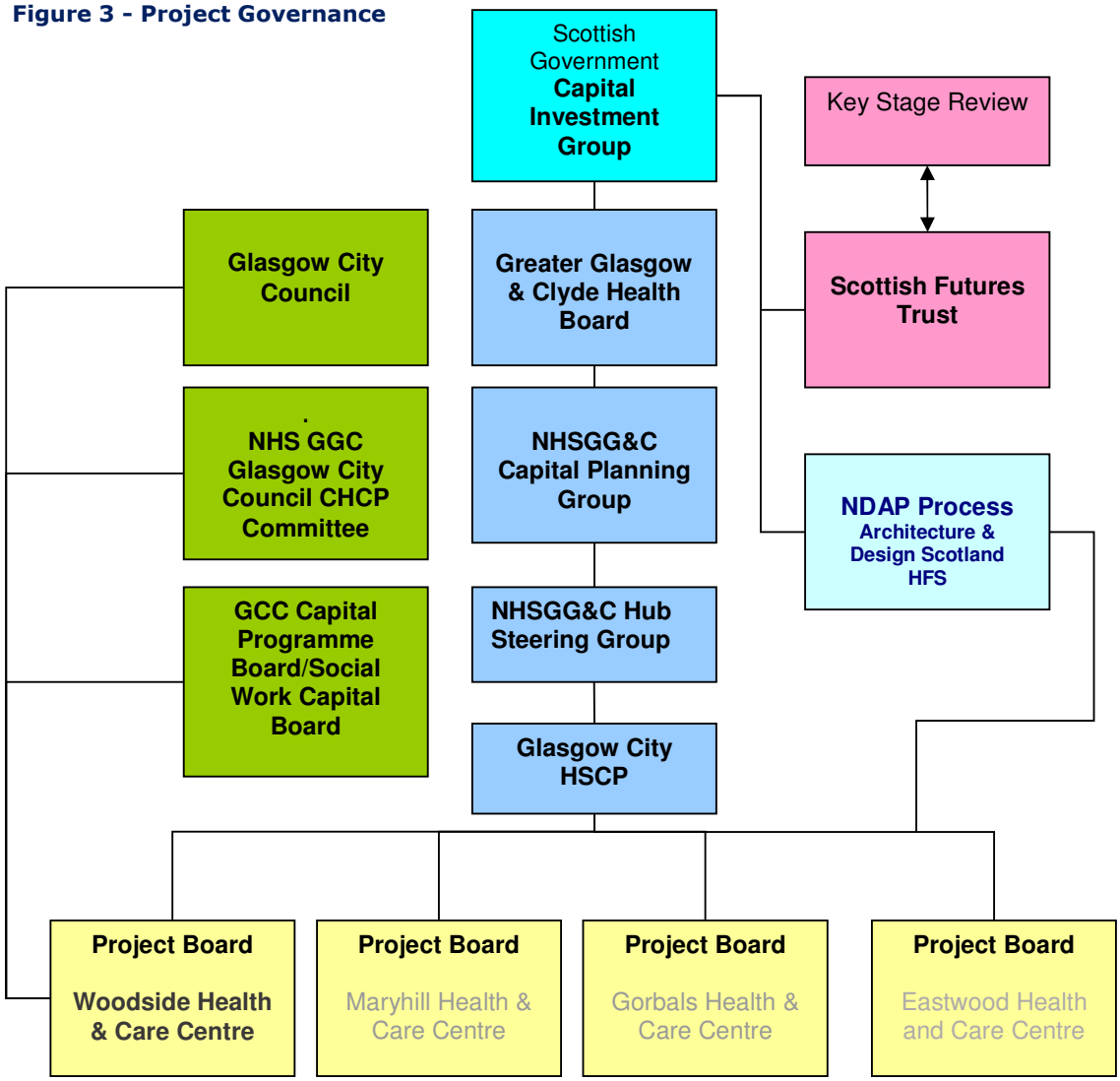
The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.

The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGC hub projects. This Group is chaired by a Chief Officer (Designate) of an HSCP and includes representative from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco. This governance structure is illustrated in Figure 3 below.

A Project Steering Group has also been established to manage the day to day detailed information required to brief and deliver the project.

The project is also supported by a series of sub groups / task teams as required and identified in the Guide to Framework Scotland published by Health Facilities Scotland. These task teams include Design User Group; Commercial; IM&T; Equipment; Commissioning and Public Involvement

Figure 3 - Project Governance



The following key appointments will be responsible for the management of the project.

Table 35 – Project Management Arrangements

Project:	Woodside Health and Care Centre

Parties	NHS Greater Glasgow & Clyde Glasgow City Council Hub West Scotland	NHS GGC GCC Hubco
Project Sponsor	Alex MacKenzie	
Project Director	Jackie Kerr	
Project Manager	Derek Rae	
Finance Managers	Marion Speirs	
Head of Planning & Strategy	Evelyn Borland	HB
Planning Manager	Gareth Greenaway	GG
Private Sector Development Partner – Project Manager	Jim Allen	hubco
Private Sector Development Partner - Tier 1 contractor	Morgan Sindall, Principal Supply Chain Member (Lead) – Gareth Hoskins David Page	MS
Legal	CMS	CMS
Financial	Grant Thornton	GT
Technical	Turner & Townsend	TT

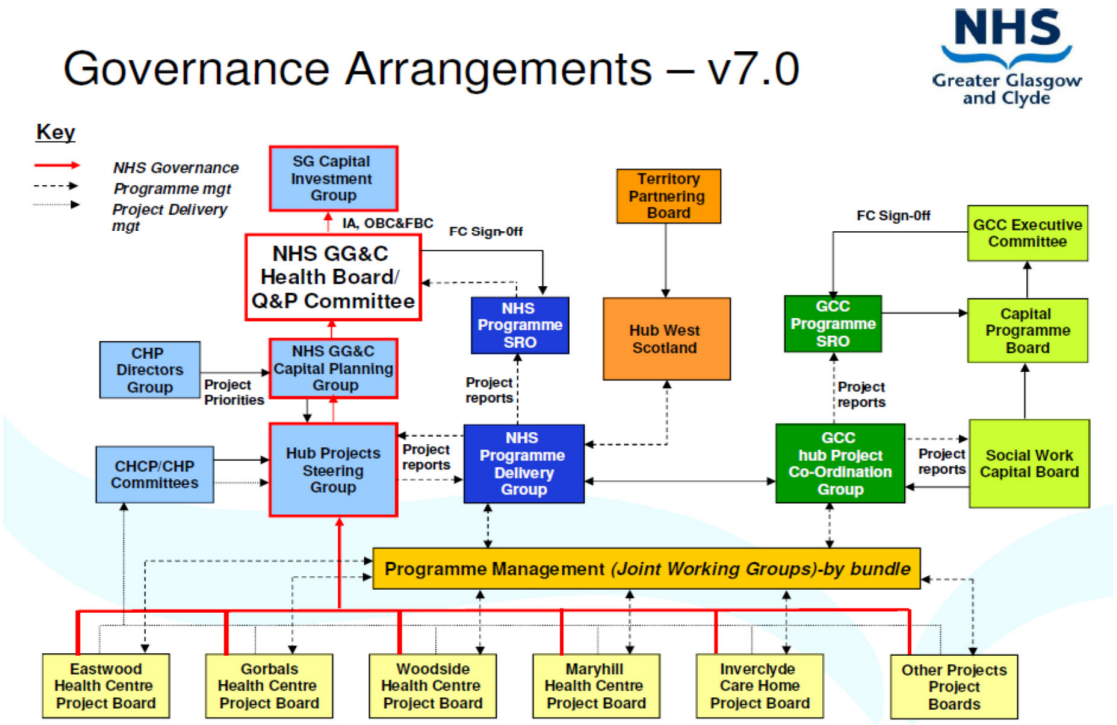
8.4 Revised hub Governance and Reporting Arrangements

The hub Project Steering Group has developed a revised governance and reporting structure which impacts on this project. The key change has been to establish a Project Executive Team, which will have overall responsibility and accountability to the Senior Responsible Officer (SRO) for successful delivery of the programme of hub projects. The Executive team will work alongside the hub Steering Group and the existing governance arrangements, but with a day to day role to focus on delivery, working directly through key interfaces with hub West Scotland.

The proposed governance structure is included below. Five key roles have also been identified comprising:

- Senior Responsible Officer, - (David Louden)
- Overall Project (Programme) Director -, (Brian Moore)
- Commercial Lead, - (David Louden
- Finance Lead - (Marion Speirs)
- Technical Lead.- (John Donnelly)

Figure 4 – hub governance structure



8.5 Roles and Responsibilities

NHS GGC will adopt a governance format for the management of the project as illustrated in the above section. The key personnel for the management of the scheme are members of the Project Board and Project Team. Their respective roles and responsibilities are defined below.

Project Director: - Jackie Kerr, Head of Operations, North West, Glasgow City HSCP

Capital and Property Services shall be accountable for the preparation of the strategic and project brief in consultation with the User Representative and Project Manager. The Project Director may nominate additional support as required.

The Project Director, will be requested to sanction staged approvals of design reports and documentation, and provide authority to proceed with construction activities in accordance with the established procurement, risk and funding strategy.

The Project Director is responsible for executing the duties of Client within the terms of the Construction (Design and Management) (CDM) Regulations 1994.

The Project Director will work closely with the following key members of the HSCP;

- Chief Officer, HSCP
- Chief Officer (Operations) HSCP
- Chief Finance & Resources Officer, HSCP
- Head of Planning and Strategy, North West Locality, HSCP, and
- Clinical Director, North West Locality, HSCP..

PSDP (Private Sector Development Partners) Project Development Manager -

Jim Allen, hub West Scotland Ltd

The PSDP Project Manager will act as the primary contact for the Project Director for the management of the project delivery. The PSDP Project Manager will report to the Project Director and Project Board on issues of project delivery.

The PSDP Project Manager will act under the direction of, and within the limits of authority delegated by the Project Sponsor.

The PSDP Project Manager shall establish, disseminate and manage the protocols and procedures for communicating, developing and controlling the project.

The PSDP Project Manager will establish a programme for the construction works and shall implement such progress, technical and cost reviews, approvals and interventions as required verifying the solution against the established objectives.

The PSDP Project Manager shall manage the team of consultants and the Contractor, so that all parties fulfil their duties in accordance with the terms of appointment and that key deliverables are achieved in accordance with the programme. The PSDP Project Manager's primary responsibilities will be to act as single point of contact for the contractor and to continue to provide design services, where applicable.

hub Technical Adviser -Martin Hamilton, Turner & Townsend

Key duties covered by the Technical Adviser will be as follows:

The Technical Adviser will assist NHS GGC in the development of a Project Brief for this project, to be brought forward for New Project Request, including detailing key objectives of the participants and their requirements for the new project.

The Technical Adviser will undertake value for money assessments in respect of the hubco submissions. The Technical Adviser will review the financial proposals submitted by hubco and confirm that such proposals meet with the targets and commitments in the key performance indicators.

The Technical Adviser will evaluate the hubco design proposals in respect of such aspects as compliance with the Brief, planning & statutory matters, compliance with the technical codes and standards, financial appraisal and overall value for money.

8.6 Communications and Engagement

In terms of the development of the project to date, the OBC and FBC have been developed through consultations with the following internal and external stakeholders.

- NHS staff and key leads of departments (e.g. Communities/GP's/Dental)
- Public and patient representatives
- Local Councillors
- Scottish Futures Trust
- Local Authority Planning Department
- A&DS
- Local Community Planning Partnership partners.

More specifically the community engagement programme for the project includes the following activities:

- Immediate neighbours engagement meeting and formal planning permission communications
- Wider community engagement meeting – advertise widely – patients, service users, carers, invite key community groups and voluntary organisation, elected members, Scottish Canals, Partick Thistle Trust, Voluntary Sector Network, Third Sector, Housing sector etc.
- Display plans in Health Centre and carry out engagement information sessions
- Update Public Partnership Forum regularly
- Presentations at local Community Groups – Woodlands Community Council, North Kelvin Community Council, Queen Cross Community Involvement Group, Woodside Community Involvement Group
- Presentation at local Community Planning Partnership,
- Produce and distribute widely Newsletter which will detail of plans, timescale of proposal, stages, arts and environment strategy etc.
- Organise access and disability service user engagement meeting Drumchapel Disabled Action 2, Possilpark Disability Community, Better Access to Healthcare (BATH), Glasgow Disability Alliance (GDA), Access Panel, DeafBlind Scotland, ASRA, Chinese Community Development Project, Maryhill and West & Central Integration Network etc
- Information Stall at local community events – Gartnethill Multi Cultural Centre (27/6/14), Bats, Bugs and Buried Treasure (28/6/14), Commonwealth Games Community events and Queens Cross Gala Day (30/8/14)
- Participate in Firhill Basin to Applecross Charrette Design event (Feb 2015)

This was based on NHS GGC's Communication Plan (see Appendix M), developed to facilitate the communication process including consideration of the following aspects.

- Information to be consulted upon
- All required consultees
- Method of communications
- Frequency of consultations
- Methods of capturing comments and sharing

8.7 Arrangements for Contract Management

Reporting

The PSDP Project Manager will submit regular reports to NHS GGC tabled at Project Board meetings. This will encompass.

- Executive summary highlighting key project issues
- A review of project status including:
    - Programme and Progress, including Procurement Schedules
    - Design Issues
    - Cost
    - Health and Safety
    - Comments on reports submitted by others
- Review of issues/problems requiring resolution.
- Forecast of Team actions required during the following period.
- Identification of information, approvals, procurement actions etc. required from the Client
- Review and commentary of strategic issues to ensure NHS GGC objectives are being met.

Management and Reporting Governance in Operational Phase

The organogram below details the key roles identified in supporting Performance Monitoring & Management model.

The General Manager - Facilities has the lead role and responsibility as the Authority Representative. Support is provided by Site Manager - Facilities and Local Administrator who have day to day responsibility.

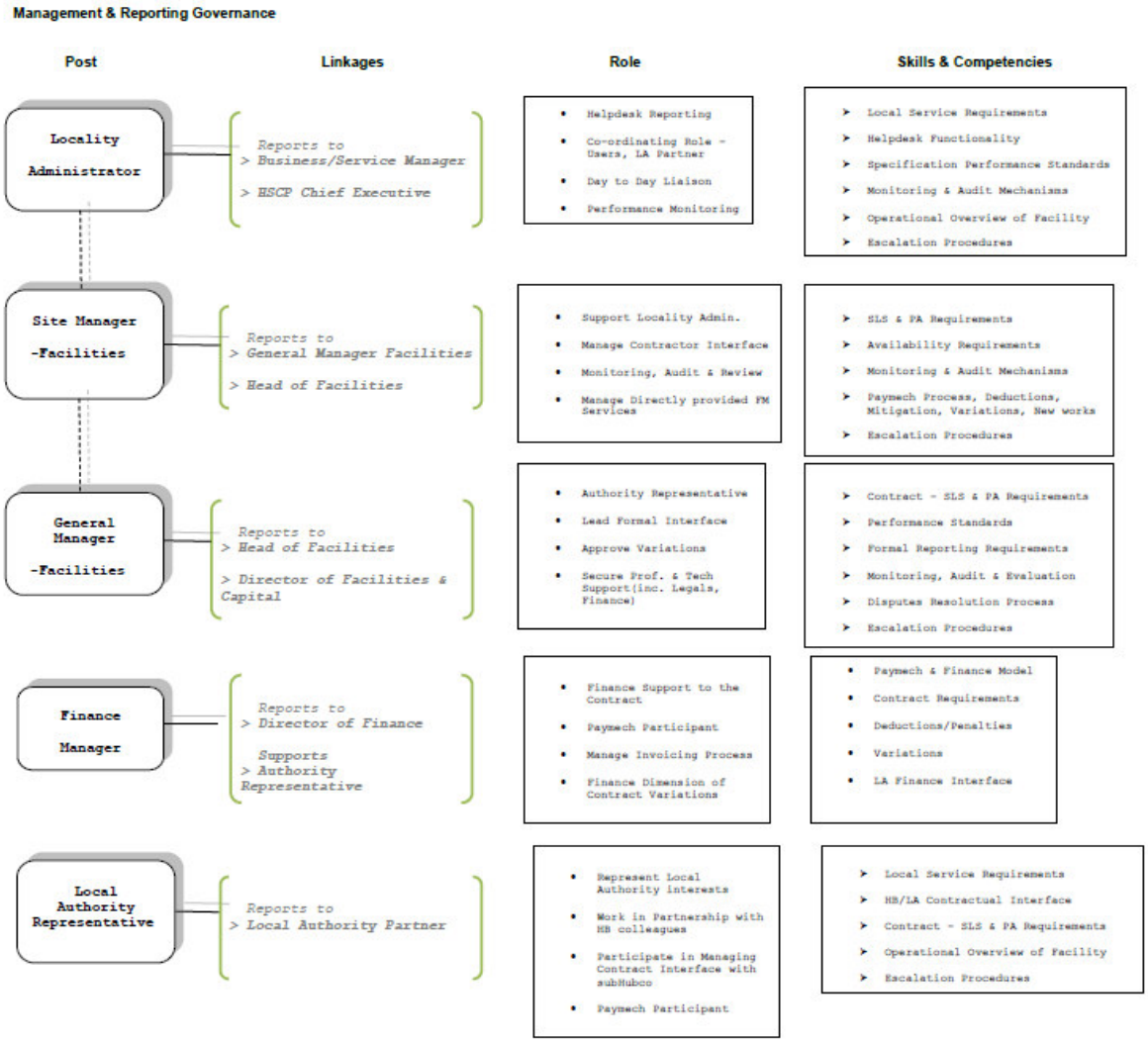
The posts identified will have a collective responsibility for the overall management of the contract and arising services, linking and co-ordinating closely with the objective of maximising utility in support of clinical and other service delivery, along with VFM. Identified is where each post links to the broader management structure, and this confirms the organisational managerial communication and escalation links, in addition to those defined contractually.

For Health Board roles within the Facilities & Capital Directorate (General Manager and Site Manager), the approach builds on broad experience of Managing PFI contracts, the fundamental principles of which have equivalence with hub Project Hard FM provision.

Also, Board FM and Local Authority partner posts identified were part of the contracting/bid evaluation /appointment process to identify the FM provider, led by hWS. This ensures close understanding of Service Level Specification (SLC) requirements and the specific offering, model and methodology undertaking that the successful FM provider will pursue.

Prior to the Operational Phase, training will be provided to Local Administrator, Business Manager and Service Manager on the operation of the contract, including Helpdesk and response standards, consequences of failure and availability, penalties and deductions, principles of mitigation, formal and informal disagreements and disputes resolution, new works process, monitoring, reporting, audit and evaluation.

The training will incorporate workshops involving the Hard FM provider, colleagues operationally engaged with current PFI projects and SFT Advisors who have supported the Board in improving contract management of these projects.



Performance Monitoring and Management – Operational Phase

Reporting to Helpdesk

Locality NHS Administrator/Representative will establish a single point of communication with DBFM Co Helpdesk.

All calls to Helpdesk will be logged from date and time of initiation to completion/sign off.

Local interfaces will be established to ensure clear communication mechanisms are in place to co-ordinate between the various parties occupying the facility.

Local Management and appropriate staff will have a thorough understanding of key service delivery principles and requirements identified in the contact documentation.

An Incidents/Events log will be kept to record issues for discussion with DBFM Co, but not necessarily subject to contractual specification.

This may include issues of communication, liaison, access, service compliments or complaints.

Pre-Paymech Meeting: Monthly

A pre Paymech meeting will be held monthly, chaired by the Authority's Representative/nominee. Attendees will include Local Admin and Board Finance Rep.

The purpose of the meeting will be to review and agree the Monthly Service Report (MSR) provided by DBFM Co.

The Helpdesk Calls Log and Incidents/Events Log will be used to review and validate.

Any points for discussion/clarification will be confirmed. The meeting will be scheduled to meet timescales for agreement of the MSR and impacts on monthly Unitary Charge.

Paymech Meeting: Monthly

A monthly meeting will be held with DBFM Co to agree the MSR.

The Authority Rep/nominee will lead for the Board, support by the Finance Representative.

In addition to the MSR, DBFM Co will report on outcomes from the QMP, including customer satisfaction.

Audit: this will be carried out at the discretion of the Authority Representative.

Annual Review

The Annual Service Report will be used as the basis for an Annual Review with DBFM Co.

This will be led by the Authority's Representative/nominee.

8.8 Change Management

To achieve successful change management outcomes key staff will continue to be involved in a process of developing detailed operational policies and service commissioning plans.

8.9 Benefits Realisation

The Benefits Criteria articulated in the OBC and this FBC are all desirable outcomes for the project that are expected to be achieved by the preferred option. Criteria were identified and designed to be clear and capable of being consistently applied by the stakeholder group involved in the review of the short-listed options.

The benefits identified will be monitored in accordance with the Benefits Realisation Plan outlined in Appendix D.

The plan outlines how the Benefits Criteria (including the financial benefits) will be measured and monitored through the project's lifetime. This is in order that a meaningful assessment can be made of the benefits yielded by the project and to benchmark the assessment criteria themselves so that lessons learned can be fed back into future projects. The monitoring and review of achievement in relation to each of these service aims will be built into the work plans of the management team as appropriate.

8.10 Risk Management

The strategy, framework and plan for dealing with the management of risk are as required by SFT in regard to all hub projects. A project risk register has been prepared with the PSDP which is actively managed by the Project Manager and reviewed on a monthly basis with the team.

8.11 Post Project Evaluation

Following satisfactory completion of the project, a Post Project Evaluation (PPE) will be undertaken. The focus of the PPE will be the evaluation of the procurement process and the lessons to be learned made available to others. The report will review the success of the project against its original objectives, its performance in terms of time, cost and quality outcomes and whether it has delivered value for money. It will also provide information on key performance indicators.

The PPE would be implemented (in accordance with the SCIM guidance documentation) in order to determine the project's success and learn from any issues encountered. It will also assess to what extent project objectives have been achieved, whether time and cost constraints have been met and an evaluation of value for money.

This review will be undertaken by a senior member of the Project Board with assistance as necessary from the PSDP Project Managers. It is understood that for projects in excess of £5m Post Project Evaluation Reports must be submitted to the Scottish Government Property and Capital Planning Division.

The following strategy and timescales will be adopted with respect to project evaluation.

- A post project evaluation will be undertaken within 6 months after occupation.

- The benefit realisation register, developed during the Full Business Case stage, will be used to assess project achievements.
- Clinical benefits through patient and carer surveys will be carried out and trends will be assessed.

In parallel with the Post Project Evaluation the review will incorporate the views of user groups and stakeholders generally.

Whilst review will be undertaken throughout the life of a project to identify opportunities for continuous improvement, evaluation activities will be undertaken at four key stages:

Table 36 – PPE stages

Stage 1	At the initial stage of the project, the scope and cost of the work will be planned out.
Stage 2	Progress will be monitored and evaluation of the project outputs will be carried out on completion of the facility.
Stage 3	Post-project evaluation of the service outcomes 6 months after the facility has been commissioned.
Stage 4	Follow-up post-project evaluation to assess longer-term service outcomes two years after the facility has been commissioned.

The PPE review for this project will include the following elements:

8.11.1 Post Project Audit

The project audit will include:

- Brief description of the project objectives.
- Summary of any amendments to the original project requirements and reasons.
- Brief comment on the project form of contract and other contractual/agreement provisions. Were they appropriate?
- Organisation structure, its effectiveness and adequacy of expertise/skills available.
- Master schedule – project milestones and key activities highlighting planned v actual and where they met?
- Unusual developments and difficulties encountered and their solutions.

Brief summary of any strengths, weaknesses and lessons learned, with an overview of how effectively the project was executed with respect to the designated requirements of:

- Cost
- Planning and scheduling
- Technical competency
- Quality
- Safety, health and environmental aspects – e.g. energy performance
- Functional suitability
- Was the project brief fulfilled and does the facility meet the service needs? What needs tweaking and how could further improvements be made on a value for money basis?
- Added value area, including identification of those not previously accepted
- Compliance with NHS requirements
- Indication of any improvements, which could be made in future projects

8.11.2 Cost and Time Study

The cost and time study will involve a review of the following:

- Effectiveness of:
    - Cost and budgetary controls, any reasons for deviation from the business case time and cost estimates.
    - Claims procedures.
- Authorised and final cost.
- Planned against actual cost and analysis of original and final budget.
- Impact of claims.
- Maintenance of necessary records to enable the financial close of the project.
- Identification of times extensions and cost differentials resulting from amendments to original requirements and/or other factors.
- Brief analysis of original and final schedules, including stipulated and actual completion date; reasons for any variations.

8.11.3 Performance Study

The performance study will review the following:

- Planning and scheduling activities.
- Were procedures correct and controls effective?
- Were there sufficient resources to carry out work in an effective manner?
- Activities performed in a satisfactory manner and those deemed to have been unsatisfactory.
- Performance rating (confidential) of the consultants and contractors, for future use.

8.11.4 Project Feedback

Project feedback reflects the lessons learnt at various stages of the project. Project feedback is, and will be, obtained from all participants in the project team at various stages or at the end of key decision making stages.

The feedback includes:

- Brief description of the project.
- Outline of the project team.
- Form of contract and value.
- Feedback on contract (suitability, administration, incentives etc).
- Technical design.
- Construction methodology.
- Comments of the technical solution chosen.
- Any technical lessons learnt.
- Comments on consultants appointments.
- Comment on project schedule.
- Comments on cost control.
- Change management system.
- Major source(s) of changes/variations.
- Overall risk management performance.
- Overall financial performance.
- Communication issues.
- Organisational issues.
- Comments on client's role/decision making process.

- Comments on overall project management.
- Any other comments.

Glossary of Terms

Term	Explanation
Benefits	Benefits can be defined as the positive outcomes, quantified or unquantified, that a project will deliver.
Cost Benefit Analysis	Method of appraisal which tries to take account of both financial and non-financial attributes of a project and also aims to attach quantitative values to the non-financial attributes.
Design and Development Phase	The stage during which the technical infrastructure is designed and developed.
Discounted Cash Flows	The revenue and costs of each year of an option, discounted by the respective discount rate. This is to take account of the opportunity costs that arise when the timing of cash flows differ between options.
Economic Appraisal	General term used to cover cost benefit analysis, cost effectiveness analysis, investment and option appraisal.
Equivalent Annual Cost	Used to compare the costs of options over their lifespan. Different life spans are accommodated by discounting the full cost and showing this as a constant annual sum of money over the lifespan of the investment.
Full Business Case (FBC)	The FBC explains how the preferred option would be implemented and how it can be best delivered. The preferred option is developed to ensure that best value for money for the public purse is secured. Project Management arrangements and post project evaluation and benefits monitoring are also addressed in the FBC.
Initial Agreement (IA)	Stage before Outline Business Case, containing basic information on the strategic context changes required, overall objectives and the range of options that an OBC will explore.
Net Present Cost (NPC)	The net present value of costs.
Net Present Value (NPV)	The aggregate value of cash flows over a number of periods discounted to today's value.
Outline Business Case (OBC)	The OBC is a detailed document which identifies the preferred option and supports and justifies the case for investment. The emphasis is on what has to be done to meet the strategic objectives identified in the Initial Agreement (IA). A full list of options will be reduced to a short list of those which meet agreed criteria. An analysis of the costs, benefits and risks of the shortlisted options will be prepared. A preferred option will be determined based on the outcome of benefits scoring analysis, a risk analysis and a financial and economic appraisal.

Term	Explanation
Principal Supply Chain Partner (PSCP)	The PSCP (Contractor) offers and manages a range of services (as listed in this document) from the IA stage to FBC and the subsequent conclusion of construction works.
Risk	The possibility of more than one outcome occurring and thereby suffering harm or loss.
Risk Workshop	Held to identify all the risks associated with a project that could have an impact on cost, time or performance of the project. These criteria should be assessed in an appropriate model with their risk being converted into cost.
Scope	For the purposes of this document, scope is defined in terms of any part of the business that will be affected by the successful completion of the envisaged project; business processes, systems, service delivery, staff, teams, etc.
Sensitivity Analysis	Sensitivity Analysis can be defined as the effects on an appraisal of varying the projected values of important variables.
Value for Money (VfM)	Value for money (VfM) is defined as the optimum solution when comparing qualitative benefits to costs.

Appendix A – OBC Approval Letter

Director-General Health & Social Care and
Chief Executive NHS Scotland
Paul Gray

T: 0131-244 2410
E: dghsc@scotland.gsi.gov.uk

The Scottish Government
Riaghaltas na h-Alba

LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

Robert Calderwood
NHS Greater Glasgow and Clyde
J B Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

24 April 2015

Dear Robert

NHS GREATER GLASGOW AND CLYDE – WOODSIDE HEALTH AND CARE CENTRE – OUTLINE BUSINESS CASE

The above Outline Business Case has been considered by the Health Directorate's Capital Investment Group (CIG) at it's meeting of 17 March 2015. Since then, CIG members have been engaged with your team to resolve a number of queries. These queries have now been resolved. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case.

Approval is on the basis of construction costs in line with the agreed hub Stage 1 cost, with NHS Greater Glasgow and Clyde managing outstanding client risk. In addition, CIG members request that the Outline Business Case document be updated in line with discussions they have already had with your team. Also please note that Scottish Government would not provide financial support for unused GP premises were a full complement of practises not to be involved at the time of FBC submission.

A public version of the final document should be sent to Colin Wilson (Colin.Wilson2@scotland.gsi.gov.uk) within one month of receiving this approval letter, for submission to the Scottish Parliament Information Centre (SPICe). It is a compulsory requirement within SCIM, **for schemes in excess of £5m**, that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases/ contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.scim.scot.nhs.uk/Approvals/Pub_BC_C.htm.

I would ask that if any publicity is planned regarding the approval of the business case that NHS Greater Glasgow and Clyde liaise with SG Communications colleagues regarding handling.

As always, CIG members will be happy to engage with your team during the development of the Full Business Case and to discuss any concerns which may arise. In the meantime, if you have any queries regarding the above please contact David Browning on 0131 244 2082 or e-mail David.Browning@scotland.gsi.gov.uk.

Yours sincerely

PAUL GRAY

Appendix B – Statutory Approvals

FILE COPY

DATE POSTED
DC SUPPORT TO COMPLETE 30/11/15

Our ref: GCFULZ DECISION LRB
GCC Application Ref: **15/01046/DC**

Page + Park
Per Karen Pickering
20 James Morrison Street
GLASGOW
G1 5PE

25 November 2015

Dear Sir/Madam

SITE: **Site Bounded By Garscube Road/Hinshaw Street/ Doncaster Street Glasgow**

PROPOSAL: **Erection of health centre including pharmacy and dental practice (Class 2), and day care centre (Class 10), with associated car parking and landscaping.**

I am pleased to inform you that a decision to approve your application, **15/01046/DC** has now been taken.

A copy of the decision notice is attached with any appropriate conditions/notes which should be read together with the decision.

The decision notice is a legal document and should be retained for future reference.

Should you require any additional information regarding the decision, please contact the case officer **Mr I Briggs** on direct phone **0141 287 6051,** fax 0141 287 6080 email **ian.briggs@drs.glasgow.gov.uk,** who will be happy to help you.

Yours faithfully

for Executive Director of Development and Regeneration Services

Encls.

Glasgow
CITY COUNCIL

PLANNING DECISION NOTICE

Full Planning Permission
GRANTED SUBJECT TO CONDITION(S)

IN RESPECT OF APPLICATION **15/01046/DC**

Erection of health centre including pharmacy and dental practice (Class 2), and day care centre (Class 10), with associated car parking and landscaping.

AT

Site Bounded By Garscube Road/Hinshaw Street/ Doncaster Street Glasgow

AS SHOWN ON THE FOLLOWING APPROVED PLAN(S) AND AS CONDITION 01

Location Plan
L(2-)01 'Lower Ground Floor Plan'
L(2-)02 'Ground Floor Plan'
L(2-)03 'First Floor Plan'
L(27)01 'Roof Plan'
2(-)05 'Elevations A,B and C'
(2-)06 'Sections'
1879/02 'Landscape Layout'
IDV-4200 REV P1 'Proposed Drainage Layout'

This consent is granted subject to the following **condition(s)** and **reason(s):**

01. The development shall be implemented in accordance with drawing number(s)

Location Plan
L(2-)01 'Lower Ground Floor Plan'
L(2-)02 'Ground Floor Plan'
L(2-)03 'First Floor Plan'
L(27)01 'Roof Plan'
2(-)05 'Elevations A,B and C'
(2-)06 'Sections'
1879/02 'Landscape Layout'
IDV-4200 REV P1 'Proposed Drainage Layout'

as qualified by the undernoted condition(s), or as otherwise agreed in writing with the Planning Authority.

Reason: As these drawings constitute the approved development.

02. Unless otherwise formally agreed in writing with the Planning Authority, external materials shall be:

BUILDING:
Facing brick
Precast Concrete Panels
Timber cladding and timber screening
Aluminium framed windows and curtain walling
Sedum roof to Elderly Day Care Centre
Single ply membrane roof to main building

LANDSCAPING:
Block Paving to footpaths and around entrances
Concrete Tactile Paving
Asphalt footpaths
Permeable block paving to parking spaces

Samples and/or product literature of all proposed external materials shall be submitted to and approved by the Planning Authority in writing in respect of type, format, colour and texture. This written approval shall be obtained for all external materials before their use on site.

Reason: To enable the Planning Authority to consider these aspects in detail.

Reason: To ensure that materials are of an appropriately high quality, in order to safeguard the property itself and the amenity of the surrounding area.

03. Before works commence on site full details of the following aspects shall be submitted to and approved in writing by the planning authority:

- roof plant and equipment, and proposals for their sensitive screening.
- a comprehensive external lighting strategy for the development. This strategy shall address external amenity areas; public access routes, and architectural lighting for the building itself.
- artwork to the pre-cast concrete panels around the gushet entrances.

Thereafter the development shall be implemented in accordance with these approved details.

Reason: To enable the Planning Authority to consider these aspects in detail.

Reason: To ensure that design and materials of these aspects are of an appropriately high quality, in order to safeguard the property itself and the amenity of the surrounding area.

04. Before any work on the site is begun, a scheme of landscaping for the external areas shall be submitted to and approved in writing by the planning authority. The scheme shall include details of hard and soft landscaping works, boundary treatment(s), street furniture, details of tree pits and trenches, details of tree and other plant species, and a programme for the implementation/phasing of the landscaping in relation to the construction of the development. All landscaping, including planting, seeding and hard landscaping, shall be completed in accordance with the approved scheme.

Reason: To ensure that the landscaping of the site contributes to the landscape quality and biodiversity of the area.

05. Before any work on the site is begun, a maintenance schedule for the landscaping scheme/open space, and details of maintenance arrangements, including the responsibilities of relevant parties, shall be submitted to and approved in writing by the planning authority.

Reason: To ensure the continued contribution of the landscaping scheme/open space to the landscape quality and biodiversity of the area.

06. Any trees or plants which die, are removed or become seriously damaged or diseased within a period of five years from the completion of the development shall be replaced in the next planting season with others of similar size and species.

Reason: To ensure the continued contribution of the landscaping scheme/open space to the landscape quality and biodiversity of the area.

07. The applicant shall implement the recommended ground stability remedial measures set out in Section 7 of the Mining Stability Investigation report by JWH Ross dated January 2015. See also advisory note 04 below.

Reason: To ensure the ground is suitable for the proposed development.

08. Unless otherwise agreed in writing by the Planning Authority, safe, secure and sheltered cycle parking facilities for staff and users shall be provided for a minimum of 54 bicycles within the development. Full details of this provision shall be submitted to and approved in writing by the Planning Authority prior to development commencing on site.

Reason: In order to comply with the requirements of Policy TRANS 6 of the Glasgow City Plan, and to support the successful implementation of the Travel Plan.

09. Before any work on the site is begun, details of any proposed surface water drainage system or any other matters relating to flooding issues associated with any watercourses and the proposed development shall be submitted for the written approval of the planning authority, and approved in writing. Thereafter the approved drainage scheme shall be implemented in full prior to the occupation of the approved building. See also advisory note 07 below.

Reason: To enable the Planning Authority to consider this/these aspect(s) in detail.

Reason: To minimise the risk of flooding and its adverse effects.

10. Before any work on the site is begun, details of refuse and recycling storage areas and bins shall be submitted to and approved in writing by the planning authority. These facilities shall be completed before the development/the relevant part of the development is occupied.

Reason: To ensure the proper disposal of waste and to safeguard the environment of the development.

11. Noise from or associated with the completed development (the building and fixed plant) shall not give rise to a noise level, assessed with windows closed, within any dwelling or noise sensitive building in excess of that equivalent to Noise Rating Curve 35 between 0700 and 2200, and Noise Rating Curve 25 at all other times.

Reason: To protect the occupiers of dwellings or noise sensitive buildings from excessive noise.

12. Before any work on the site is begun, full details of all external vents, flues and any other similar fixings shall be submitted to and approved in writing by the planning authority. Where practical, it is expected that such fixings shall be located away from public elevations.

Reason: In order to protect the appearance of both the property itself and the surrounding area

13. A Travel Plan for the development shall be submitted for the written approval of the Planning Authority. This travel plan shall include proposals and robust monitoring measures to encourage sustainable non-car travel to and from the Health Centre for both staff and service users. The Travel Plan shall be approved and implemented prior to the occupation of the building. See also advisory note 07.

Reason: In order to safeguard the property itself and the amenity of the surrounding area, and to minimise the risk of overspill parking developing on surrounding roads.

Reason(s) for Granting this Application

01. The proposal was considered to be in accordance with the Development Plan and there were no material considerations which outweighed the proposal's accordance with the Development Plan.

Dated: 25 November 2015

Appointed Officer
Development and Regeneration Services
Glasgow City Council

THIS DECISION NOTICE SHOULD BE READ WITH THE ATTACHED ADVICE NOTES

IMPORTANT NOTES ABOUT THIS GRANT OF PLANNING PERMISSION

IT IS YOUR RESPONSIBILITY TO SATISFY YOURSELF WITH REGARD TO THE MATTERS LISTED BELOW PRIOR TO IMPLEMENTATION OF THE WORKS WHICH ARE THE SUBJECT OF THIS CONSENT.

DURATION OF PLANNING PERMISSION

This permission lapses **3 years** from the date on this notice unless the development is begun before then and unless this notice specifies a longer or shorter period. Where there is such a specification, the permission lapses the specified number of years from the date on this notice unless the development is begun before then.

CONDITIONS OF THIS NOTICE

By this notice, your proposal has been approved subject to conditions which are considered necessary to ensure the satisfactory implementation of the proposal. **It is important that these conditions are adhered to and these will be actively monitored to ensure this. Failure to comply with conditions may result in enforcement action being taken.**

RIGHTS OF APPEAL

If you are not satisfied with the terms of this decision, including the conditions attached to the planning permission, you may request a review within **three months** of the date on this notice. Please note that the right of appeal is to the Planning Local Review Committee of the Council and **not** to Scottish Ministers.

Before pursuing a review, you should consider contacting your case officer to discuss whether there are changes which could be made to the proposed development to make it acceptable. The case officer's contact details are on the letter accompanying this Decision Notice. Your case officer can also advise on how a fresh application could be submitted. Please note that if you do submit a fresh application within 12 months, you would be unlikely to have to pay a further planning fee.

Before contacting the case officer, you would be well advised to view the report on the application. It is available for inspection at https://publicaccess.glasgow.gov.uk/online-applications// or electronically at Development and Regeneration Services, Development Management, 231 George Street, Glasgow G1 1RX, Monday to Thursday 9am to 5pm and Friday 9am to 4pm (excluding public holidays). The report explains how the decision was reached and should help you decide whether to proceed with further discussion or a review. If your application was granted subject to conditions, it may be clear from the terms of the report that any conditions which you might be concerned about are necessary.

A notice of review must be served on the Planning Local Review Committee on Form LR01 obtainable from:-

Planning Local Review Committee
Development & Regeneration Services
231 George Street
Glasgow, G1 1RX
Tel: 0141 287 6016, Fax: 0141 287 2037
E-mail: lrc@drs.glasgow.gov.uk

The notice of review must include a statement setting out your reasons for requiring the Planning Local Review Committee to review this case. You must state by what procedure (written representations, hearing session(s), inspection of application site) or combination of procedures you wish the review to be conducted. However, please note that the Planning Local Review Committee will decide on the review procedure to be followed.

You must also include with the notice of review a copy of this decision notice, the planning application form, the plans listed on the decision notice and any other documents forming part of the proposed development as determined.

If you have a representative, you must give their name and address. Please state whether any notice or other correspondence should be sent to the representative instead of to you.

NOTICES OF INITIATION AND COMPLETION

Under Section 27A of the Act, the person undertaking the development is required to give the planning authority written notification of the date on which it is intended to commence the development. Failure to comply with this statutory requirement would constitute a breach of planning control under Section 123(1) of the Act, which may result in enforcement action being taken. A pro-forma is attached to this decision which can be used for this purpose.

As soon as practicable after the development is complete, the person who completes the development is obliged by Section 27B of the Act to give the planning authority written notice of that position. A pro-forma is attached to this decision which can be used for this purpose.

OWNERSHIP OF THE SITE

This consent only grants permission to develop on land of which you are the owner or have obtained the necessary consents from the owners of land or buildings.

If permission to develop land is granted subject to conditions, and the owner of the land claims that the land has become incapable of reasonably beneficial use in its existing state and cannot be rendered capable of reasonably beneficial use by the carrying out of any development which has been or would be permitted, he/she may serve on the planning authority a purchase notice requiring the purchase of his/her interest in the land in accordance with the provisions of Part V of the Town and Country Planning (Scotland) Act 1997.

BUILDING WARRANT

This permission does not exempt you from obtaining a Building Warrant under the Building (Scotland) Acts. For further information, please contact Building Control within Development and Regeneration Services, 231 George Street, Glasgow, G1 1RX on 0141 287 5937.

ROADS CONSTRUCTION CONSENT

This permission does not exempt you from obtaining a Roads Construction Consent under the Roads Scotland Act 1984. For further information please contact Roads and Transportation, within Land and Environmental Services, 20 Cadogan Street, Glasgow, G2 7AD on 0141 287 9000

DISABLED ACCESS

You are reminded that in providing premises (including university and school buildings, offices, shops, railway premises, factories and toilets) which are open to the public, you should make provision, where reasonably and practicable, for the means of access and parking to be designed to meet the needs of disabled people. This should include appropriate signposting indicating the availability of these facilities. Your attention is specifically drawn to the BSI Code of Practice on Access for the Disabled to Buildings (BS 5810:1979) which explains the manner in which appropriate provision can be made for the needs of disabled people in the design of buildings. For further information please contact Building Control on 0141 287 5937.

WORK INVOLVING GROUND EXCAVATION

The attention of any applicant proposing works involving ground excavation is drawn to the DIAL BEFORE YOU DIG website at www.national-one-call.co.uk. This provides access to information regarding the location of services to prevent damage to plant from uninformed ground excavation.

SMALL FORMAT POSTERS

The City Council acknowledges the contribution that tourism, cultural, leisure and entertainment activities including film and theatre, music and dance, make to the economy and vitality of the City. Such activities tend to be advertised in small poster format (flyposting) which, if uncontrolled, can seriously detract from the appearance of the City. The City Council is working with the postering industry to prevent this, whilst accommodating the aspirations of the industry. It has approved a report stating that, where developments incorporate site screening panels prior to or during building operations, developers are encouraged to be receptive to approaches by the postering industry to accommodate an element of posting, in a controlled way, on the screen panels. It should be noted that any such posting will require separate Express Consent, usually sought by the advertiser, from the City Council to ensure that an acceptable standard of display is achieved. Developers are invited to assist the Council's initiative with the postering industry by making suitable sites available, as indicated above.

COMMUNITY BENEFIT

Glasgow City Council (GCC) has developed a policy on Community Benefit to ensure that Glasgow secures the maximum economic and social benefit for residents and businesses from planned investment being made in the city.

The policy introduces measures to encourage:

- the targeted recruitment and training of those furthest from the job market, the long-term unemployed and individuals leaving education
- the advertising of sub-contracted business opportunities
- dedicated support for small to medium sized businesses (SMEs) and social enterprises (SEs) to build capacity.

These elements have been included in the development of the Commonwealth Arena, the Commonwealth Games Athletes' Village and the Hydro Arena at the SECC, among others, with significant success to date.

The Council is now working with Private Sector developers to maximise the impact of their investment in the City, for example Land Securities, developer of Buchanan Galleries. Significant assistance is available from various Public Sector agencies to achieve these outcomes and the support private contractors.

Should you wish to discuss these opportunities in more detail, please contact the Council's Community Benefit Programme Manager on 0141 287 6014.

Further background information on the Community Benefit model can be found at;

http://www.scotland.gov.uk/Publications/2008/02/12145623/1

ADVISORY NOTES TO APPLICANT

01. Prior to implementation of this permission, the applicant should contact Development and Regeneration Services (Transport) at an early stage in respect of legislation administered by that Service which is likely to have implications for this development.

02. A Stopping Up Order (promoted under the powers of the Town & Country Planning (Scotland) Act 1997) will be required for any section of public footway or carriageway required to facilitate the proposed development.

03. The applicant should liaise with LES Traffic Operations to promote the TRO for the associated restrictions. LES will promote the TRO (with timescales up to 12 months) at the applicant's expense.

04. The applicant is reminded that any works that would disturb coal or coal seams (e.g. intrusive site investigations and/or treatment of coal workings for stability purposes) requires a permit from the Coal Authority. More information on the Coal Authority's permitting process can be found online at:

http://coal.decc.gov.uk/en/coal/cms/services/permits/permits.aspx

05. The applicant is advised that it is not permissible to allow water to drain from a private area onto the public road and to do so is an offence under Section 99 (1) of the Roads (Scotland) Act 1984. The applicant is advised that, where drainage systems including SUDS are not vested in Scottish Water, it is the applicant's / developer's responsibility to maintain those systems in perpetuity or to make legal arrangements for such maintenance.

06. Early engagement should be undertaken with Land and environmental Services (Roadworks Control) on agreeing a suitable construction methodology / mitigation strategy.

07. The applicant should consult Scottish Water concerning this proposal in respect of legislation administered by that organisation which is likely to affect this development. In particular, sustainable drainage systems (SUDS) should be designed and constructed in accordance with the vestment standards contained in "Sewers for Scotland", 2nd edition 2007.

The applicant is advised that, where drainage systems including SUDS are not vested in Scottish Water, it is the applicant's/developer's responsibility to maintain those systems in perpetuity or to make legal arrangements for such maintenance.

08. Strathclyde Partnership for Transport (SPT) provided detailed comments for the new Maryhill Health Centre, and requested that a bus information display screen be provided within the central foyer and waiting area. It is strongly recommended that the Travel Plan for Woodside Health Centre includes provision of a bus information display screen in addition to other proposals for providing public transport and active travel information within the health centre. For further advice on these aspects, please contact Dennis Sweeney at SPT (email dennis.sweeney@spt .co.uk tel: (0141) 333 3409).

Executive Director
Richard Brown

Development & Regeneration Services
Glasgow City Council
231 George Street
Glasgow G1 1RX
Phone 0141 287 8555
Fax 0141 287 8444

PageArchitects
20 James Morrison Street
Glasgow
G1 5PE

Our ref 15/01901/BW_S1/LET1
21st August 2015

Dear Sir/Madam,

Building (Scotland) Act 2003 - Application for Building Warrant
Site: Site Bounded By Garscube Road/Hinshaw Street/, Doncaster Street, Glasgow
Application No: 15/01901/BW_S1

An initial examination of the plans which you have submitted has been completed. There are a number of points where your proposals fail to meet the requirements of the Building (Scotland) Regulations 2004 or where additional information is required to assess your application. Details of these comments are contained in Schedule 1 to this letter.

When you have completed the requisite alterations please arrange for the drawings and any other information to be resubmitted to this office for the attention of the case surveyor. If you wish a meeting to discuss the application and the points raised, I would be grateful if you could telephone any morning between 9.30am and 12 noon to arrange an appointment.

Please quote the above application number in any communication.

Yours faithfully

John Thompson

Building Control and Public Safety

If phoning or visiting please ask for John Thompson
Direct phone 0141 287 5875
Direct fax 0141 287 5588
Email john.thompson@glasgow.gov.uk

Schedule 1:

1.1.1
~~01. Geotechnical points to follow.~~

4.1.1
02. Fully dimension accessible car parking spaces in accordance with this standard.

4.1.2
03. Provide setting down point.

4.1.3
04. Demonstrate accessible route from road and accessible car parking to accessible entrance.

4.1.5
05. Clearly show the length of all accessible routes.

2.13.1
06. Confirm hydrant provision and location.

2.12.2
07. Demonstrate vehicle access routes to all elevations.

Procedural Comments
08. Provide a block plan at 1:500. Provide a location plan at 1:1250.

Geotechnical objections: If calling please ask for Mr D Linn 0141 287 7246

1.1
01. Provide site investigation report.
02. Provide grouting completion report.

Planning Permission
A building warrant does not exempt you from the possible requirement to obtain planning permission. Enquiries should be made to Development and Regeneration Services on 0141 287 8555

Licensed Premises
If it is anticipated that your premises will be subject of a Liquor Licensing application the following contact numbers will be of assistance to you and, if applicable, should be contacted at an early stage.

Appendix C - Equality Impact – Action Plan

Equality Impact Assessment & Action Plan: Policy, Strategy and Plans

1. Name of Strategy, Policy or Plan

Woodside Health & Care Centre Full Business Case (FBC)

Please tick box to indicate if this is: Current Policy, Strategy or Plan ☐ **New Policy, Strategy or Plan** √☐

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The business case supports the development of a new health and care centre for Woodside and is a formal requirement to receive the necessary funding approvals to the scheme. This new facility is a key priority for the HSCP and is designed to improve patient services in the Woodside area on a number of fronts including patient access, the integration of service delivery and achievement of a range of health targets. The key objectives of the project are summarised in table 1 below.

Table 1 – Investment Criteria

Investment objective	Criteria
Patients and users of the service / facility	- Improved satisfaction with physical environment - Access to a range of services and supports in a single location - Improved service co-ordination to receive best possible care - Services working in partnership with patient

Strategic/Service	- Infrastructure designed to facilitate and sustain changes and outcomes for Primary Care, Community Health and Social Care Services - Promote sustainable primary care services - Enable speedy access to clear and agreed health and care pathways - Sustain and grow partnership working - Facilitate services remodelling and redesign
Efficiency	- Enable the rationalisation of NHS estate and reduction in back office costs - Facilitate agile and mobile working - Deliver a more energy efficient building
Design	- Achieve a BREEAM healthcare rating of 'Excellent' - Achieve a high design quality - Meet statutory requirements and obligations for public Buildings
Population Reach	- Location close to patient population

The headline health indices below illustrate the increasing pressure being placed on the community services from inadequate and life expired facilities. In summary it is considered that a new health and care centre will deliver significant improvements over the existing Woodside Health Centre by providing a better:

- platform for sustaining and expanding clinical services, in line with the current and future models of primary care;
- facility that allows a fully patient centred service and "one stop shop" for all primary care services including increased access to services;
- modern facility and design that meet the required standard for infection control;
- focus on reducing inequalities in health set out in "*Better Health, Better Care"*;
- working environment that supports the health and well-being and safety of staff;
- facility which meets the required quality standards for safe, effective, patient-centred care;

- facility which is flexible and adaptable, able to meet future changing demands;
- facility that enables effective and efficient use of the CHP's resources; and,
- facility which has a satisfactory carbon footprint due to the poor functional layout and building inefficiencies.

3 Lead Reviewer

Gareth Greenaway, Planning Manager, Glasgow City HSCP, North West Locality

4. Please list all participants in carrying out this EQIA:

Gareth Greenaway, Planning Manager
May Simpson, Community Engagement Officer
Margaret Black, Primary Care Development Officer
Derek Rae, Capital Planning Project Manager

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality
Yes. The FBC refers to all appropriate equality legislation and guidance, including NHS GG&C equalities policies. Specific objectives for the scheme have also been identified including tackling inequality and improving access to services in an area of deprivation.
B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy? (Note: where information is not available at a local level, Glasgow City or national information has been referenced as a guide)

		Source
All	The majority of patients using Woodside Health Centre live in the surrounding area – the 4 neighbourhoods of Cowlairs and Port Dundas, Keppochhill, Woodside and Firhill. These 4 areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities. Long term conditions - Hospital admissions are significantly above the national average. The average rate of hospital admissions for COPD across the 4 neighbourhoods is nearly double the national rate. North West Glasgow: % of people with Long Term Health Conditions: Deafness or partial hearing loss 5.6% Blindness or partial sight loss 2.4% Learning disability 0.5% Learning difficulty 2.3% Developmental disorder 0.6% Physical disability 7.1% Mental health condition 6.3% Other condition 17.4% Hospital Admissions - The average rate of emergency admissions across the 4 neighbourhoods is 45% above the national rate.	ScotPHO profiles Social Work Area Demographics Compendium September 2014 ScotPHO profiles
Sex	Life Expectancy - The average male life expectancy across Cowlairs and Keppochhill is 68.85 years (approximately 8 years below the national average). Firhill and Woodside average male life expectancy is 72 years (4 years below the Scottish average). The average female life expectancy across the 4 neighbourhoods is 75.5 years (5 years below the national average).	ScotPHO profiles
Gender Reassignment	There is no reliable information on the number of transgender people in Scotland. In the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in 100,000 or around 150 per year. In Scotland a scoping exercise found this number to be slightly higher at approximately 200 per	Gender Reassignment Services Protocol, NHS

	annum. Over a 2 year period (2010 & 2011) 591 people attended the Glasgow City Gender Reassignment Service at the Sandyford Initiative. 134 of whom were new referrals.	Health Scotland
Race	BME: The average proportion of BME population within the 12 postcodes in which the majority of Woodside Health Centre patients reside is 17%, compared with a Glasgow City average of nearly 12%. In half of the 12 postcodes in which the majority of Woodside Health Centre patients reside, the proportion of BME population ranges from 21-30%.	Scotland's Census 2011 – National Records of Scotland
Disability	Glasgow has an average rate of 17% of people who identified themselves as being disabled compared with a Scotland average rate of 14.1%. In the 2006 Scottish Index of Multiple Deprivation (SIMD) the disability rate for people living in deprived areas in Glasgow was estimated at 20.1%, compared with a Scotland average rate of 14.1%. Using 20.1% as a proxy, based on a combined practice population of 32,000 at Woodside Health Centre, around 6,400 people attending the health centre are likely to have a disability.	(Population with a Disability in Glasgow, 2011)
Sexual Orientation	As the census and most large scale surveys do not include categories to describe Lesbian, Gay and Bisexual (LGB) identity there is no definitive or consistent way to measure those in the population who are LGB. In planning for introducing civil partnerships, the UK Government's best estimate based on synthesising survey data is that between 5-7% of the population identified as LGB. However, it is known that many LGB people tend to migrate towards cities, therefore this number will likely to be higher for the Glasgow City area with a recent study showing that Glasgow is a favourable place to migrate to for LGB people.	The Needs and Experiences of Lesbian, Gay, Bisexual and Transgender People in Glasgow
Religion and Belief	According to the 2011 census the largest faith groups in Glasgow are: □ Christian 322,954 □ No Religion 183,835 □ Religion not stated 42,050 □ Muslim 32,117 □ Hindu 4,074 □ Buddhist 2,570 □ Sikh 3,149 □ Other Religions 1,599 □ Jewish 897	Scotland's Census 2011 – National Records of Scotland

Age	North West's population comprises of 26,454 (12.8%) older people 65 and over. Older people: the average rate of multiple admissions for people aged 65+ across the 4 neighbourhoods is approximately 40% above the Scottish rate.	ScotPHO profiles
Pregnancy and Maternity	It is known that there were 7,631 births in the Glasgow city area during 2011 (51% female and 49% male).	National Records of Scotland, Glasgow City council Area Demographic Factsheet
Marriage and Civil Partnership	In 2011 there were 2846 marriages in Glasgow City and 41 male and 55 female Civil Partnerships.	(2011: The Registrar General's Annual Review of Demographic Trends)
Social and Economic Status **Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders**	54% of patients using Woodside Health Centre live in a SIMD 1 area. Mental Health - Psychiatric hospital admissions are significantly higher than the Scottish average in all 4 neighbourhoods. The rate in Keppochhill is over 3 times the Scottish average. Addiction cases–January 2013, total North West addiction cases 4,101–two fifths 40.4% of City total (10,139). Of 4,101, 97.6% addiction service users aged 18-64; 1.5% aged 65 and over; and 0.7% aged 0-17. Homelessness–2013 to 2014 number of applications in North West under the Homeless Persons Legislation equalled 6,652; number of applications assessed as homeless under the HP Legislation equalled 4,974; and number of applications where last action taken by	GCPH ScotPHO profiles Social Work Area Demographics Compendium September 2014

	the local authority to discharge duty equalled 4,719. Criminal Justice–Between 1 April 2013 to 1 April 2014 in North West: - 1,354 CJSWR reports recorded. Almost a third 28.9% of City total 4,689 - 836 Community Payback Orders recorded. A third 31.3% of City total 2,675 - 75 Throughcare licences/ orders recorded. A third 31.1% of City total 241 Asylum seekers - as of January 2008, the number of asylum seekers supported in Glasgow was 4,887 Gypsy Travellers - Latest figures for Scotland in the census states approx 4,200	As above http://www.equalitiesinhealth.org/asylumseekers.html 2011 census

C Do you expect the policy to have any positive impact on people with protected characteristics?

	Highly Likely	Probable	Possible
General	Yes. The expectation is that the aims and objectives for the project as set out in the FBC will be met.		
Sex		Yes. The facility should have a positive impact by encouraging more people to attend and contribute towards improving overall health and life expectancy.	
Gender Reassignment			The facility could have a positive impact, supported by increased staff awareness of equality related issues / participation in staff training.
Race	Yes. The facility should have a positive impact, supported by the inclusion of telephone interpreting		

	equipment.		
Disability	Yes. The latest design standards meet all the legislative requirements for disability access. We are engaging with services users with a disability (and their representatives) as part of our development of the design of the new facility to ensure it meets requirements.		
Sexual Orientation			The facility could have a positive impact, supported by increased staff awareness of equality related issues / participation in staff training.
Religion and Belief	Yes. The new facility includes improved provision for a spiritual room.		
Age	Yes. Design of the new health and care centre will support better anticipatory care and more integrated working between community health, social work and GP practices – which should have a positive impact on reducing hospital admissions for older people and supporting older people to live more independently		
Marriage and Civil Partnership			The facility could have a positive impact, supported by increased staff awareness of equality related issues / participation in staff training.
Pregnancy and	Yes. The provision of a new health		

Maternity	and care centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.		
Social and Economic Status	Yes. The new Health & Care centre will offer improved provision for the communities it serves, many of which experience health inequalities. Less affluent population groups such as those in Woodside are particularly affected by late diagnosis and survival deficit – the new centre will improve access to services and earlier treatment.		
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders	Services will be available in the new facility for marginalised groups. Specifically the facility includes the local CAT team and the homelessness case work team The new facilities will provide greater opportunities for outreach clinics run by the primary care mental health team and improve integrated working with GPs and other primary care / community care services.		

D Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	**Probable**	**Possible**
General			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation.
Sex			As above
Gender Reassignment			As above
Race			As above
Disability			As above
Sexual Orientation			As above
Religion and Belief			As above
Age			As above
Marriage and Civil Partnership			As above
Pregnancy and Maternity			As above
Social and Economic Status			As above
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders			As above

E Equality Impact Action Plan		
		Responsibility and Timescale
E1 Changes to policy	None envisaged at this time.	Lead: Gareth Greenaway Reviewed for FBC submission
E2 action to compensate for identified negative impact	No negative impacts identified. This will be monitored through patient complaints and feedback.	Lead: Gareth Greenaway Review complaints – establish 2016/17 baseline. See below for action to establish service user feedback through focus groups.
E3 Further monitoring – potential positive or negative impact	Engagement undertaken with disabled service users to seek to improve design features of the new facility beyond minimum requirement of DDA compliance. This will also take national design guidelines for people with dementia into account. Focus groups and a survey will be organised with representatives from equality groups to establish baseline position of any existing barriers to accessing services, good practice and areas for improvement in relation to the current Woodside Health Centre. Focus groups and a survey will then be repeated 6 months following the opening of the new facility to assess improvements and identify any further action required. Promote equality awareness training for staff and monitor participation.	Lead: Gareth Greenaway Reviewed for FBC submission. Will be progressed further as part of next stage of design process in relation to fixtures and fittings. Timescale April 2017. Phase 1 of focus groups / survey September 2017. Phase II of focus groups /survey 6 months post opening date. Establish 2016/17 participation baseline and take action in 2017/18 to increase participation and promote equality sensitive practice as necessary.
E4 Further information required	Contacts with practices has highlighted the challenge that practices experience in providing general information to patients for whom English is not their first language. A brief, generic leaflet is in	Lead: Gareth Greenaway Introduce leaflet by March 2017.

	preparation and will be provided to practices in a number of languages including those commonly used by people seeking asylum.	

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

The review of this EQIA and progress against the action plan will take place in September 2017.

Lead Reviewer: **Name: Gareth Greenaway**
Sign Off: **Job Title: Planning Manager, Glasgow City HSCP North West Locality**
Signature:
Date: 30th November 2016

Please email copy of the completed EQIA form to EQIA1@ggc.scot.nhs.uk

Or send hard copy to:

Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

Appendix D – Benefits Realisation Plan

Woodside Health and Care Centre – Benefits Realisation Plan						
Identification		***Control***		***Realise***		
Ref. No.	***Main Benefit***	***Who Benefits?***	***Who is responsible?***	***Investment Objective***	***Dependencies***	***Date of Realisation***
1.	Enable speedy access to modernised and integrated primary care and community health services	***Service Users***	***Service Leads within Glasgow City HSCP***	***Improve Access***	***Linked to broader HSCP service strategies***	***Review after 1 year of facility being operational***
2.	Promote a greater focus on prevention and anticipatory care	***Service Users***	***Service Leads within Glasgow City HSCP***	Improve patient experience/ good working environment for staff	***Linked to broader HSCP service strategies***	***Review after 2 years of facility being operational***
3.	Improve the patient and service user experience	***Service Users***	***Service Leads within Glasgow City HSCP***	Improve patient experience/ good working environment for staff	***-***	***Review after 1 year of facility being operational***
4.	Promote integrated working between primary care, community health services, specialist children's services and social work services	***Service Users / Services***	***Service Leads within Glasgow City HSCP***	Promote joint service delivery	***Will be further supported by developments in IT infrastructure***	***Review after 1 year of facility being operational***

Woodside Health and Care Centre – Benefits Realisation Plan						
Identification		***Control***		***Realise***		
5.	Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs	***Public***	***Hub***	Sustainability	-	***Review after 1 year of facility being operational***
6.	Achieve a BREEAM Healthcare rating of 'Excellent'	***Service***	***Hub***	Sustainability	-	***Review after 6 months of facility being operational***
7.	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	***Public / Service Users / Staff***	***Hub***	Improve patient experience/ good working environment for staff	-	***Review after 6 months of facility being operational***
8.	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	***Public / Service Users / Staff***	***Capital Planning and Facilities leads within NHSGGC***	Improve access	-	***Review after 1 month of facility being operational***
9.	Contributes to regeneration of area - supports development of surrounding area development.	***Public***	***NHSGGC / Glasgow City Council***	Contribution to regeneration of Woodside	***Linked to other regeneration initiatives / impact of wider economy***	***Review after 3 years of facility being operational***

Woodside Health and Care Centre – Benefits Realisation Plan						
Identification		***Control***		***Realise***		
10.	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	***Public / service users***	***NHSGGC / Glasgow City Council / HSCP***	Improve patient experience	***Linked to wider social factors, including employment, education and housing***	***Review after 5 years of facility being operational***

Appendix E – Performance Scorecard

VALUE FOR MONEY SCORECARD

Woodside HCC

Version 1.0

12 December 2016

PROJECT SUMMARY

Project Name:	Woodside HCC	
Health Board:	NHS Greater Glasgow & Clyde	
Local Authority:	Glasgow City Council	
Total Project Cost:	£20,065,252	(Incl NHS Direct Costs)
Hubco Affordability Cap:	£20,083,907	
Hubco Current Project Cost:	£20,065,252	(Equivalent to the Affordability Cap)
Site Abnormals:	£1,961,017	
Gross Internal Area:	6,732	m2
Nr of GP's:	24	nr
Car Parking Spaces:	62	nr
Storey's:	3	nr

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost *(£/m2)*	£2,798	£2,689	-£108
Prime Cost *(£/m2)*	£1,741	£1,879	£138
Area Per GP *(m2/GP)*	100	85.05	-14.95
Ratio Support Space *(Ratio)*	1:3	3.2	0.23
Life Cycle *(£/m2)*	£18.00	£19.50	£1.50

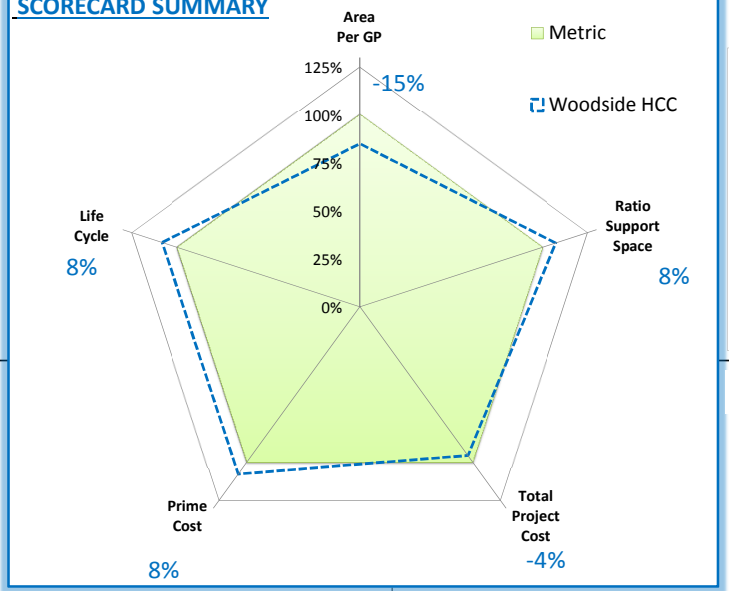
PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	1Q 2017
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£3,171	£1,865
1,001 – 5,000m2	£2,350	£1,450	£2,922	£1,803
5,001m2>	£2,250	£1,400	£2,798	£1,741

Inflation Uplift:-	24.34%
Area Metric B	1:3

6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

SCORECARD SUMMARY



Description Of Scorecard

Area Per GP- Area per GP's based on banding listed within table 6. This refers to the Nr of GP's and not practices. This measures the space efficiency of the new project.

Ratio Of Support Space - Ratio of Clinical provision versus circulation and support space. Metric of 1m2 of clinical equal to 3m2 of support space. Metric equal to 1:3. Refer to table 7.0 below. This measures the space efficiency of the new project.

Total Project Cost - £/m2 rate for total cost for new project. Metric rates outlined in table 5.0 above.

Prime Cost (Excl Exts)- £/m2 rate for total cost for work packages for the project excluding external works. Metric rates outlined in table 5.0 above.

Life Cycle Cost - Metric of £18/m2 against new project based on standard service spec.

FINANCIAL ASSESSMENT

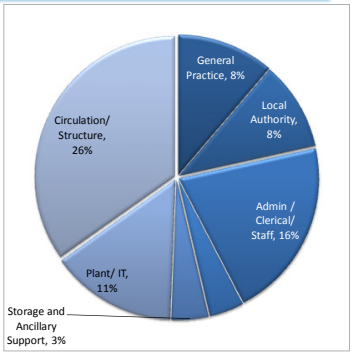
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
Grouting & Piling & Retaining	Sub	£826,797	£235,885.16	£1,062,682
Abnormal Issue 2	Super	£31,603	£9,016.34	£40,619
Derogations	Super	£20,621	£5,883.17	£26,504
Change Controls (M&E)	M&E	£223,838	£63,861.03	£287,699
Utility Diversion	Ext	£195,989	£55,915.66	£251,905
Ventilation	M&E	£226,879	£64,728.58	£291,608
Total		£1,525,727	£435,290	£1,961,017

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£1,546,698	£230	£719,901	£107
Superstructure	£6,521,485	£969	£6,469,261	£961
Finishes	£1,023,998	£152	£1,023,998	£152
Fittings & Furnishing	£912,400	£136	£912,400	£136
M&E	£3,971,744	£590	£3,521,027	£523
Prime Cost	£13,976,325	£2,076	£12,646,587	£1,879
External Works	£1,230,183	£183	£1,034,194	£154
Project Fees (Design, surveys, Hubco fee)	£4,858,744	£722	£4,423,454	£657
Hubco Affordability Cap	£20,065,252	£2,981	£18,104,235	£2,689
NHS -Decant/Management		£0	£0	£0
NHS - Contingency	£0	£0	£0	£0
TOTAL PROJECT COST	£20,065,252	£2,981	£18,104,235	£2,689

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	19.5	1.50
Hard Facilities Management Costs	19	14.53	-4.47

Items	%	£
Post FC Risk	0.9%	£115,875
Pre FC Risk	3.9%	£753,188
NHS Cont	0.0%	£0

NHS Board Commentary on Financial Assessment



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	566	8%
Other Health Services	820	12%
Local Authority	516	8%
Patient Interface	892	13%
Admin / Clerical/ Staff	1,045	16%
Staff Facilities	201	3%
Storage and Ancillary Support	212	3%
Plant/ IT	733	11%
Circulation/ Structure	1,747	26%
Total GIA	6,732	100%
Omit Abnormals		
GP & Other Health Services	-1,385	-
LA Facilities (Incl circ/plant)	-876	-
Nett Support Space	4,471	Diff
Ratio Clinical Vs Support Space	**1: 3.2**	-0.2

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
24	100	**85**

NHS Board Commentary on Area Provisions

Appendix F– Economic Appraisal

Woodside Health & Care Centre

New Build

Inputs	Area	6732 sqm	Discount rate	3.50%
	Lifecycle Charge	£19.50 per sqm		
	Hard FM Charge	£14.53 per sqm		
	Heat Light and Power	£24 per sqm		
	Domestic Services	£20 per sqm		
	Rates, Including Water	£20 per sqm		
	Construction Costs			

Do Min		
GP Accom	0	sqm
NHS existing	2683	sqm
Specialist children services	630	sqm
GCC	700	sqm
Total	4013	sqm

Lifecycle Charge	£28	per sqm
Hard FM Charge	£20	per sqm
Heat Light and Power	£24	per sqm
Domestic Services	£20	per sqm
Rates, Including Water	£20	per sqm
Rental Costs	£0	

Option 1 – Do Minimum

	Build	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Const	£3,116,619																									
Lifecycle		£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364	£112,364
Hard FM		£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260	£80,260
Heat Light and Power		£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312	£96,312
Domestic Services		£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785	£81,785
Rates, Including Water		£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099	£80,099
Rental Costs		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Total - Discounted	£3,116,619	£435,575	£420,846	£406,614	£392,864	£379,579	£366,743	£354,341	£342,358	£330,781	£319,595	£308,788	£298,345	£288,256	£278,509	£269,090	£259,991	£251,199	£242,704	£234,497	£226,567	£218,905	£211,503	£204,350	£197,440	£190,763
NPC	**£10,546,822**																									

Option 2 – build new Woodside Health centre at Grovepark St.

	Build	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Const	£18,922,543																									
Lifecycle		£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274
Hard FM		£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816
Heat Light and Power		£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568
Domestic Services		£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198
Rates, Including Water		£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371
Total - Discounted	£18,922,543	£639,833	£618,196	£597,291	£577,092	£557,577	£538,722	£520,504	£502,903	£485,896	£469,465	£453,589	£438,251	£423,431	£409,112	£395,277	£381,910	£368,995	£356,517	£344,461	£332,813	£321,558	£310,684	£300,178	£290,027	£280,219
NPC	**£29,837,044**																									

Option 3– build new Woodside Health centre at New City Road

	Build	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Const	£18,922,543																									
Lifecycle		£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274
Hard FM		£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816
Heat Light and Power		£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568
Domestic Services		£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198
Rates, Including Water		£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371
Total - Discounted	£18,922,543	£639,833	£618,196	£597,291	£577,092	£557,577	£538,722	£520,504	£502,903	£485,896	£469,465	£453,589	£438,251	£423,431	£409,112	£395,277	£381,910	£368,995	£356,517	£344,461	£332,813	£321,558	£310,684	£300,178	£290,027	£280,219
NPC	**£29,837,044**																									

Option 4 – build new Woodside Health centre at Hinshaw St.

	Build	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Const	£20,065,252																									
Lifecycle		£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274	£131,274
Hard FM		£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816	£97,816
Heat Light and Power		£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568	£161,568
Domestic Services		£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198	£137,198
Rates, Including Water		£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371	£134,371
Total - Discounted	£20,065,252	£639,833	£618,196	£597,291	£577,092	£557,577	£538,722	£520,504	£502,903	£485,896	£469,465	£453,589	£438,251	£423,431	£409,112	£395,277	£381,910	£368,995	£356,517	£344,461	£332,813	£321,558	£310,684	£300,178	£290,027	£280,219
NPC	**£30,979,753**																									

Appendix G – Risk Register

Woodside Health and Care Centre - Project Risk Register v12 Dec 2016

							PRE-CONTROL									POST-CONTROL					
Ref	**Date Raised**	**Category**	**Summary Description of Risk**			**Stage of hub West Process**	**Likelihood**	**Impact - Time**	**Cost (£)**	**Risk Score**	**Risk Owner(s)/ Named Person**	**Risk Control Measures**	**Likelihood**	**Impact - Time**	**Expected Ris**	**Risk Score**	**Actual Cost A**	**Last Reviewed/Comments November 2016**
10	25/09/2012	Legal	various	failure to agree lease terms with independent contractors e.g. dentist etc.	financial risk to NHS	Financial Close	**4**	**3**	**5**	**20**	**NHS Gordon Love - Property**	District Valuer has reviewed the areas and the valuation. Early discussions with independent contractors and agreement of programme for agreement of Heads of Terms is required as soon as possible.	2	**3**		**6**		Mitigation Ongoing. Costs provided to dentists - final negotiations underway. Pharmacy lease as agreed with same consortium at Maryhill.
40	26/11/2012	Project Management	Financial close	Financial close date is not achieved	delay	Financial Close	**4**	**5**		**20**	**NHS/GCC/hWS/ Jim Allan John Donnelly Capital Planning**	Continually review the information and dates required for approvals. Review Lessons Learned tracker produced post Eastwood/Maryhill FC. Implement series of Legal and Commercial meetings on a two weekly basis to ensure all documentation is presented and approved on time.	2	**3**		**6**		Mitigation Ongoing. Project Programme has been developed and agreed with all approval dates and legal and commercial stages agreed. Programme being reviewed at weekly Legal and Commercial meetings. FC is dependant on both projects being ready.
62	10/12/2014	Project Management	Programme	Availability of resources to commission the Project if the Project reaches completion at the same time as Gorbals HCC	Resource Impact	Commissioning	3	5		**15**	**NHS/GCC John Donnelly Capital Planning**	Provide detailed programmes with outline commissioning activities. Client to develop detailed commissioning programmes and review any resource issues.	1	4		**4**		Ongoing. Detailed commissioning programme to be developed by NHS GGC to ensure sufficient resource allocation.
63	10/12/2014	Stakeholders	Design Development	Variance to existing agreed landlord model for IT and Comms infrastructure.	Financial risk to GCC	Stage 2	3	5		**15**	**NHS/GCC Alex Mackenzie GC HSCP**	Early discussions required between both parties to agree the landlord model for the IT and Comms requirements or agree funding proposal for the alternative model.	1	4		**4**		Agreed NHS/GCC IT/Comms model developed, agreed and currently piloted in theree existing sites. This model will be implemented at Woodside & Gorbals.
67	10/12/2014	Design	Design Development	Arts Strategy has not been fully considered into the design and construction of the Project	Cost Impact	Stage 2	3	5		**15**	**NHS/GCC John Donnelly Capital Planning**	Arts Strategy proposals addressed as part of the Stage 2 Design Proposals and included within the Stage 2 submission.	1	5		**5**		Ongoing. Included as a change control and provided within the Stage 2 Costs. Finalising deatil of artworks in progress and within contract programme dates.
80	24/03/2015	Commercial	Financial close	non agreement of Participant Interface Agreement.	financial close delay	Financial Close	2	5		**10**	**NHS/GCC John Donnelly Capital Planning**	Early discussions with NHS GGC and GCC to agree Participant Interface agreement.	2	5		**10**		Discussions at advanced stage with GCC/NHS/CLO. Will be in place prior to Financial Close.
89	04/06/2015	Design	Design Development	RDS and Room Layouts still to be fully signed off by NHSGGC and all costs associated with these included in Cost Plan	Cost/Programme impact	Stage 2	3	5		**15**	**NHS John Donnelly Capital Planning**	Design Team to complete the RDS for all areas and NHSGGC to sign off as soon as possible. Review against design freeze RDS and list any differences for costing.	2	4		**8**		Stage 2 Price Nov includes cost for Room Layouts rev S. Some late, localised revisons being costed and will be agreed within the Affordability Cap before FC.
91	09/11/2016	Approvals	Financial Close	Building Warrant Stage 1 not achieved prior to FC	Cost/Programme impact	Financial Close	2	5		**10**	**hWS/MS**	Continue to press and have further dialogue with GCC Building Control to achieve sign off of stage 1	1	5		**5**		P/P have contacted building control and believe sign of is due to be issued shortly. Contractor risk.
92	08/12/2016	Design	Various	Disagreement between HSCP management and GPs regarding design of GP reception areas. (Management preference to have open reception designs. GP preference to have fully glazed design.) Risk of non sign-off of RDS by GPs and lack of an agreed way forward.	Service model /Finance impact. Negative Impact on effective working realtionships	Construction	4	4		**16**	**NHS/GC HSCP Alex Mackenzie GC HSCP**	HSCP to undertake a learning exercise at Maryhill Health & Care Centre to review experience of open receptions. The output to inform whether there is a need to alter the GP reception design. Learning from Eastwood Health & Care Centre will also be taken into account (as the reference design project for new primary care centres).	3	4		**12**		In the current absence of GP sign-off and prior to the output from the learning exercise, Glasgow City HSCP has taken responsibility for signing off GP RDS, inclusive of an open design to all receptions.

Appendix H – Schedule of Accommodation

Woodside Health Centre

OUTLINE SCHEDULE OF ACCOMODATION (rev. F - 11.10.16) **gfg**

REF	SERVICE	Floor	ROOM No	ROOM TYPE	DESCRIPTION	AREA	AREA NOW REQUIRED - M²
	Dr Burton and Partner	1st	14-GPB-001	GP Consulting Room		14.40	
		1st	14-GPB-002	GP Consulting Room		14.80	
		1st	14-GPB-003	GP Consulting Room		14.40	
		1st	14-GPB-004	GP Consulting Room		14.80	
		1st	14-GPB-005	Nurse Consulting Room	INCREASED TO 18M2	17.70	
		1st	14-GPB-006	Admin Room		20.80	
		1st	14-GPB-007	Reception		7.70	
		1st	14-GPB-008	Waiting area		23.40	
		1st		Tea prep area	part of admin area		
		1st		Nurse Consulting Room	OMITTED		
		1st		Records Storage	Omitted		
				Sub Total		**128.00**	**128**
	Dr Glekin & Partners	1st	13-GPG-001	GP Consulting Room		14.80	
		1st	13-GPG-002	GP Consulting Room		14.80	
		1st	13-GPG-003	GP Consulting Room		14.10	
		1st	13-GPG-004	GP Consulting Room		14.80	
		1st	13-GPG-005	Nurse Consulting Room		17.80	
		1st	13-GPG-006	Nurse Consulting Room	INCREASED TO 18M2	19.50	
		1st	13-GPG-007	Reception		7.20	
		1st	13-GPG-008	Waiting Area		15.90	
		1st	13-GPG-008	Admin Room			
		1st		Tea prep	part of admin space		
		1st		Consulting Room	Omitted		
		1st		Records Storage	Omitted		
				Sub Total		**118.9**	**118.9**
	Dr Gaw & Esler	1st	16-GP-GAW-001	Admin Office		17.50	
		1st	16-GP-GAW-002	Reception		7.20	
		1st	16-GP-GAW-003	Practice Manager		9.20	
		1st	16-GP-GAW-004	Nurse Consulting Room	INCREASED TO 18M2	18.00	
		1st	16-GP-GAW-005	GP Consulting Room		15.10	
		1st	16-GP-GAW-006	GP Consulting Room		14.90	
		1st	16-GP-GAW-007	GP Consulting Room		14.80	
		1st	16-GP-GAW-008	GP Consulting Room		14.80	
		1st	16-GP-GAW-009	Waiting Area		18.20	
		1st		Tea prep Area	Part of admin space		
		1st		GP Consulting Room	OMITTED		
		1st		Records Storage	Omitted		
		G		Meeting Room			
				Sub Total		**129.7**	**129.7**
	Dr Fitzimons & Partners	1st	15-GPF-001	GP Consulting Room		14.90	
		1st	15-GPF-002	GP Consulting Room		15.00	
		1st	15-GPF-003	GP Consulting Room		15.00	
		1st	15-GPF-004	GP Consulting Room		14.50	
		1st	15-GPF-005	Nurse Consulting Room	INCREASED TO 18M2	17.90	
		1st	15-GPF-006	Admin Office		20.40	
		1st	15-GPF-007	Reception		8.20	
		1st	15-GPF-008	Waiting Area		18.90	
		1st		Tea prep area	part of admin space		
		1st		Records Storage	Omitted		
				Sub Total		**124.8**	**124.8**
	Dr Love & Partners	1st	11-GLW-001	Consulting Room		15.00	
	Dr Webster & Partners	1st	11-GLW-002	Consulting Room		15.20	
		1st	11-GLW-003	Consulting Room		15.10	
		1st	11-GLW-004	Consulting Room		15.10	
		1st	11-GLW-005	Nurse Consulting Room	INCREASED TO 18M2	18.40	
		1st	11-GLW-006	Nurse Consulting Room	INCREASED TO 18M2	17.60	
		1st	11-GLW-007	Nurse Consulting Room	INCREASED TO 18M2	17.50	
		1st	11-GLW-008	Consulting Room		14.70	
		1st	11-GLW-009	Consulting Room		15.00	
		1st	11-GLW-010	Practice manager Room		11.10	
		1st	11-GLW-011	Admin Room		31.90	
		1st	11-GLW-012	Reception		8.90	
		1st	11-GLW-013	Waiting Area		35.60	
		1st	11-GLW-014	Store	Omitted	1.40	
		1st		Tea Prep Area	Part of admin space		
		1st		Records Store	omitted		
		1st		Office			
				Sub Total		**232.5**	**232.5**
	Common	G	02-CIR-002	Foyer	Central foyer	378.20	
		G	02-COM-002	DSR		8.60	
		G	02-DOM-001	Store		4.10	
		G	02-DOM-002	Toilet	Staff - 1 cubicle	4.10	
		G	02-DOM-003	Male Toilet - Patient 2 cubicle		11.20	
		G	02-DOM-004	Toilet Disabled	Patient/Staff	4.70	
		G	02-DOM-005	Female Toilet - Patient 2 cubicle		9.60	
		G	02-DOM-006	Fully accessible toilet	Changing Places specification	12.10	
		G	02-DOM-010	Waste store/Recyling		18.90	
		G	03-DOM-001	Toilet Disabled	Patient/Staff	4.40	
		S	21-IT-001	Comms Room			
		G		Clinical Waste Store			
	Sub Total					**455.9**	**455.9**
	Podiatry	G	07-POD-001	Treatment Room		14.60	
		G	07-POD-002	Treatment Room		14.80	
		G	07-POD-003	Team Room		20.00	
		G	07-POD-004	Admin/ Reception	Shared with Physio	16.80	
		G	07-POD-005	Store		11.90	
		G		Waiting	Shared with Physio	0	
	Sub Total					**78.1**	**78.1**
	Physiotherapy	G	08-PHY-001	Visiting Services Room	reduced from 24m2	14.80	
		G	08-PHY-002	Treatment Rooms 4x15m2	reduced from 16m2 per room	14.80	
		G	08-PHY-003			15.00	
		G	08-PHY-004	Treatment rooms 2x18m2	increased from 16m2 per room	17.80	
		G	08-PHY-005			17.70	
		G	08-PHY-006			14.70	
		G	08-PHY-007			15.00	
		G	08-PHY-008	Self Referral Room	reduced from 15m2	10.10	
		G	08-PHY-009	Clinical staff office - 5/6 staff	reduced from 28m2	10.10	
		G	08-PHY-010	Patient Changing Male & Female		15.10	
		G	08-PHY-011			14.90	
		G	08-PHY-012	Splinting Room	reduced from 28m2	17.30	
		G	08-PHY-013	Store		7.60	
		G	08-PHY-014	Gym		84.10	
		G		Education/Resource Room			Shared facility
		G		Admin/Reception	Shared with Podiatry		
		G		Waiting	Shared with Podiatry		
	Sub Total					**269**	**269**
	General Dental Practice	G	06-CIR-002	Reception/waiting		32.20	
		G	06-DEN-001			8.10	
		G	06-DEN-002	Dental Surgery	Reduced from 16m2	14.70	
		G	06-DEN-003	Dental Surgery	Reduced from 16m2	14.90	
		G	06-DEN-004	Dental Surgery	Reduced from 16m2	14.80	
		G	06-DEN-005	Dental Surgery	Reduced from 16m2	14.90	
		G	06-DEN-007	Decontamination Room		15.80	
		G	06-DEN-008	X Ray Room		7.90	
		G	06-DEN-009	Development Room		9.40	
		G	06-DEN-011	Tea Prep	ADDITIONAL	3.90	
		G	06-DEN-012	Store		5.00	
		G	06-DOM-001	Staff toilet	ADDITIONAL	3.60	
		G	06-PLA-001	Plant Room		12.50	
		G		Admin Office			
	Sub Total					**157.7**	**157.7**
	Pharmacy	G		Dispensary/Storage	Inc therapy booth		
		G		Consulting Room	Reduced from 12m2		
		G		Reception Desk			
		G		Staff Room			
		G		Store/office			
		G		Waiting Area			
		G	05-PA-001			157.30	
	Sub Total					**157.3**	**157.3**
	Community Reception	G	02-COM-001	Admin Office		23.20	
		G	02-COM-003	Store	Attached to Reception	9.80	
		G	02-COM-004	Reception	Covers Treatment Rooms	17.50	
		G	02-COM-010	Group Room		19.40	
		G	02-COM-011	Consulting Room		14.50	
		G	02-COM-012	Consulting Room		14.50	
		G	02-COM-013	Consulting Room		14.50	
		G	02-COM-014	Consulting Room		14.80	
		G	02-COM-015	Interview Room		12.20	
		G	02-COM-016	Interview Room		12.00	
		G	02-COM-017	Group Room		17.40	
		G	02-COM-018	Disposal room		7.10	
					& Community Clinics		
		G		Health Centre Manager	Omitted		
		G		Waiting Area - Community Clinics	Shared with Treatment Rooms		
		G		Central information point?			
		G		Breastfeeding Room	Omitted - see health visitor section		
	Sub Total					**176.9**	**176.9**
	Treatment Room	G	03-TRT-001	Treatment Room		17.80	
		G	03-TRT-002	Treatment Room		17.80	
		G	03-TRT-003	Treatment Room		17.90	
		G		Reception	Share with Community Area		
		G	03-TRT-004	Waiting	Share with Community Area	32.10	
		G	03-TRT-005	Store		8.00	
		G	03-TRT-006	Clinette		5.00	
		G		Disposal room	Omitted		
		G	03-DOM-002	Store		2.60	
	Sub Total					**101.20**	**101.2**
	District Nursing	2nd	19-DN-001	District Nursing Team Agile Working	16 Staff	47.80	
		2nd	19-DN-002	Office 1		6.70	
			19-DN-003	Office 2		6.70	
		2nd	19-DN-004	Store/Prep Room	reduce to 7m2	4.80	
	Sub Total					**66.00**	**66**
	Diabetic Nurse Specialist	2nd		Office Accommodation	Omitted		
		2nd		Store	Omitted		
	Sub Total					**0**	**0**
	Dr Muir	1st	12-GPM-001	Nurse Consulting Room	INCREASED TO 18M2	18.00	
		1st	12-GPM-002	Consulting Room		15.10	
		1st	12-GPM-003	Admin		15.60	
		1st	12-GPM-004	Reception		6.80	
		1st	12-GPM-005	Waiting		13.50	
		1st		Tea prep area	part of admin area		
		1st		Consulting Room	OMITTED		
		1st		Records Storage	Omitted		
	Sub Total					**69**	**69**
	Health Visitors	2nd	09-HV-003	Health Visitor Agile Working		103.30	
		2nd	09-HV-004	Office 3		9.00	
		2nd	09-HV-005	Office 4		3.20	
		2nd	09-HV-006	Office 5		3.20	
		2nd	09-HV-007	HV Store		5.70	
		G	09-HV-001	Health Education Room		49.50	
		G	09-HV-002	Mother & Baby Room		9.10	
	Sub Total					**183.00**	**183**
	Dr Langridge	1st	17-GPL-001	Consulting Room	re-introduced at the request of the Practi	14.80	
		1st	17-GPL-002	Consulting Room		14.80	
		1st	17-GPL-003	Nurse Consulting Room	increased to 18m2	17.80	
		1st	17-GPL-004	Admin Office/Store		12.60	
		1st	17-GPL-005	Waiting		13.80	
		1st	17-GPL-006	Reception		7.80	
		1st		Tea Prep Area	Part of admin space		
		1st		Records Storage	omitted		
	Sub Total					**81.60**	**81.6**
	Common	1st	12-DOM-001	Toilet - Disabled	Staff - 1 cubicle	5.80	
		1st	14-DOM-001	Toilet		3.20	
		1st	16-DOM-001	Toilet		4.30	
		1st	20-DOM-026	DSR		8.20	
		1st	20-DOM-027	Store		3.10	
		1st	20-DOM-032	Toilet		5.30	
		1st	20-DOM-033	Toilet - Disabled	Patient - 1 cubicle	6.70	
		2nd	20-DOM-037	Training/Resource room	Combined resource/quiet room	22.90	
		2nd	20-DOM-038	Seminar room	increased from 24m2	55.50	
		2nd	20-DOM-046	Kitchen/Staff Room	INCREASED FROM 49	145.20	
		1st	13-DOM-001	Toilet	Patient - 2 cubicle	4.20	
		1st	20-DOM-023	Toilet	Patient - 2 cubicle	8.80	
		1st	20-DOM-024	Store		4.10	
		1st	20-DOM-025	Toilet		10.20	
		1st	20-DOM-028	Store		3.80	
		1st	20-DOM-029	Store		2.80	
		1st	20-DOM-030	Store		3.30	
		1st	20-DOM-031	Store		5.70	
		2nd	20-DOM-043	Toilet	Staff - 1 cubicle	12.40	
		2nd	20-DOM-044	Shower		3.20	
		2nd	20-DOM-047	Shower	Staff - 1 cubicle	3.20	
		2nd	20-DOM-048	Toilet		12.40	
		1st	11-DOM-001	Dirty Utility		4.20	
		1st	13-DOM-002	Dirty Utility		4.30	
		1st	14-DOM-002	Dirty Utility	additional	4.20	
		1st	15-DOM-002	Dirty Utility		7.20	
		1st	16-DOM-002	Dirty Utility		4.90	
		1st	17-DOM-001	Dirty Utility		4.10	
		1st		Meeting Room	ADDITIONAL		
		2nd	20-DOM-035	DSR	Additional	11.20	
		2nd	20-DOM-036	Tea Prep.		4.60	
		2nd	20-DOM-039	Tea Prep.		4.60	
		2nd	20-DOM-040	Facility Pt. 2		3.80	
		2nd	20-DOM-041	Store		3.40	
		2nd	20-DOM-042	Toilet - Disabled	Additional	4.70	
		2nd	20-DOM-042	Toilet - Disabled			
		2nd	20-DOM-045	Toilet		2.00	
		2nd	20-DOM-049	Toilet		2.00	
		2nd	20-DOM-050	Toilet - Disabled		4.90	
		1st	15-DOM-001	Toilet - Disabled		5.90	
	Sub Total					**410.3**	**410.3**
	Specialist Children service	1st	10-SCS-001	Consulting Room	Spec CPT	15.10	
		1st	10-SCS-002	Consulting Room	Spec CPT	14.70	
		1st	10-SCS-003	Consulting Room	Spec CPT	15.10	
		1st	10-SCS-004	Consulting Room	Spec CPT	15.10	
		1st	10-SCS-005	Consulting Room	CAMHS	15.10	
		1st	10-SCS-006	Assessment Room		15.10	
		1st	10-SCS-007	Observation Room		15.10	
		1st	10-SCS-008	Group Room		18.80	

Woodside Health Centre

OUTLINE SCHEDULE OF ACCOMODATION (rev. F - 11.10.16) **gfg**

REF	SERVICE	Floor	ROOM No	ROOM TYPE	DESCRIPTION	AREA	AREA NOW REQUIRED - M²
		1st	10-SCS-009	Meeting Room		35.00	
		1st	10-SCS-012	Therapy Room		18.00	
		1st	10-SCS-013	Consulting Room	CAMHS	15.10	
		1st	10-SCS-014	Consulting Room	CAMHS	15.10	
		1st	10-SCS-015	Consulting Room	CAMHS	15.10	
		1st	10-SCS-016	Consulting Room	CAMHS	15.10	
		1st	10-SCS-017	Consulting Room	CAMHS	15.50	
		1st	10-SCS-019	Reception		7.40	
		1st	10-SCS-020	Records Store		12.90	
		2nd	10-SCS-031	Storage Room	CAMHS	9.50	
		2nd	10-SCS-032	Storage room	Spec .CPT	11.50	
		1st	10-SCS-010	Gym		40.30	
			10-SCS-011			23.30	
		1st	10-SCS-018	Waiting Area		18.70	
			10-SCS-18B			14.10	
		1st		Store			
		2nd	10-SCS-021	Office - Agile area	CAMHS 29staff x 4m2	62.60	
		2nd	10-SCS-022	Office - Agile area	Spec CPT 29 staff x 4m2	27.40	
		2nd	10-SCS-023	SCS / OT / PT Agile Working		55.30	
		2nd	10-SCS-024	SCS / OT / PT Agile Working		14.10	
		2nd	10-SCS-025	Office 7		6.70	
		2nd	10-SCS-026	Office 6		6.70	
		2nd	10-SCS-027	Office 9		7.00	
		2nd	10-SCS-028	Office 8		7.00	
		2nd	10-SCS-029	Expansion Space		45.20	
		2nd	10-SCS-030	CHAMMS Meeting Room		26.90	
		1st	10-DOM-001	Access WC		5.00	
		2nd		Dictation Space	Spec CPT Omitted		
		2nd		Dictation Space	CAMHS		
						654.6	**654.6**
	Community Addictions	G	04-CA-004	Consulting Room		14.80	
		G	04-CA-005	Consulting Room		14.80	
		G	04-CA-006	Consulting Room		15.10	
		G	04-CA-011	Treatment Rooms		17.80	
		G		Treatment Rooms			
		G	04-CA-013	Disposal Room		6.30	
		G	04-CA-012	Toilet		5.30	
		G	04-CA-014	Clinette		5.00	
		2nd	04-CA-016	Office 12		3.20	
		2nd	04-CA-017	Office 11		3.20	
		2nd	04-CA-019	Office 13		7.60	
		G	04-CA-008	Office		16.80	
		G	04-CA-009	Cashier Office		9.40	
		G	04-CA-010	Medical office		9.60	
		G	04-CA-015	Store		20.30	
		2nd	04-CA-020	Office for 25 staff	Additional	79.40	
		2nd	04-CA-018	Office 14		9.00	
		G	04-CA-001	Reception		11.20	
		G	04-CA-002	Admin Office		31.50	
		G	04-CA-003	Records Room		8.30	
		G	04-CA-007	Head of Service Office		9.40	
		G	04-CIR-002	Waiting Area		26.30	
		G	04-DOM-002	Toilet		4.90	
	Total					**329.2**	**329.2**

	Sub Total						**3923.7**
	Add Circulation space						1580.00
		LGF	22-CIRC-001			28.80	
		LGF	22-CIRC-002			12.40	
		G	02-CIR-001	Community Circulation		60.20	
		G	04-CIR-001	Entrance lobby		5.80	
		G	04-CIR-003	Community Addictions circulation		55.80	
		G	06-CIR-001	General Dental Practice Lobby		10.90	
		G	06-CIR-003	General Dental Practice Circulation		29.20	
		G	06-CIR-004	General Dental Practice Circulation		12.70	
		G	07-CIR-001	Podiatry / Physiotherapy Circulation		89.30	
		G	20-CIRC-001	Main Entrance Lobby		21.20	
		G	22-CIR-001	Stair Core 01		30.50	
		G	22-CIR-001A	Stair Core 01 Lobby			
		G	22-CIRC-002	Stair Core 02		28.10	
		G	22-CIRC-002A	Stair Core 02 Lobby		4.20	
		G	22-CIRC-003	Stair Core 03		32.00	
		G	22-CIRC-003A	Stair Core 03 Lobby		12.40	
		G	22-LIFT-004	Platform lift		2.80	
		G	22-LIFT-01	Atrium Lift		3.60	
		G	22-LIFT-02	Atrium Lift		3.50	
		G	22-LIFT-03	Core 03 Lift		6.00	
		G	22-LIFT-05	Core 02 Lift		3.20	
		1st	02-CIR-004	Atrium		290.50	
		1st	10-CIR-001	Specialist Children Services Circulation		35.60	
		1st	10-CIR-002	Specialist Children Services Circulation		27.50	
		1st	10-CIR-003	Specialist Children Services Circulation		19.90	
		1st	10-CIR-003	Specialist Children Services Circulation		19.70	
		1st	11-CIR-001	GP Dr Love & Dr Webster Circulation		26.60	
		1st	11-CIR-002	GP Dr Love & Dr Webster Circulation		31.80	
		1st	12-CIR-001	GP Dr Muir Circulation		15.60	
		1st	13-CIR-001	Dr Gliekin & Partners Circulation		36.70	
		1st	14-CIR-001	Dr Burton and Partner Circulation		38.60	
		1st	15-CIR-001	Dr Fitzimons & Partners Circulation		33.70	
		1st	16-CIR-001	Dr Gaw & Esler Circulation		39.80	
		1st	17-CIR-007	Dr Langridge Circulation		17.90	
		1st	22-CIRC-001	Stair Core 01		25.30	
		1st	22-CIRC-001A	Stair Core 01 Lobby		4.90	
		1st	22-CIRC-002	Stair Core 02		26.30	
		1st	22-CIRC-002A	Stair Core 02 Lobby		4.30	
		1st	22-CIRC-003	Stair Core 03		28.30	
		1st	22-CIRC-003A	Stair Core 03 Lobby		17.30	
		1st	22-LIFT-01	Atrium Lift		3.10	
		1st	22-LIFT-02	Atrium Lift		3.10	
		1st	22-LIFT-03	Core 03 Lift		5.80	
		1st	22-LIFT-05	Core 02 Lift		3.30	
		2nd	20-DOM-016	Toilets Circulation		3.50	
		2nd	20-DOM-025	Agile Working Circulation		80.70	
		2nd	20-DOM-026	Agile Working Circulation		127.60	
		2nd	22-CIRC-002	Stair Core 02		26.10	
		2nd	22-CIRC-002A	Stair Core 02 Lobby		4.40	
		2nd	22-CIRC-003	Stair Core 03		28.00	
		2nd	22-CIRC-003A	Stair Core 03 Lobby		14.70	
		2nd	22-CIRC-004	Roof access		4.10	
		2nd	22-CIRC-005	Circulation		51.30	
		2nd	22-LIFT-003	Core 03 Lift		5.80	
		2nd	22-LIFT-01	Atrium Lift		3.10	
		2nd	22-LIFT-02	Atrium Lift		3.10	
		2nd	22-LIFT-05	Core 02 Lift		3.10	
		Pl	22-CIRC-001B	Plant Circulation		16.30	
	Add Wall Allowance						296.82
	Engineering Allowance						266.20
		LGF	22-RISER-01			4.30	
		G	21-IT-001	Comms Room		16.20	
		G	22-RISER-01			4.20	
		G	22-RISER-02			3.70	
		G	22-RISER-03			3.90	
		G	DB-01			0.90	
		G	DB-02			0.70	
		G	DB-03			0.80	
		G	DB-04			1.40	
		G	DB-05			0.90	
		1st	15-DOM-003			1.60	
		1st	22-RISER-005			3.90	
		1st	22-RISER-01			4.20	
		1st	22-RISER-02			3.60	
		1st	22-RISER-03			3.80	
		1st	DB 08			1.20	
		1st	DB 09			0.80	
		1st	DB STORE 06			1.80	
		1st	DB-07			1.00	
		1st	DB-10			1.10	
		2nd	20-CIR-004			4.90	
		2nd	21-IT-002	Comms Room		11.80	
		2nd	22-RISER-02			4.10	
		2nd	22-RISER-03			4.10	
		LGF	23-PLA-001	Plant Room		26.30	
		LGF	23-PLA-002	Plant Room		29.60	
		Pl	23-PLA-03	Plant Room		36.00	
		Pl	23-PLA-05	Plant Room		89.40	
	Grand Total						**6066.72**

	Older People's Day Centre			Administration			
		LGF	01-ADC-002	Duty/Admin Room		13.80	
		LGF	01-ADC-003	Archive/Stationary/Strong Room		5.20	
		LGF	01-ADC-004	Admin/Mdication Store		4.80	
		LGF	01-ADC-008	Managers Office		13.70	
		LGF	01-ADC-009	Meeting room		14.10	
				Public Area			
		LGF	01-ADC-001	Reception		10.50	
		LGF	01-COM-002	Reception/Entrance/Waiting Area		33.00	
		LGF	20-DOM-001	Unisex DDA Public Toilet	assumes changing places toilet in main	7.30	
				Care Area			
		LGF	01-ADC-011	Multipurpose Area - Dementia		55.40	
		LGF	01-ADC-012	Multipurpose Area		65.40	
		LGF	01-ADC-013	Dining Area		69.80	
		LGF	20-DOM-002	Unisex DDA Toilet		7.30	
		LGF	20-DOM-004	Unisex DDA Toilet		7.20	
		LGF	20-DOM-005	Unisex DDA Toilet		5.40	
		LGF	20-DOM-006	Unisex DDA Toilet		7.20	
		LGF	20-DOM-007	Assisted Shower		9.60	
		LGF	20-DOM-014	Utility Room		6.90	
		LGF	20-DOM-015	Utility Room		6.90	
		LGF	20-DOM-017	Unisex DDA Toilet		5.00	
				Care Support			
		LGF	01-ADC-005	Treatment Room		13.50	
		LGF	01-ADC-006	Hairdresser Room		15.70	
		LGF	01-ADC-007	Sensory/Rest Room		13.40	
		LGF	20-DOM-003	Wheelchair Store		1.90	
		LGF	20-DOM-010	Hoist Store room		4.60	
		LGF	20-DOM-020	Clothes Store		1.40	
		LGF	20-DOM-022	Cloak Room		7.30	
				Staff Area			
		LGF	01-ADC-010	Staff Room/Dining Area		26.00	
		LGF	20-DOM-013	Unisex Staff Shower		7.70	
		LGF		Staff Locker Room			
		LGF		Unisex Staff Toilet			
				Service Components			
		LGF	01-ADC-014	Kitchen Servery	Imported meals	20.10	
		LGF	20-DOM-009	Laundry Room		7.50	
		LGF	20-DOM-011	Handy person's room/transport store		8.20	
		LGF	20-DOM-016	Food Store Room		2.80	
		LGF	20-DOM-018	Domestic Service room		7.70	
		LGF	20-DOM-019	Cathering Toilet		4.10	
		LGF	20-DOM-021	Main Store		9.10	
		LGF	21-IT-000	Comms room		10.00	
		LGF	23-PLA-003	Plant Switch Room		2.40	
		LGF	DB-11	Electrical Component Spaces	6 x 0.8	0.50	
		LGF	DB-12			0.70	
		LGF	EXT GARDEN S1	Garden Store	Within building GIFA	2.60	
				Total		515.7	515.7

	Sub Total						
	Circulation						102.20
		LGF	01-COM-001			5.50	
		LGF	01-COM-003			24.40	
		LGF	01-COM-004			45.40	
		LGF	01-COM-004			4.10	
		LGF	01-COM-005			22.80	
	Engineering allowance						0.00
			22-riser-001				
	Wall allowance					33.42	
					Grand Total		617.9

				External Spaces			
				Garden Space		0	
			20-DOM-008	Refuse store		14.00	
				Smoke Area	External Shelter	0	
				Carpark	8 spaces and 2 minibus spaces	0	

Appendix I – Design Statement Stage 2

Architecture & Design Scotland
Ailtearachd is Dealbhadh na h-Alba

The Scottish Government
Riaghaltas na h-Alba

NHSScotland Design Assessment Process

Project No/Name: GG 05 & 06 Woodside and Gorbals H&CCs

Business Case Stage: FBC

Assessment Type: Desktop

Assessment Date: March 2016

Response Issued: 08 Apr 2016

The appraisal below of both the Woodside and Gorbals Health & Social Care Centres is based on the FBC stage submission (approx. RIBA Stage 3 or E), received from NHS Greater Glasgow and Clyde between 11 Nov 2015 and 08 Mar 2016. Prior to this submission there have been a number of engagements with the Board on both projects

Joint Statement of Support

Having considered the information provided, Health Facilities Scotland and Architecture & Design Scotland have assessed the project and consider that it is of a suitable standard to be

SUPPORTED (unverified)

The status above has been given on the basis that SHTM 04-01 derogation related to legionella risk of water temperature is removed -see below 4. (i); PLUS, the Board provide CIG with suitable comfort that the recommendations noted below are being addressed, e.g. verified by Board letter to HFS.

Essential Recommendations

In relation to the Woodside Health & Care Centre we recommend that the Board:

1. Ensure that rooms used regularly by staff are located where they can receive natural daylight, ventilation and a view to outside in accordance with item 2.4 within the Design Statement (DS), for example the clinical staff room within physiotherapy and the office to pharmacy. **(OBC repeat)**

In relation to both Gorbals and Woodside Health & Care Centres we recommend that the Board:

2. Confirm regulatory fire and safety risks in-use are understood and acceptable, given: **(OBC repeat)**
   - i. user independence may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, consequently creating a reliance on staff assistance for safe evacuation; or
   - ii. differing occupation may cause security conflicts, e.g. escape routes via other's departments.
   - iii. the layout currently deviates from the Non Domestic Technical Handbook accepted solutions, e.g. escape distance exceeded; room-corridor-room travel sequence; doors reduce escape width.
3. Demonstrate the nature and use of the public realm and courtyards to enable active uses and way-pointing, e.g. to the canal regeneration immediately adjacent, rather than maintaining these for little functional purpose or benefit. Will deliver DS 1.1, 1.2 & 4.1 benchmarks, for a welcoming, accessible, safe environment for all; address inequalities and maximise public sector investment. **(OBC repeat)**

4. Confirm the contract water safety and thermal comfort risks are mitigated & acceptable, given:
   i. Design proposals to be SHTM 04-01 compliant, <20°C water temp reducing legionella risks.
   ii. Design team modelling showing potential overheating risks with near future weather data.

Further details of the above Essential Recommendations are in Appendix ONE & TWO of this report.

Advisory Recommendations

A. In relation to the Woodside Health & Care Centre we encourage the Board to develop the proposals to take account of the Advisory Recommendations as noted within Appendix ONE of this report.

B. In relation to the Gorbals Health & Care Centre we encourage the Board to develop the proposals to take account of the advisory recommendations as noted within Appendix TWO of this report.

VERIFICATION to CIG :

The above **SUPPORTED** status is **UNVERIFIED**.

Signed ....*Susan Grant* (Principal Architect HFS)..... dated ....08 April 2016.....

Notes of Potential to Deliver Good Practice

If the above recommendations are addressed in full then both facilities have the potential to become a model of good practice for community facilities that provides much needed local services linking into a wider community setting.

Notes On Use and Limitations To Assessment

This assessment may be used in correspondence with the Local Authority Planning Department as evidence of consultation with A+DS **provided the report is forwarded in its entirety**. A+DS request that they be notified if this is being done to allow preparation for any queries from the local authority; please e-mail health@ads.org.uk . If extracts of the report are used in publicity, or in other manners, A+DS reserve the right to publish or otherwise circulate the whole report.

Any Design Assessment carried out by Health Facilities Scotland and/or Architecture and Design Scotland shall not in any way diminish the responsibility of the designer to comply with all relevant Statutory Regulations or guidance that has been made mandatory by the Scottish Government.

Appendix ONE - Woodside H&CC

We commend the project team for the development of this project on this challenging urban site to date. Our recommendations below follow on from our considerable dialogue with the Project Team over the last year since OBC on both these projects. We recognise there are many complex and competing priorities in the procurement of appropriate facilities to deliver the Health and Care service objectives successfully, therefore we recommend that decision makers within the Board (and in CIG) satisfy themselves that the proposals fully meet their essential service requirements and where necessary seek assurances that these technical proposals are demonstrably achieving best value e.g. realistic design and whole life modelling.

1. As previous OBC stage NDAP report 31-03-2015, there remains user occupied space likely not to comply with Board's own Design Statement (DS) 2.4, due to lack of natural ventilation, daylight or views. The pharmacy example is deferred as layout shows a 'shell only', with fit-out now by others. The physiotherapy example, of an office without even indirect daylight, shows no improvement.
2. Further to OBC stage NDAP report 31-03-2015, confirm regulatory fire and safety risks in-use are understood and acceptable. It is agreed the Non Domestic Technical Handbook (NDTH) section 2 Fire applies, with the closest 'use' being 'assembly building'. This design is to be commended as it already recognises the higher risk profile of users with SHTM 81 part 3 being applied to atrium; plus fire evacuation lifts capable of accommodating an ambulance trolley. However user profiles and functions may vary considerably from NDTH and where this is the case SHTM principles should apply. Operational risks and logistics of following examples should be assessed and comply to SHTM 83:
   i. user independent mobility may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, thus creating a reliance on staff assistance for safe evacuation; e.g. will there always be staff support available; how do staff seek further support if required; identify training.
   ii. differing occupation may cause security conflicts, e.g. escape route from Atrium, plus 3 GP practices are potentially via Dr L+W's practice; therefore Dr L+W's corridor cannot be blocked.
   iii. the layout currently deviates from NDTH accepted solutions, e.g. single escape distance exceeded in each of the building's 'corners' at both first and second floors; in first floor this is mitigated by sections of short fire resistant corridor. It should be confirmed that the doors will have self closing devices fitted, and these are appropriate to normal operations. However the provision of smoke detection is not considered an adequate compensatory feature, and compartmentation does not reduce escape risks, if all still in single direction. Also Podiatry has non-compliant room-corridor-room travel sequence via office 02-COMM-001. Please confirm door widths, shown 925, 1050 and 1½ leaf (approx 1525mm); seem inconsistent, potentially reduces escape width and equality of access. (HBN 00-04 fig 14) Whatever agreed widths for electric wheelchair/scooter/ ambulance trolley access, this should be checked from front door to destination space(s) and then on to an evacuation lift/ final exit. Also confirm Day Hospital which seems to be 925mm doors throughout.
   iv. NDTH 4.8.1 Collision with projections will require a guardrail to first floor escape doors at Lift3 and Dr G's practice. These hazards effect escape widths and raise operational risks, they should also be eliminated as non-compliant with HBN 00-04, i.e. "*non-recessed outward-opening doors (other than service cupboards) are not allowed on any patient area corridor in healthcare premises based on a sensory impairment risk assessment*".
   v. Although Day Hospital is potentially NDTH 'technically' compliant, assuming a ≤100m 'protected' route through garden and alleyway to 'place of safety' in Hinshaw St; is this solution practical? Human nature will be to escape via internal corridor; plus operationally is there both sufficient staff and training in place to support this protracted external route for frail elderly users? A dining room 2nd door plus a door in corridors 'middle' third, may provide a more appropriate escape route? If all

flexible partitions opened, will max users require double door/ opening in direction of escape? Removal of lobby door off dining room, may improve WC access, with chicane retained for privacy.

3. As previous OBC stage NDAP report 31-03-2015, there remains a lack of information to demonstrate delivery of DS 1.1, 1.2 & 4.1 benchmarks. Please confirm the nature and use of the public realm and gardens to enable active uses and way-pointing, plus wider duties under sustainability e.g. shading, biodiversity, rather than maintaining valuable external resources for little functional purpose or benefit, i.e. link Woodside 'greenspace' to the canal regeneration immediately adjacent.
4. Confirm the contract water safety and thermal comfort are risk assessed & recorded in project risk register, plus mitigation undertaken & disseminated, including design/ commissioning actions, given:
   i. design team proposals to be SHTM 04-01 compliant, <20°C water temp reducing legionella risks.
   ii. design team modelling showing potential overheating risks with near future weather data.

Advisory Recommendations

A. ART & LANDSCAPE – The tight nature of the site, variety of edge conditions and unknown parameters of future neighbouring developments provide a challenging setting for this proposal. Linking the facility better to the existing public transport network, walking routes and green infrastructure delivers wider public health promotion but is also key to delivering a welcoming, accessible, safe environment for all. We commend the Board's work on a wide Art & Landscape strategy, including GEP collaboration, funding and community engagement. We welcome reinstatement of OBC's provision of trees to SW car-park and green links/ way-pointing from Maryhill Road to regenerated Canal' strategic access point at top of Hinshaw St. The quality should at least be to a level agreed with GEP to deliver an 'enhanced external environment' for £60k matched funding. Current proposals still lack evidence on the quality of the scheme, and delivery of previous OBC NDAP recommendations i-iii, plus iv below:
   i. Art & landscape links to 'Applecross and Firhill Glasgow Canal Regeneration area';
   ii. Hinshaw Street art & landscape improvements to reduce vehicular traffic impact;
   iii. Garscube Road art & landscape buffer between clinical spaces and this busy street;
   iv. a safe, dementia- friendly garden to promote care and activities as well as respite.

B. DAYLIGHT & VIEWS – are generally good due to the narrow plan around an atrium. We see no evidence of previous OBC NDAP recommendations i.e. to improve the few rooms without access to daylight, e.g. Physio clinical staff 08-PHY-009; Physio self referral 08-PHY-008 each 10sqm; and potentially pharmacy office. Also still to evidence DS 1.7, i.e. appropriate privacy e.g. art /landscape buffer, to lower level consulting rooms etc, without which blinds/ curtains may be permanently drawn. Confirm day hospital clerestory retained to provide daylight into corridor, assisting its elderly users.

C. FLEXIBILITY & EXPANSION – the strategy for a standard consulting room is to be commended for future flexibility. We note this tight site and construction proposal has no expansion potential.

D. ACCESS & FLOWS – The main entrance is clearly placed at the 'gusset' or apex of this triangular site, but with 4 other 'public entrances', plus 3 service doors and 5 exits the materials & detail design of these will need to be carefully considered to ensure a legible hierarchy is achieved. We commend the potential for easy public wayfinding throughout, and inclusion of the 'changing place' facility, plus larger patient rooms/ doors and open receptions to enable accessibility /equality. Please confirm community/ access panel consultation, plus HFS guidance including audits on DDA/ dementia to support project equality statement and design development.

E. SUSTAINABILITY - We welcome the approach to Sustainability with ≥70% BREEAM 2011 NC target score, including an ENE 01 score ≥6. We commend the Board's development of their sustainability brief, particularly on energy reduction and thermal comfort now and in near future. The recent project delay raises risks on NDTH Section 6 compliance, particularly given the large percentage of mechanical ventilation in this proposal. We request updated BREEAM tracker, thermal modelling for climate adaptation proposals and latest BRUKL documents be provided to HFS for comment. Confirm commissioning planning is commenced.

F. SAFETY & LOGISTICS – We commend the consideration of fire safety generally, as the potential higher risks for users beyond NDTH minimum for an 'assembly building' are included in the SHTM 81 part3 atrium and the evacuation lifts design; though item 2 above fire concerns remain to be addressed. Board to confirm current stage CDM and SHFN 30 HAI scribe risk assessments completed and design actions recorded.

G. AEDET – Confirm current stage review completed and design actions recorded, ideally including community stakeholders.

H. M&E DESIGN – HFS has welcomed the opportunity to influence the technical / M&E brief and design responses from relatively early stage in this project. This has supported a more detailed understanding and commentary through design development, allowing the Board to potentially improve VfM/ reduce risks. However M&E Stage E design report (rec'd 8 March 2016) is still high level, with insufficient detail to close out many of our earlier queries /comments raised early 2015 at OBC stage, though it does have a useful comparison table to Stage C report.

   The initial electrical maximum demand proposal of >500kVA, was reduced slightly to 457, but design team still unable to evidence any technical justification for >200kVA. This over-design provides an excessive resilience, but incurs both capital and recurring operational costs. We recommend the Board's contract ensures FM provider will annually:

   i. review actual electrical demand figures for each year of operation and update contract with provider, to minimise operational cost to Board.
   ii. review energy performance for each year, provide an improvement report to minimise operational cost to Board; and prominently display a Display Energy Performance (DEP) certificate, or equivalent (e.g. DEC), showing comparison in kW/hr to HFS agreed benchmark, plus trend of actual energy used over several years (initially against model, then min. 3 years once established).

Appendix TWO - Gorbals H&CC

We commend the project team for the development of this project to date. Our recommendations below follow on from our considerable dialogue with the Project Team over the last year since OBC on both H&CC projects. We recognise there are many complex and competing priorities in the procurement of appropriate facilities to deliver the Health and Care service objectives successfully, therefore we recommend that decision makers within the Board (and in CIG) satisfy themselves that the proposals fully meet their essential service requirements and where necessary seek assurances that these technical proposals are demonstrably achieving best value e.g. realistic design and whole life modelling.

2. Further to OBC stage NDAP report 31-03-2015, confirm regulatory fire and safety risks in-use are understood and acceptable. It is agreed the Non Domestic Technical Handbook (NDTH) section 2 Fire applies, with the closest 'use' being 'assembly building'. However user profiles and functions may vary considerably from NDTH and where this is the case SHTM principles should apply. Therefore please confirm design is SHTM 81 pt3 compliant for atrium, and has NDTH compliant lobbied fire evacuation lift(s); both of which recognise the higher risk profile of users. Operational risks and logistics of following examples should be assessed & comply to SHTM 83:

   i. user independent mobility may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, thus creating a reliance on staff assistance for safe evacuation; e.g. will there always be staff support available; how do staff seek further support if required; identify training.
   ii. differing occupation may cause security conflicts, e.g. alternative escape route from dental wing is via Dr Willox's practice; therefore their doors cannot be blocked. (Dental single direction route would exceed 15m and be ≤4.5 m of atrium opening, therefore is non-compliant.)
   iii. the layout currently deviates from NDTH accepted solutions, e.g. Dental & Dr Willox's practice has non-compliant room-corridor-room travel sequence via waiting 'room' 1.100. Potential room sequences and excessive travel distances in upper staff only floor. Fire strategy states NDTH requires 1122mm for final exits, but drawn approx. 850. Door designs, widths and direction of travel seem inconsistent for fire escape. Also please confirm door design complies with HBN 00-04 for general healthcare traffic and Equality Act. For example, electric wheelchair/ scooter/ bariatric access etc, plus ambulance trolley routes should be checked from front door to destination space(s) and then on to an evacuation lift/ final exit to confirm accessibility.
   iv. NDTH 4.8.1 Collision with projections will require a permanent guardrail to outward opening doors on to any escape route. As drawn this is: ground floor escape door at Lift 3/ physio/ podiatry and 3no WCs, also 4no WCs on first floor. These hazards should be eliminated as non-compliant with HBN 00-04, i.e. "*non-recessed outward-opening doors (other than service cupboards) are not allowed on any patient area corridor in healthcare premises based on a sensory impairment risk assessment*". In addition, risk assessment required for 10no doors currently drawn opening both into room and out on to corridor. Assuming 'anti-barricade' doors these are exempt similar to 'service cupboards', but staff 'escape' routes should be recessed to avoid a collision.
   v. Fire strategy states to assist in disabled user evacuation, an evacuation lift with lobbied access from each floor and a protected route to final exit is provided. This is not currently evidenced in drawings. Potential relocation of Lift 3 to external wall could create a compliant design.

3. As previous OBC stage NDAP report 31-03-2015, there remains a lack of information to demonstrate delivery of DS 1.1, 1.2 & 4.1 benchmarks, for a welcoming, accessible, safe environment for all; plus address inequalities and maximise public sector investment. Please confirm the nature and use of the public realm to enable active uses, plus wider sustainability duties e.g. biodiversity, health promotion. South courtyard is only area currently demonstrating active functional potential.

4. Confirm the contract water safety and thermal comfort are risk assessed & recorded in project risk register, plus mitigation undertaken & disseminated, including design/ commissioning actions, given:
   i. design team proposals to be SHTM 04-01 compliant, <20°C water temp reducing legionella risks.
   ii. design team modelling showing potential overheating risks with near future weather data.

Advisory Recommendations

A. ART & LANDSCAPE – The urban nature of the site, variety of edge conditions and diversity of neighbours provide a challenging setting for this proposal. However linking this facility to emerging Gorbal's regeneration plans, plus enabling routes to the existing public transport network, walking routes and green infrastructure is key to delivering a welcoming, accessible, safe environment, plus wider public health promotion. We have seen no evidence of a developing Art & Landscape strategy. Only reference for art, is 'Touchstones' within north and south courtyards, but only south accessible. Also staff room (north facing), social work, and end of atrium (both south facing) roof terraces; plus the public realm surrounding facility have great potential for sustainable functions. We do commend potential for perimeter evergreen hedgerow/ wall/ art screen to provide consulting room privacy.

B. DAYLIGHT & VIEWS – are generally very good, as is wayfinding due to the figure '8', narrow plan around two courtyards. Glazed screens, ideally with artistic privacy film, would reduce the austerity of 3 of 4no CAT interview (0.033-36) plus group (0.040) rooms, currently internal environments. Largest public room, Health Promotion (0.017) is without access to external space, and 3no windows are fire rated, only fourth north facing window has an opening light.

C. FLEXIBILITY & EXPANSION – the strategy for a standard consulting room is to be commended for future flexibility. We note this tight site and construction proposal has no expansion potential. We encourage the lower roof over the link corridor to be designed to provide a future direct link (currently just maintenance), allowing upper floor greatly enhanced future flexibility.

D. ACCESS & FLOWS – The main entrance is clearly placed and set back on new Gorbals public shared surface route, but with CAT 'public entrance' and service entrances just round corner on 'main road', the materials & detail design need to be carefully considered to ensure a legible hierarchy is achieved. We commend the potential for easy public wayfinding throughout, plus inclusion of the 'changing place' facility and ambulance trolley lift to enable accessibility. Receptions are clearly seen from public entrance points with exception of Dr Wilcox practice. Since OBC review this is not improved, however ALL receptions seem changed from a welcoming open desk, to impersonal glass screens. This is a detrimental step for equality of access, plus research suggests could promote stress and aggression. We note only 3no Consulting (0.082, 1.080, 1.091), and 2no Treatment (0.024/26) rooms have 1½ leaf doors. Yet corridors generally are single doors, with double doors generally only at 'department entrance'. Please confirm community/ access panel consultation, plus HFS guidance including audits on DDA/ dementia used to support project equality statement and design development. We would recommend dementia-friendly 'passive' measures for reception security, e.g. 1m desk width, staff escape route to a safety, glazed screen between reception - admin room; as well signage for users explaining GP /NHS processes, and staff training to recognise and de-escalate prior to tipping point.

E. SUSTAINABILITY - We welcome the approach to Sustainability with ≥70% BREEAM 2011 NC target score of 76%, including an ENE 01 score ≥6, targeting 8. We commend the Board's development of their sustainability brief, particularly on energy reduction and thermal comfort, now and near future. The recent project delay raises cost risks on NDTH Section 6 compliance. We request updated thermal

modelling for future weather, adaptation proposals and latest BRUKL documents, for HFS comment. We welcome opening windows providing user controlled natural ventilation for nearly all occupied rooms. We note atrium, corridors, and staff offices (2.022 -Health Visitor; 2.046L-J; 2.005B) have little to no openings and no through draught. This could result in hot, stuffy spaces unless designed out, e.g. opening clerestory or rooflights not shown on plans. Since OBC review, we note a second staff kitchen added next to main staff room kitchen off east corridor. Confirm commissioning planning is commenced.

F. SAFETY & LOGISTICS – we commend the consideration of fire safety generally, as the potential higher risks for users beyond NDTH minimum for an 'assembly building' are included in the SHTM 81 part3 atrium and the evacuation lifts design; though item 2 above fire concerns remain to be addressed. DSR cleaning rooms quantity and size are: 2no each ground and first floor and 1no for second floor, each 9-11m^2. We note location of second floor DSR is 100m from Social Work WCs. Board to confirm current stage CDM and SHFN 30 HAI scribe risk assessments completed and design actions recorded.

G. AEDET – Confirm current stage review and design actions recorded, ideally including community stakeholders.

H. M&E DESIGN - HFS has welcomed the opportunity to influence the technical/ M&E brief and design responses from a relatively early stage in this project. This has supported a more detailed understanding and commentary through design development, allowing the Board to potentially improve VfM/ reduce risks. However M&E Stage E design report (rec'd 26 Jan 2016) is still high level, with insufficient detail to close out many of our earlier queries /comments raised early 2015 at OBC stage.

   The initial electrical maximum demand proposal was 300kVA. The OBC M&E report stated this would be justified by FBC, however this was repeated verbatum in FBC report. The design team are unable to evidence any technical justification for >200kVA. This over-design provides an excessive resilience, but incurs both capital and recurring operational costs. We recommend the Board's contract ensures FM provider will annually:

   i. review actual electrical demand figures for each year of operation and update contract with provider, to minimise operational cost to Board.
   ii. review energy performance for each year, provide an improvement report to minimise operational cost to Board; and prominently display a Display Energy Performance (DEP) certificate, or equivalent (e.g. DEC), showing comparison in kW/hr to HFS agreed benchmark, plus trend of actual energy used over several years (initially against model, then min. 3 years once established).

Appendix J – HAI-Scribe

NHS National Services Scotland

SHFN 30:
PART B: HAI-SCRIBE

Implementation strategy and assessment Process

Woodside Health & Care Centre

Health Facilities Scotland
Engineering and Environment

24th November 2016

Introduction

Development stage 2: HAI-SCRIBE applied to the planning and design stage of the development.			
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on			
Venue	Glasgow City Health and Social Care Partnership South Locality Clutha House Claremont Business Centre Glasgow G41 1AF	Date	21st November 2016
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' *('HAI-SCRIBE) Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B).*			
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.			

Present

Print name	Signature	Company	Telephone Numbers	Email address
Susie Dodd		GG&C Infection Control	0141 211 1653	Susie.Dodd@ggc.scot.nhs.uk
Elizabeth Marshall		GG&C Infection Control	0141 211 3405	Elizabeth.Marshall3@ggc.scot.nhs.uk
Alan Gilmour		Glasgow City HSCP	0141 276 6704	Alan.Gilmour@ggc.scot.nhs.uk
Linda Gallacher		Glasgow City HSCP	0141 531 8211	Linda.Gallacher@ggc.scot.nhs.uk
Derek Rae		GG&C Capital Planning	0141 232 2101	Derek.Rae@ggc.scot.nhs.uk
Ian Docherty		GG&C Capital Planning	0141 211 0201	Ian.Docherty@ggc.scot.nhs.uk
June McMullan		Glasgow City HSCP	0141 531 8723	June.mcmullan@ggc.scot.nhs.uk
Gareth Greenaway		Glasgow City HSCP	0141 314 6221	Gareth.greenaway@ggc.scot.nhs.uk

The patient risk category for Woodside H&CC is assessed as Medium Risk Group 2.

Risk to patients of infection from construction work in healthcare premises, by clinical areas	
Risk rating	**Area**
Group 1 Lowest risk	1. Office areas; 2. Unoccupied wards; 3. Public areas/Reception; 4. Custodial facilities; 5. Mental Health facilities.
Group 2 Medium risk	1. All other patient care areas (unless included in Group 3 or Group 4); 2. Outpatient clinics (unless in Group 3 or Group 4); 3. Admission or discharge units; 4. Community/GP facilities; 5. Social Care or Elderly facilities.
Group 3 High risk	1. A & E (Accident and Emergency); 2. Medical wards; 3. Surgical wards (including Day Surgery) and Surgical outpatients; 4. Obstetric wards and neonatal nurseries; 5. Paediatrics; 6. Acute and long-stay care of the elderly; 7. Patient investigation areas, including; • Cardiac catheterisation; • Invasive radiology; • Nuclear medicine; • Endoscopy. Also (indirect risk) 8. Pharmacy preparation areas; 9. Ultra clean room standard laboratories (risk of pseudo-outbreaks and unnecessary treatment); 10. Pharmacy Aseptic suites.
Group 4 Highest Risk	1. Any area caring for immuno-compromised patients*, including: • Transplant units and outpatient clinics for patients who have received bone marrow or solid organ transplants; • Oncology Units and outpatient clinics for patients with cancer; • Haematology units • Burns Units. 2. All Intensive Care Units; 3. All operating theatres; Also (indirect risk) 4. CSSUs (Central Sterile Supply Units).

Table 2: Different areas of health care facility and the risk associated with each area.

The construction works to Woodside Health & Care Centre is assessed as Type 4.

Type	Construction/Refurbishment Activity
Type 1	**Inspection and non-invasive activities.** Includes, but is not limited to, removal of ceiling tiles or access hatches for visual inspection, painting which does not include sanding, wall covering, electrical trim work, minor plumbing and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type 2	**Small scale, short duration activities which create minimal dust.** Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.
Type 3	**Any work which generates a moderate to high level of dust, aerosols and other contaminants or requires demolition or removal of any fixed building components or assemblies.** Includes, but is not limited to, sanding of walls for painting or wall covering, removal of floor coverings, ceiling tiles and casework, new wall construction, minor duct work or electrical work above ceilings, major cabling activities, and any activity which cannot be completed within a single work shift.
Type 4	**Major demolition and construction projects.** Includes, but it not limited to, activities which require consecutive work shifts, requires heavy demolition or removal of a complete cabling system, and new construction.

Table 1: Redevelopment and construction activity

	Construction Project Type			
Patient Risk Group	**TYPE 1**	**TYPE 2**	**TYPE 3**	**TYPE 4**
Lowest Risk	Class I	Class II	Class II	Class III/IV
Medium Risk	Class I	Class II	Class III	Class IV
High Risk	Class I	Class II	Class III/IV	Class IV
Highest Risk	Class II	Class III/IV	Class III/IV	Class IV

Table 3: Estimates the overall risk of infection arising and will indicate the class of precaution that should be implemented

It has been assessed that the infection control precautions applicable to Woodside Health & Care Centre is Class IV control measures. However, the majority of these are not applicable to a new build project. The relevant items are highlighted in red text.

Control measures			
	During Construction Work	**After Construction Work**	**By**
Class IV	• Isolate HVAC system in area where work is being done to prevent contamination of duct system; • Complete all critical barriers eg plasterboard, plywood, plastic to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins; • Maintain negative air pressure within work site utilizing HEPA equipped air filtration units; • Seal holes, pipes, conduits, and punctures appropriately; • Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site; • All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area; • Do not remove barriers from work area until completed project is inspected.	• Remove barrier material carefully to minimise spreading of dirt and debris associated with construction; • Contain construction waste before transport in tightly covered containers;. • Cover transport receptacles or carts. Tape covering unless solid lid; • **Vacuum work area with HEPA filtered vacuums;** • **Damp dust area with neutral detergent and warm water;** • **Scrub floor area with neutral detergent in warm water;** • Remove isolation of HVAC system in areas where work is being performed.	Contractor. Contractor. Contractor. **Request via domestic supervisor.** **Request via domestic supervisor.** Contractor/Estates Staff.

Table 4 continued: Describes the required infection control precautions depending on class of risk

Initial Briefing Stage

Project particulars and checklists for Development Stage 2

Development stage 2 : Design and planning HAI-SCRIBE Sign-off			
HAI-SCRIBE Name of Project	New-build health and care centre		
Name of Establishment	Woodside Health & Care Centre	National allocated number 13 CP 156	
HAI-SCRIBE Review Team	Refer to list on previous page		
		Signature(s)	Date
Completed by (Print name)	Derek Rae		22/11/2016
HAI – SCRIBE Sign Off	Susie Dodd		22/11/2016
HAI – SCRIBE Sign Off	Liz Marshall		22/11/2016

Stage 2- General notes relative to assessment

The Woodside Health & Care Centre is a continuation of a building style developed for Greater Glasgow & Clyde over recent years. This has been the basis for the following facilities:-

Eastwood H&CC Maryhill H&CC Vale of Leven H&CC
Barrhead H&CC Renfrew H&CC

This building is a 6900sqm new build facility on a self contained site. There are no direct adjacencies with other existing health care facilities. This is an out-patient facility with no overnight bed accommodation. The building is arranged over three floors as follows:-
:
Ground floor- Community Clinic Bookable / Treatment / Physio / Podiatry / Community Addictions / General Dental Practitioner/Community Pharmacy/Elderly Daycare Centre

First floor- 8 GP Practices/Specialist Childrens Services (including CAMHS & Paediatric Serevices)

Second Floor (staff only)- Support office accommodation and staff facilities.

With the exception of Physio and Podiatry that both share an area, all other clinical services have distinct separation into dedicated areas.

All demolition woks were completed prior to GG&C taking ownership of the site. This build procurement is by way of DBFM Contract. Due to the nature of the site and the contract there is no GG&C management responsibility until after building handover.

All sanitary fittings are the subject of a review as part of the contracts `Reviewable Design Data' (RDD). A further meeting with Infection Control will be called to complete this process. It is anticipated that the sanitary fittings will be as per Eastwood H&CC, the spec for which was successfully signed off by Infection Control in 2015.

Design and Planning Stage

Project particulars and checklists for Development Stage 2

Development Stage 2: Design and Planning Checklist to ensure all aspects have been addressed		
2.a	Brief description of the work being undertaken.	Read general notes on page 6.
2.b	Identify any potential hazards associated with this work.	Any hazards are general construction hazards which are all the responsibility of the DBFM Contractor. Due to the nature of the building and the site, there are no Hai Scribe hazards.
2.c	Identify any risk associated with the hazards identified above	Not Applicable (see note 2b)
2.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Not Applicable (see note 2b)
	Control Measures	Not Applicable (see note 2b)
2.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken	Not Applicable (see note 2b)
	Potential Problems	Not Applicable (see note 2b)
	Control Measures	Not Applicable (see note 2b)
2.f	Actions to be addressed	Not Applicable (see note 2b)
By		Deadline

Development Stage 2: Design and Planning
General overview

2.1	In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments Disposal Rooms are located on both the Ground and second floors. Community Addictions - Disposal of specimens – Clinette Room which is adjacent to the treatment room will have a SS Sink.		
2.2	Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [ ] N/A [x]
Comments It is not planned to have a 3rd Party contractor providing a catering service for patients or staff.		
2.3	Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations? Consider: Local and central storage Systems for handling and compaction of waste Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment / disposal) to avoid mixing with other waste and recyclates. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [x] No [ ] N/A [ ] [ ] [ ] [ ] Yes [x] No [ ] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments Waste disposal arrangements have been agreed and provide satisfactory areas for segregation of clinical and domestic waste. There is no waste compaction.		
Development Stage 2: Design and Planning General overview (continued)		
2.4	Are there satisfactory arrangements for effective management of laundry facilities? Consider: Local and central storage Systems for movement of laundry to central storage Systems for handling laundry Have these issues and actions to be taken been	Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x]

	noted in actions to be addressed section?	
Comments There are no laundry management requirements other than screen curtains. These are on a 6 month change rota. Spares are held within general HSCP storage. Note: all window blinds are wipeable.		
2.5	Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [ ] N/A [x]
Comments Provision of adequate storage for hotel services staff in DSRs have been approved by Hotel Services Management		
2.6	Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [ ] N/A [x]
Comments Staff shower facilities are located on the 2nd floor adjacent to the staff rest areas. This can be accessed off the staff agile area and lifts.		
2.7	Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?	Yes [ ] No [ ] N/A [x]
Comments		

Development Stage 2: Design and Planning General overview (continued)		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes [ ] No [ ] N/A [x]
Comments		
2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes [x] No [ ] N/A [ ]
Comments All surfaces will be to the same specification as the Gorbals H&CC In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the Reviewable Design Data exercise. It is anticipated that the sanitary fittings and cabinetary will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.		

2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes [x] No [ ] N/A [ ]
Comments Hotel Services have reviewed and agreed the floor finishes. The selection of other soft furnishings is advanced by Procurement half way through the construction phase. Therefore, these will be considered at a later stage. Privacy curtains within consultation rooms may be fabric. HSCP confirmed that these are on a 6 month change rota with spares held within general HSCP storage for emergency replacement.		
2.11 P	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	Yes [ ] No [ ] N/A [x]
2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes [x] No [ ] N/A [ ]
Comments Hotel Services and HSCP Management have reviewed and have agreed the finishes in all toilet/shower areas.		
2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes [ ] No [ ] N/A [x]

NB: In the above and following Table "D" refers to "Design" and "P" refers to "Planning"

Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers		
2.14	Does each single room have clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser in addition to the hand-wash basin in the en-suite facility?	Yes [ ] No [ ] N/A [x]
Comments		
2.15	Do intensive care and high dependency units have sufficient clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? *An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.*	Yes [ ] No [ ] N/A [x]
Comments		

2.16	Is there provision of clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, acute, elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes ☐ No ☐ N/A ☒
Comments		
2.17	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes ☒ No ☐ N/A ☐
Infection Control raised concerns regarding the concealed clinical hand-wash basin within the SCS Paediatric Clinic Rooms. It was thought that the use of hand gels would be sufficient. To be confirmed with Donna MacLean, SCS Service Head		
2.18	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes ☒ No ☐ N/A ☐
Comments		
2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes ☒ No ☐ N/A ☐
Comments		

Development Stage 2:
Design and Planning:
Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers (continued)

2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes ☒ No ☐ N/A ☐
Comments		
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes ☒ No ☐ N/A ☐
Comments In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the Reviewable Design Data exercise. It is anticipated that the clinical hand wash basins will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes ☒ No ☐ N/A ☐
Comments In accordance with the Contract, a further review of the mixer taps takes place as part of the Reviewable Design Data exercise. It is anticipated that the clinical hand wash basins will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.		
2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes ☒ No ☐ N/A ☐
Comments The hand wash basins are mounted on laminate faced panels and are therefore wipeable.		

2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes [x] No [ ] N/A [ ]
Comments		

Provision of facilities for Decontamination LDU

2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination? (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x]
Comments Only General Dental has an LDU. This does not fall within the remit of Infection Control.		

Development Stage 2:
Design and Planning:
Provision of facilities for Decontamination LDU (continued)

2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes [ ] No [ ] N/A [x]
Comments Infection Control confirmed that physiotherapy equipment can generally be cleaned with proprietary wipes.		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes [ ] No [ ] N/A [x]
Comments Confirmed that used commodes etc are returned directly to `Equip U' rather than taken into the health centre.		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes [ ] No [ ] N/A [x]
Comments		

Storage

2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes [x] No [ ] N/A [ ]

Comments Reference to storage for patient clothes and possessions is not applicable. Area and nature of storage for Services developed through accommodation schedule and signed off layout drawings in tandem with service. Use of Medistore Units will be included in the Group 3 equipment procurement phase.		
2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes [x] No [ ] N/A [ ]
Comments Hotel Services and HSCP management have reviewed and have approved the arrangements.		

Development Stage 2: Design and Planning: Engineering services (Ventilation)		
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes [x] No [ ] N/A [ ]
Comments The heating system is a combination of under floor heaters and radiant panels. People can not come into direct contact with the panels. Therefore, the requirement for low surface tempreture is not applicable. In addition, these panels are integral to the ceiling negating the need to clean out dust.		
2.32 D	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes [x] No [ ] N/A [ ]
Comments Ventilation air change rates, plant and equipment have been designed in accordance with SHTM 03-01 and SHPN36 Part 1. Mechanical ventilation will be provided via air handling units providing full fresh air supply and general extract with heat recovery via plate heat exchanger. Dirty extract systems will be provided to extract from toilets, DSR's etc. Where appropriate natural ventilation will be provided via openable windows.		
2.33 D	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? *(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)*	Yes [ ] No [ ] N/A [x]
Comments The system is designed to provide fresh air at the rates set out in SHTM 03-01. The mechanical ventilation system has no recirculation setting, so contaminated air is not re-circulated back into the space. Naturally ventilated spaces have openable windows to provide the required fresh-air rates.		
2.34 D	Are ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes [x] No [ ] N/A [ ]
Comments Access points have been specified to ductwork systems in accordance with SHTM03-01 and TR19. Grilles and diffusers will have removable cores and access panels will be provided to air		

handling unit components for servicing and cleaning.		
2.35 P & D	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes [x] No [ ] N/A [ ]
Comments Ventilation intakes and discharges have been ducted to try to provide a minimum separation of 4 metres in line with SHTM 03-01.		
2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminates and the space to be served? *(NB: Recirculation would only arise in UCV theatres)*	Yes [ ] No [ ] N/A [x]
Comments *There are no re-circulation systems so contaminates will be fully removed from the space and replaced with fresh air. The FCUs in the dental area have re-circulation but only within each dental surgery. The return air is ducted to the back of the units, as recommended in SHPON 36-2.*		
Development Stage 2: Design and Planning: Engineering services (Ventilation) (continued)		
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes [ ] No [ ] N/A [x]
Comments N/A		
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes [ ] No [ ] N/A [x]
Comments N/A		
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes [ ] No [ ] N/A [x]
Comments N/A		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes [ ] No [ ] N/A [x]
Comments *There are no safety cabinets provided for any dangerous pathogens on this project and no isolation suites.*		
Engineering services (Lighting)		

2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes [x] No [ ] N/A [ ]
Comments Light fittings in clinical areas are sealed units. In accordance with the Contract, a review of the light fitting specifications takes place as part of the reviewable Design Data exercise. It is anticipated that these fittings will be as approved by Infection Control for Eastwood H&CC.		
Engineering services (Water services)		
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes [x] No [ ] N/A [ ]
Comments The cold water storage and distribution system has been developed by the Services Engineers by way of consultation and review by Health Facilities Scotland Technical Team and GG&C Estates Department. The design of the system is in accordance with CIBSE guide G, Institute of Plumbing design guide and relevant British standards, including BS 6700 and WRAS guidance with the exception of cold water storage as described above.		
Development Stage 2: Design and Planning: Engineering services (Water Services) (continued)		
2.43	Are facilities available to enable special interventions for *Legionella*?	Yes [√] No [ ] N/A [ ]
Comments There are no disinfection injection points included in the proposals. However, this can be managed in other means.		
2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes [x] No [ ] N/A [ ]
Comments The drainage is designed in accordance with the Building Standards Regulations and has Building Control approval. In addition, it is in accordance with the relevant Building Standards and good practice.		
2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes [x] No [ ] N/A [ ]
Comments There is a 25 year programme of maintenance developed for this building. GG&C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period. All services are all concealed within ceiling voids, walls constructions, IPS panels or duct risers. The details of these have been reviewed by the appointed Facilities Management to ensure that they can suitably maintain these services for the 25 years.		

Estates services (Pest control)		
2.46	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	Yes [x] No [ ] N/A [ ]
Comments The ground floor slab is cast on the hard. Therefore, there is no floor void below. Services rising up through the building and passing through walls are all sealed at the junctions.		
Estates services (Maintenance access)		
2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes [X] No [ ] N/A [ ]
Comments There is a 25 year programme of maintenance developed for this building. GG&C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period. Their performance is closely monitored with financial penalties if they do not perform within stated time frames for the completion of both planned and reactive maintenance.		

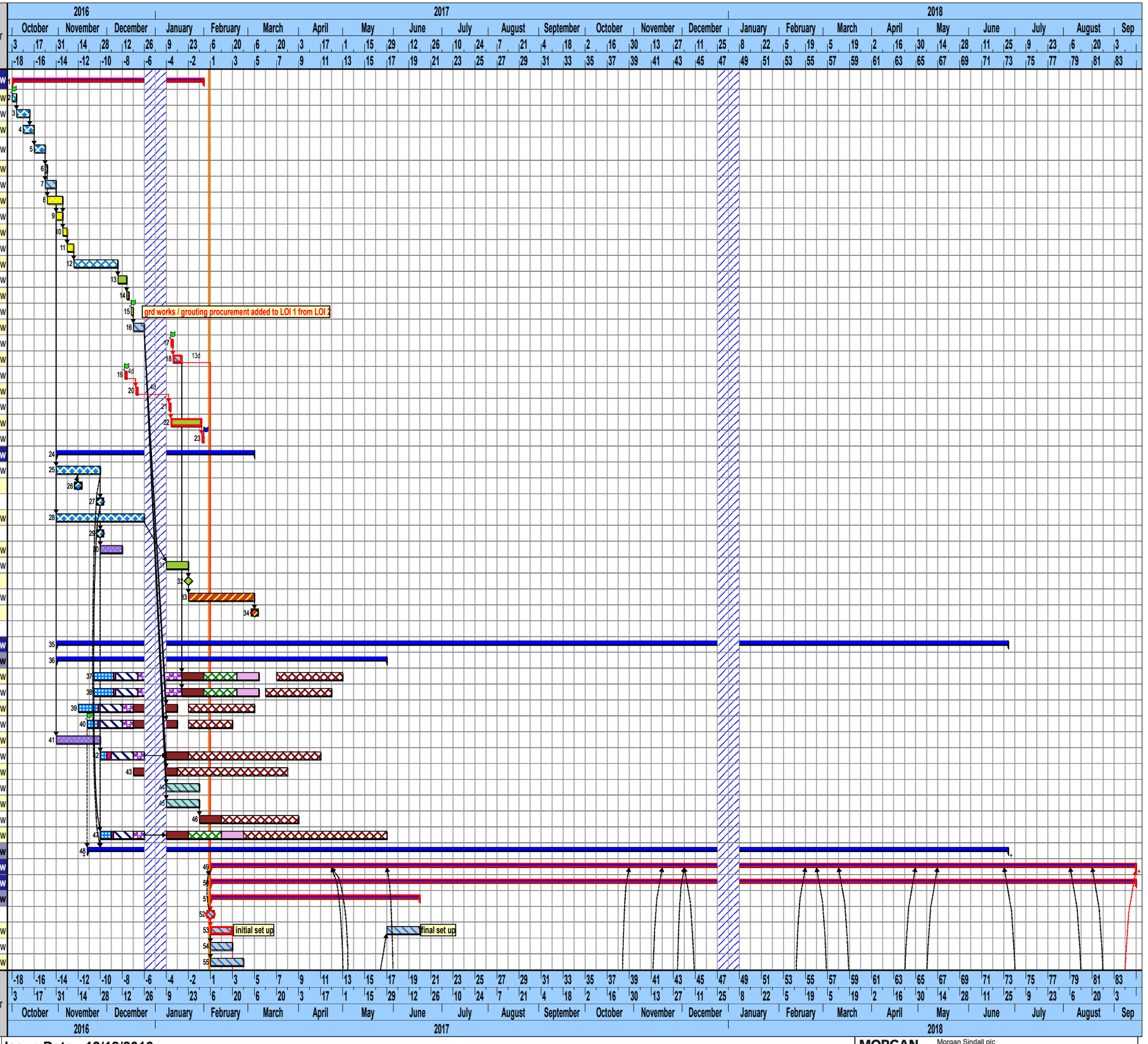
Appendix K – Programme

Woodside Health Centre

Programme : **Contract Programme**

filter - None
view - 2 page summary

Line	Name	Start	Finish	Dur
1	**FC Process**	03 Oct	31 Jan	15w
2	MS price agreed schedule (cat 1&2) & detailed VE & change	03 Oct	04 Oct	0w
3	Agree VE to be implemented	05 Oct	12 Oct	1w
4	MS / hWS finalise pricing process & affordability	10 Oct	14 Oct	1w
5	MS mark up dwgs with change to create agreed CP's & MS submit confirmed CP's	17 Oct	21 Oct	1w
6	MS submit confirmed contract sum	24 Oct	24 Oct	0w
7	MS submit confirmed CP's	24 Oct	28 Oct	1w
8	hWS funding model development	25 Oct	02 Nov	1w
9	Compile Stage 2 addendum	31 Oct	02 Nov	1w
10	Stage 2 addendum approval by hWS Board	03 Nov	04 Nov	0w
11	Stage 2 addendum issued to NHS GGC	07 Nov	09 Nov	1w
12	Prepare papers	10 Nov	07 Dec	4w
13	NHS GCC Capital Planning Group - papers circulate	08 Dec	13 Dec	1w
14	NHS GCC Capital Planning Group -approval meeting	14 Dec	14 Dec	0w
15	LOI 1 agreed. (utilities pay+procure / grd work & grout procure)	16 Dec	16 Dec	0w
16	MS LOI 1 sign off	19 Dec	23 Dec	1w
17	LOI 2 agreed. (early WP procure & prelims)	11 Jan	11 Jan	0w
18	MS LOI 2 sign off	12 Jan	17 Jan	1w
19	Papers issued for NHS Board	13 Dec	13 Dec	0w
20	NHS Board meeting	20 Dec	20 Dec	0w
21	CIG meeting	10 Jan	10 Jan	0w
22	Completion of FC	11 Jan	30 Jan	3w
23	FC	31 Jan	31 Jan	0w
24	**Stage F/G Design / & LOI Agreements**	31 Oct	06 Mar	16w
25	RIBA stage F/G design	31 Oct	25 Nov	4w
26	Groundwork, grouting & Piling info issued	11 Nov	11 Nov	
27	Steel (incl deck / pre-cast) info issued	28 Nov	28 Nov	
28	Pre-Cast designer / C&S / Art Strategy - Design	31 Oct	23 Dec	8w
29	C&S detailing available	28 Nov	28 Nov	
30	MSPS detailing secondary steel	28 Nov	09 Dec	2w
31	Pre-Cast concepts & artwork issued / approval - NHS	09 Jan	20 Jan	2w
32	NHS - approval	23 Jan	23 Jan	
33	Pre-Cast concepts & artwork issued / approval - GCC planning	23 Jan	03 Mar	6w
34	GCC - approval (required planning condition)	06 Mar	06 Mar	
35	**Procurement**	31 Oct	26 Jun	82w
36	**LOI WP Procurement**	31 Oct	26 May	28w
37	Sheet Piling / King Post wall	23 Nov	28 Apr	19w
38	Piling	23 Nov	21 Apr	19w
39	Grouting	14 Nov	03 Mar	13w
40	Groundworks	18 Nov	17 Feb	10w
41	Cundall & SW agree fire hydrant solution	31 Oct	25 Nov	4w
42	SW(disconnection & hydrant replacement)	28 Nov	14 Apr	18w
43	SP & Vodafone (diversions)	19 Dec	24 Mar	12w
44	Virgin media - review ex. ducts	09 Jan	27 Jan	3w
45	BT detailed quotation	09 Jan	27 Jan	3w
46	BT (diversions)	30 Jan	31 Mar	9w
47	Steelwork	28 Nov	26 May	24w
48	**Remaining WP Procurement**	18 Nov	26 Jun	80w
49	**Project Milestones**	06 Feb	14 Sep	82w
50	**Construction Period**	06 Feb	14 Sep	84ew
51	**Site Set Up**	06 Feb	16 Jun	19w
52	START ON SITE	06 Feb	06 Feb	
53	Site set up compound & accommodation	06 Feb	16 Jun	5w
54	Temp services connections	06 Feb	17 Feb	2w
55	Site fencing & hoarding	06 Feb	24 Feb	3w



Programme no : whc-contract-001 | **Rev : K** | **Issue Date : 12/12/2016**

Author : drm

Comment : Start date put back from 30-01-17 to 06-02-17 (hWS instruction)

File Name : C:\Users\david.matthew\Documents\@hub\woodside\powerproject\revK progs\whc-contract-001 revK 84wks (12-12-16).pp

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CONSTRUCTION INFRASTRUCTURE

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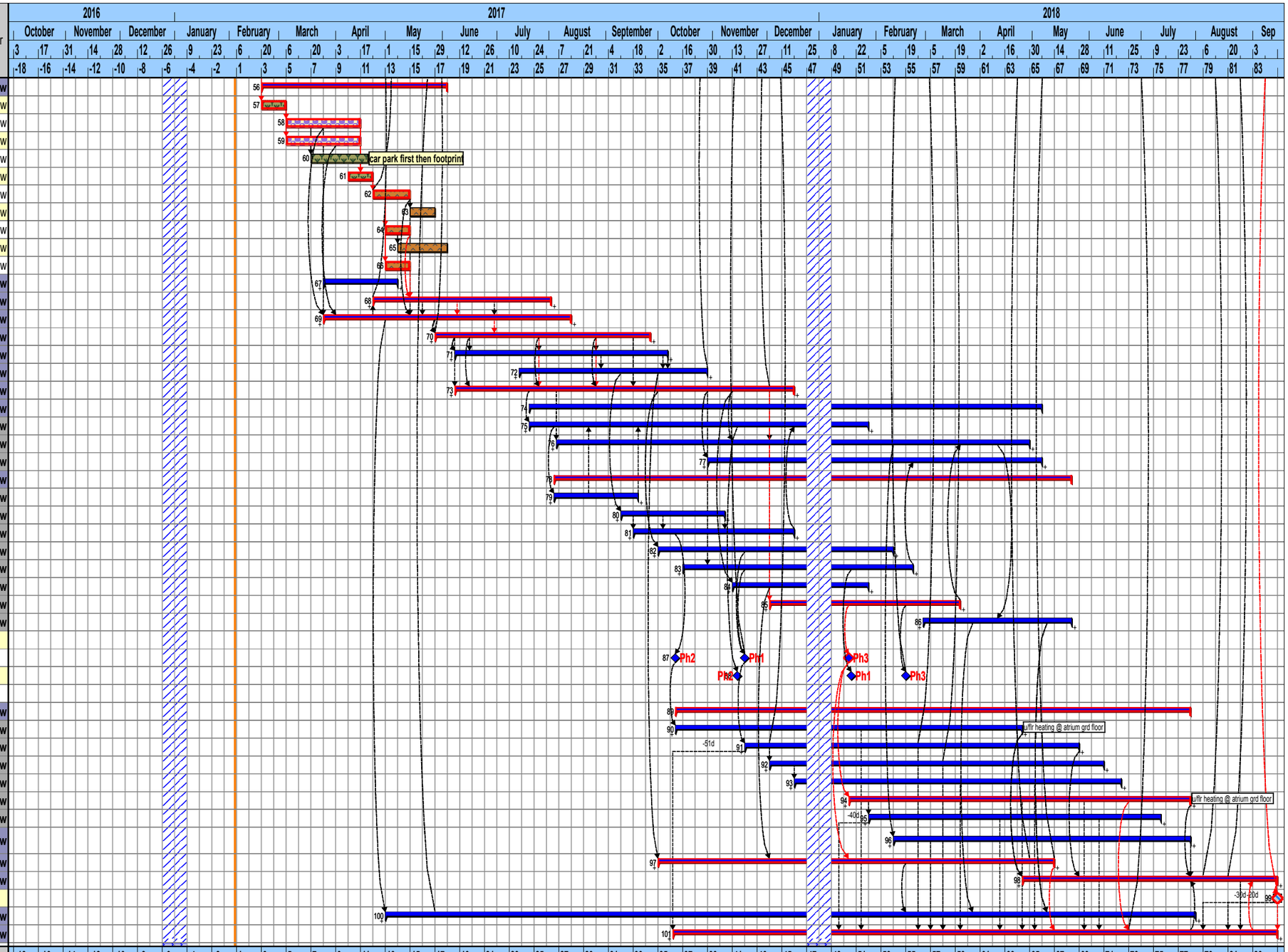
Woodside Health Centre

Programme : **Contract Programme**

filter - None
view - 2 page summary

Line	Name	Start	Finish	Dur
56	**Grouting & Piling**	20 Feb	02 Jun	15w
57	Prep site for grouting / grub out drainage	20 Feb	03 Mar	2w
58	Grouting (car park then fnd area 4 & 3)	06 Mar	14 Apr	6w
59	Grouting (fnd area 1 then 2)	06 Mar	14 Apr	6w
60	Scrape site & reduce level exc	20 Mar	19 Apr	5w
61	Install piling mat	10 Apr	21 Apr	2w
62	Bored piling - fnd area 2	24 Apr	12 May	3w
63	Bored piling - fnd area 3	15 May	26 May	2w
64	CFA piling	01 May	12 May	2w
65	Test piles & results	08 May	02 Jun	4w
66	Install king post retention	01 May	12 May	2w
67	**Ex.Services - Services Diversions**	27 Mar	05 May	6w
68	**Pile Caps / Grd Beams / Ret Wall Bases / Lift Pit Bases**	24 Apr	01 Aug	14w
69	**Main External Drainage**	27 Mar	11 Aug	20w
70	**Structural Steel Erection / Stairs & pc Panels**	29 May	26 Sep	17w
71	**Substruct Col' Encase & Ret Walls**	08 Jun	05 Oct	17w
72	**Substructure Works & Grd Bearing Slabs**	14 Jul	27 Oct	15w
73	**Metal Deck / Roof Deck / Conc Susp Slabs**	08 Jun	15 Dec	27w
74	**Roof Finishes & Plant Install**	20 Jul	04 May	39w
75	**Day Care Roof**	20 Jul	26 Jan	25w
76	**Lower Roof (incl plant install)**	04 Aug	27 Apr	36w
77	**High Level Roof (incl plant install)**	30 Oct	04 May	25w
78	**External Envelope**	03 Aug	22 May	40w
79	**East Facing Elevation (step at 2 storey / Day Care)**	03 Aug	19 Sep	7w
80	**Hinshaw Street - Elevation**	11 Sep	07 Nov	8w
81	**Int Elevation (rear of Day Care)**	18 Sep	15 Dec	13w
82	**Int Elevation (parallel Garscube)**	02 Oct	09 Feb	17w
83	**Garscube Rd - Elevation**	16 Oct	21 Feb	17w
84	**Int Elevation (2 storey facing garden)**	13 Nov	26 Jan	9w
85	**Doncaster Street - Elevation**	04 Dec	20 Mar	13w
86	**Roof & Elevation Completion Works**	28 Feb	22 May	12w
87	**Partial WWT**	10 Oct	16 Jan	
88	**Substantial WWT**	14 Nov	16 Feb	
89	**Internal Fit Out**	11 Oct	27 Jul	40w
90	**PHASE 2 - Grd Floor - Day Care (~627m2)**	11 Oct	24 Apr	26w
91	**PHASE 1 - 2nd Foor - Zone 1 ~1276m2**	20 Nov	25 May	25w
92	**PHASE 1 - 1st Floor - Zone 1 ~1118m2**	04 Dec	08 Jun	25w
93	**PHASE 1 - Grd Floor - Zone 1 ~993m2**	18 Dec	19 Jun	24w
94	**PHASE 3 - Grd Floor - Zone 3 ~1165m2 (excl' plant rooms)**	17 Jan	27 Jul	28w
95	**PHASE 3 - 1st Floor - Zone 3 ~1314m2**	29 Jan	11 Jul	24w
96	**Atrium @ Feature Stair**	12 Feb 18	27 Jul 18	24w
97	**Plant room Fit Out / Utilities Available**	02 Oct	14 May	30w
98	**Overall Completion Works**	25 Apr	14 Sep	21w
99	**HANDOVER**	14 Sep	14 Sep	
100	**External Works**	01 May	31 Jul	63w
101	**Outline Test & Commissioning Programme**	10 Oct	14 Sep	47w



Building Packages

*ms/hWS/client | *ms / design team | *morgan sindall | *hWS | *Client | *Consultants | GCC approval | -design info | -billing & tender docs | -tender period | -tender review
-appoint contractor | -subcon design | -subcon design approval | -subcon lead in | Utilities | Groundworks | grouting | Piling

Link Categories

Default | Normal | Default (C) | Normal (C) | Default (R) | Default (C,R)

Symbols

Critical | Milestone | Start After | Deadline

Programme no : whc-contract-001 | **Rev : K** | **Issue Date : 12/12/2016**

Author : drm

Comment : Start date put back from 30-01-17 to 06-02-17 (hWS instruction)

File Name : C:\Users\david.matthew\Documents\@hub\woodside\powerproject\revK progs\whc-contract-001 revK 84wks (12-12-16).pp

MORGAN SINDALL CONSTRUCTION INFRASTRUCTURE

Morgan Sindall plc
Trilogy One, 11 Woodhall
Eurocentral, Holytown, Motherwell, ML1 4YT
T 01698 738 600 F 01698 738 699
www.morgansindall.com

Appendix L – PEP

Project Execution Plan (PEP) – Part 1

Project title:	**Woodside Health Centre**	**Business unit / region:**	**Scotland Central**
Project number:	20P035		
Customer:	Hub West Scotland		
Location:	Hinshaw Street, Glasgow		

Preparation, approval, authorisation and distribution			
	Position:	**Signed:**	**Date:**
Prepared by:	**Project Manager**	**F. Sim**	**20/08/2015**
Approved by:	**Project director / area director**		

Prepared by	TBC **…., Morgan Sindall, Project Manager**	**Date**
Part 2 (CPHSP) reviewed by	Diane Connor **…., Morgan Sindall, SHE advisor**	**Date**
Part 3 (EMP) reviewed by	Diane Connor **…., Morgan Sindall, Environmental advisor**	**Date**
Part 4 (QMP) reviewed by	**David Patrick** **…., Morgan Sindall, Quality representative**	**Date**
Part 5 (DMP) reviewed by	**Brian Irving** **…., Morgan Sindall, Design manager**	**Date**
Part 6 (Commissioning Plan) reviewed by	Gordon Watson **…., Morgan Sindall, Project manager**	**Date**
Customer's representative	**….**	**Date**
CDM coordinator for CPHSP (Part 2)	**… CDM Coordinator**	**Date**

Issued to:	**Position:**	**Company:**

Project Execution Plan (PEP) – Part 1

1. Revision schedule

Amendment no.	Issue date	Details of amendment	Approved for issue by:
001	4th March 2016	Update for refresh submission	
002	22nd June 2016	Update to current CDM and other housekeeping. Hazards review.	
003	Oct 2016	Update for revised submission	F Sim

Project Execution Plan (PEP) – Part 1

Contents

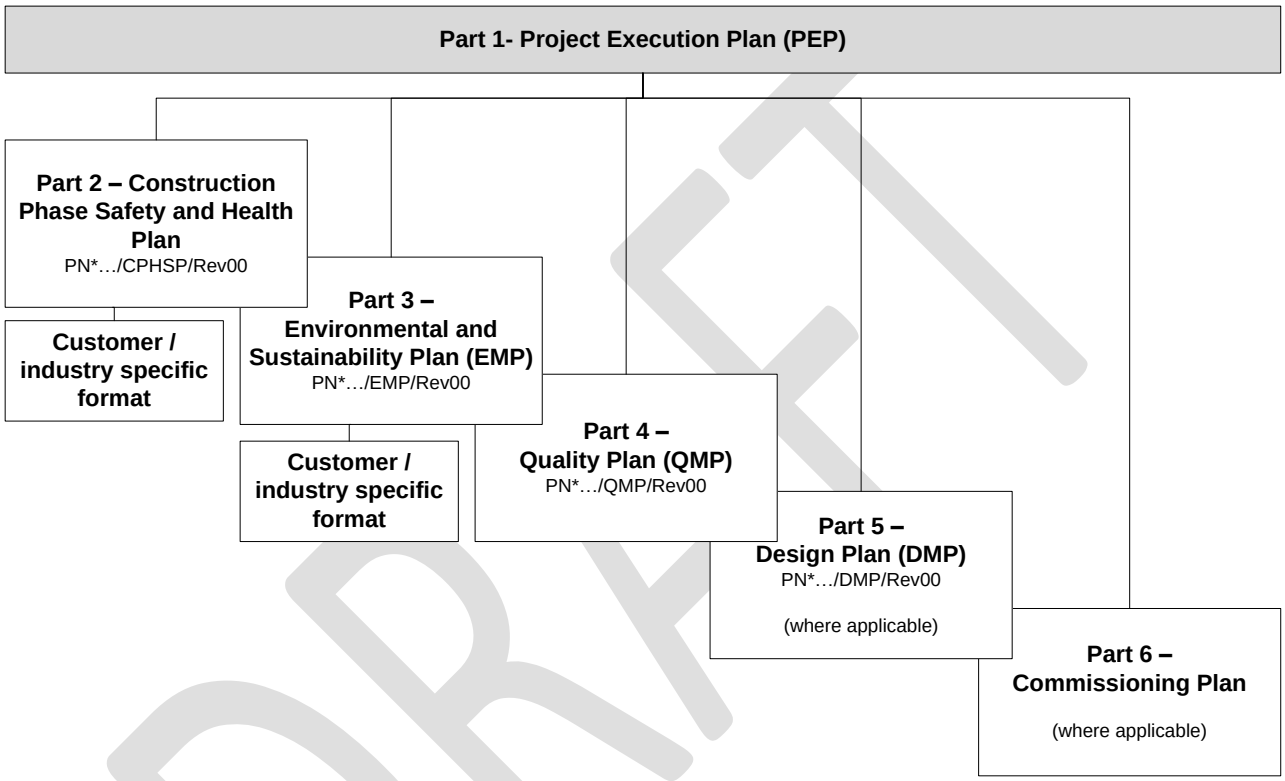
Project Execution Plan (PEP) – Part 1

Project Execution Plan (PEP) - overview

This document will define how specific health, safety, environmental, quality and design elements of the contract will be delivered.

In the diagram below each box represents a document which can form part of the whole PEP.

* PN = Contract or project no.
(Update revision nos. as required)



Project Execution Plan (PEP) – Part 1

2. Introduction

Commitment

Morgan Sindall is committed to the vision and values as set out in the Morgan Sindall strategy.

Customer
- We will always put the customer first
- We understand our customers' needs, delighting them time after time
- Every customer is important, whether large or small.

Safe
- Uncompromising in creating a safe and sustainable environment
- Nothing is so important that it cannot be done safely
- We are always looking towards securing an accident-free environment.

Ambitious
- We want to be our customers' first choice time after time
- We recruit and develop the best technical and creative skills in the industry
- We are passionate about seeking the best solutions and are packed with pride and fresh ideas.

Responsibility
- We take ownership for our decisions and follow through
- Making money is important. When we make money we can provide job security and invest in the future
- Money and minimising waste is everyone's responsibility.

Collaborative
- We enjoy working in teams
- Each and every person plays an important role
- It is important to have people with different backgrounds and skills.

On this project we are committed to:
- Leading behavioural change to reduce accidents and work-related ill health, and defects
- Reducing our Accident Frequency Rate (AFR)
- Supporting the aim of reducing work-related ill health
- Having a qualified and experienced workforce
- Giving a site specific induction to everyone before entering a work site
- Consulting with site personnel on health and safety matters
- Producing regular reports on health and safety performance
- Achieving our goal of "Perfect Delivery".

3. Purpose

This PEP describes how this project will be managed. It is a live document that will be reviewed at regular intervals by the project / contract team to reflect progress of the works and changes in requirements. It incorporates the elements that satisfy the Construction Design and Management (CDM) requirement of the Construction Phase Health and Safety Plan (CPSMP – Part 2).
The project / contract manager is responsible for ensuring that the working arrangements are carried out in accordance with this plan.

Project Execution Plan (PEP) – Part 1

This plan comprises five parts which are:

Project Execution Plan – Part 1
Construction Phase Health and Safety Plan – Part 2
Environmental and Sustainability Plan – Part 3
Quality Plan – Part 4
Design Management Plan – Part 5

Note: The health and safety, environment, quality and where applicable design and commissioning sections should always be read in conjunction with this core document.

This PEP covers Morgan Sindall's common management approach, in line with the Integrated Management System (IMS), available on the company's intranet. This document supersedes any tender stage plan produced at concept, design bid or full bid stage. Where appropriate to the project the tender stage management plan should be referenced as a relevant document.

Morgan Sindall is certified to BSEN ISO9001:2008, BSEN ISO14001:2004 and BS OHSAS18001:2007 by certification body BSI. The IMS and PEP have been developed for compliance to these standards. The company's IMS is designed to meet the requirements of the Morgan Sindall policies, objectives and targets. The documentation defined within the IMS should be used at all times and variance should only be allowed where customer requirements dictate.

4. Pre-construction information

Contract location

Woodside Health Centre Site
Hinshaw Street
Maryhill
Glasgow

Project Description

The Works comprise the construction of a new Health Centre complete with all associated site works and services. The Health Centre comprises one-storey, two-storey and three-storey buildings forming an triangle shape on plan. The health centre is of steel frame construction with a concrete upper floor and a flat roof housing plant.

Site

Project Execution Plan (PEP) – Part 1

The site is located adjacent to Hinshaw Street, Garscube Road and Doncaster Street. The healthcare centre and adult day care centre buildings are proposed to be located to the east of Doncaster Street on a triangular piece of land bounded by the three aforementioned public streets. It is proposed that the car parking for the development will be located on Doncaster Street and on land to the west of Doncaster Street. It is intended that a significant portion of Doncaster Street will be "stopped up" so that it is no longer a public road adopted by Glasgow City Council and a through route for vehicles. The remainder of the site was formerly occupied by a Victorian school building and two other low rise triangular buildings, which have now all been demolished.

Fig 1

Contract Hazards:

Constraints identified on this project are:

- Surrounding residential area and A81 – traffic management
- Existing underground services including water, gas, electric, Vodafone, Virgin Media and British Telecom.
    - Some services diverted – others to be protected in situ
- Emergency planning and accident / incident response.
- Risk management of all construction activities.
- Manual Handling and Occupational Health.
- Noise and nuisance controls.
- Protection of the existing environment.
- Control of access and delivery times as defined by our planning conditions.
- Maintain public roads and footpaths. Dilapidation surveys to be carried out with photographic records taken.
- Restricted site parking.

- Restricted space for distribution of materials around building.
- Restricted storage on site.
- Undercroft area where there is a suspended ground floor slab – restricted working space
- Maintain good and proper access to the site should the need arise for any emergency vehicles.

Existing environment

- Post demolition site. Site cleared by demolition contractor. Post demolition SI has been carried out to assess obstructions etc.

Site Location Plan

Please refer to figure 1.

Existing Services (underground and overhead)

The site is bounded by all major service providers. Full copies of existing services are available. Overhead services to be removed at start of project. Street lighting, BT, Vodafone and Scottish Power services will be diverted in part to clear the construction site. Services to be protected include:-

- Existing sewer in Doncaster Street
- LV and BT cables in Hinshaw Street pavement
- Gas main in Garscube Road pavement
- Services in lane behind Maryhill Road when constructing landscape improvements

Existing traffic / pedestrian systems and restrictions

The key features of our TMP will be:

To maintain strict vehicle delivery schedules to ensure continuity for local residential properties
Traffic lights at crossroads to be maintained at all times
If applicable park and ride facility for site workers
Maintain safe access and egress at all times for local residents.
We understand the traffic and pedestrian movement in the area and will ensure minimum disruption during our operations by careful scheduling of deliveries at off-peak times.
Provide detailed access / egress routes to the site as agreed with the relevant authorities, to everyone required to attend the site, site employees, visitors and deliveries.
Locate the laydown area on the site to ensure sufficient storage and improve site logistics.
Implementing the plan through a fully trained and full time gate man.
Restricting traffic to 5mph on site. We will erect signage leading to and from the site with full information on traffic management.
Our TMP will be incorporated into subcontract contractual documents and will be communicated to all site operatives, staff and visitors via the site inductions.

Existing Structures

No existing structures on site.

In considering the design, tender documents, pre-construction information pack and the details considering at the planning stage, the following areas have been identified as significant hazards for the project.

- Accidents with members of the public caused by construction traffic coming through city streets.
- Heavy construction traffic causing accident when accessing egressing site.
- Noise affecting surrounding properties.
- Vibration from construction work having a detrimental effect on surrounding properties.

- Dust from construction works causing nuisance to surrounding properties.
- Loading and off-loading of vehicles
- Existing emergency services access routes and points such as fire hydrants being blocked by construction related works / traffic
- Potential accidents to young person's relating to site works
- Inappropriate management of waste impacting upon the environment.
- Incorrect storage of materials leading to contamination.
- Striking existing services whilst carrying out new construction works.
- Works to existing services undertaken by unqualified individuals leading to injury or death.
- The management of contaminated or poor ground conditions where found leading to injury or death
- Accidents occurring when undertaking lifting operations.
- Accidents occurring when undertaking excavation works.
- Accident / incident due to temporary works failure.
- Muscular skeletal injuries due to poor manual handling techniques or inadequate lifting equipment.
- Paints, solvents, adhesives, glues, epoxy's, intumescent paint, fire stopping compound, pitch polymers used as specified during construction works not being properly managed leading to health hazard to individuals.

Existing records and where they can be found: All information gathered at Design Stage is on 4Projects at Morgan Sindall Construction & Infrastructure> * Construction North> 20P035/W - Woodside Health Centre> 00. Morgan Sindall Project Filing Structure> 00.00 Pre-construction / Estimating> 00.05 Reports, Schedules and Health & Safety Plans

Topographical Survey

Topographical Survey of the proposed site carried out by MSPS

The above information is available on the 4 projects

Heritage Impact Assessment

N/A – No heritage impact assessment required for this project

5. Contract Particulars

Project value:	£19m
Construction start date:	9th Jan 2017 enabling
Duration:	84
Sectional handover details (if applicable):	N/A
Project completion date:	17th August 2018
Site working hours:	Mon – Thurs – 8am-5.30pm. Fri – 8am – 4.30pm (There are no planning related restrictions on working hours)

Scope of the contract

See "Project Description" section above
18th May 2018

Project Execution Plan (PEP) – Part 1

Contract Documents:

Form of Contract: Bespoke Contract between Morgan Sindall and Hub West Scotland

Procurement strategy:

The procurement on the project will align with the issued Morgan Sindall supply chain guidance documentation. The specific procurement route on this project shall generally be:

WORK PACKAGES PLACED THROUGH MORGAN SINDALL SUPPLY CHAIN.

IT strategy:

Site will be set up by using local network installed by IT and associated printer procured and installed. Morgan Sindall Intranet will be utilised along with Digest.4 Projects has been set up for utilisation on the project and SIMS (Site Information Management System).

Project objectives

- SAFE – Zero reportable accidents.
- ON TIME – completing the project on the agreed date.
- SNAG FREE – on the agreed completion date.
- DELIGHTED CUSTOMER – achieving our customer's key objectives.
- RECOMMENDED – an experience recommended by our customer's.

Key Performance Indicators 2016 (KPI's):

KPI	TARGET
LAG	
AFR (YTD)	**0.10** (UK-0.10)
AFR 12 Month	
AIR (YTD)	**250** (UK-250)
AIR 12 Month	
LTI (YTD)	**0.25** (UK-0.25)
LTI (12 Month)	
AAFR (YTD)	**1.90** (UK-2.10)
AAFR 12 Month	
LEAD	
Toolbox Talk Ratio	100%
100% SAFE Leadership Assessments	8 Ave/month
VOICE Close out Ratio	95%
Reporting of Learning Events	Measure only
Reporting of Positive Interventions	180Month Average
% RIDDOR Free projects	100%

Sustainability	
CCS average score	40
Carbon Reduction	Improvement on 2015 performance 2016 Target <0.90t CO2/£100K regional T/O)
Waste diverted from Land fill	100% recovery aspiration, with at least 92% diversion from landfill
Water Usage	Improve accuracy in measuring water usage, with improvement in 2015 figures Target(4m3/£100k regional T/o)

6. Project directory

PROJECT TEAM

Client
Hub West Scotland
Skypark 1, Suite 7/3,
8 Elliot Place,
Glasgow,
G3 8EP
Contact: Jim Allan
Telephone: 0141 530 2150.
Email: jim.allen@hubwestscotland.co.uk

Architect
Page\Park Architects
Iain Monteith
20 James Morrison Street
Glasgow G1 5PE
United Kingdom
T 0141 553 5440
F 0141 553 5441
i.monteith@pagepark.co.uk

CDM Co-ordinator
T&A
10 Wemyss Place Edinburgh
EH3 6DL Contact:
Gary Marshall
gary.marshall@thomasandadamson.com
0131 225 4072

Quantity Surveyor
T&A
5 Woodside Terrace, Glasgow, G3 7UY
Caroline Brown
caroline.brown@thomasandadamson.com
0141 332 3754

Structural Engineer
MSPS
Trilogy One,
Woodhall
Holytown,
Motherwell,
ML1 4YT
Contact: Andy Gotts
Telephone: 01698 738600Email:
10160784.Gorbals@morgansindall.com

Mechanical & Electrical Services Engineers
Cundall
David Appleford
Exchange Place One,
1 Semple Street,
Edinburgh, EH3 8BL,
United Kingdom
D +44 131 524 3535

Principal Contractor
Morgan Sindall Construction and Infrastructure Ltd
Trilogy One,
Woodhall
Holytown,
Motherwell,
ML1 4YT
Contact: Steve Irvine
Telephone: 01698 738600
Email: steve.irvine@morgansindall.com

Participant
NHS GGC
NHS Greater Glasgow and Clyde Corporate HQ
J B Russell House
Gartnavel Royal Hospital Campus
1055 Great Western Road
GLASGOW
G12 0XH
Contact: Derek RaeTelephone: 0141 232 2003
Email: Derek.Rae@ggc.scot.nhs.uk

The project manager shall ensure that all the project contact information shall be assembled into a project directory that shall be made available to all members of the project team in either electronic and/or hard copy form.

The project directory shall be the major source of contact information on the project.
The project manager shall ensure that the project directory shall be reviewed, updated and reissued on a regular basis to reflect on-going changes / additions to personnel, organisations and/or contact details

Project Execution Plan (PEP) – Part 1

7. Contract organisation and staff responsibilities

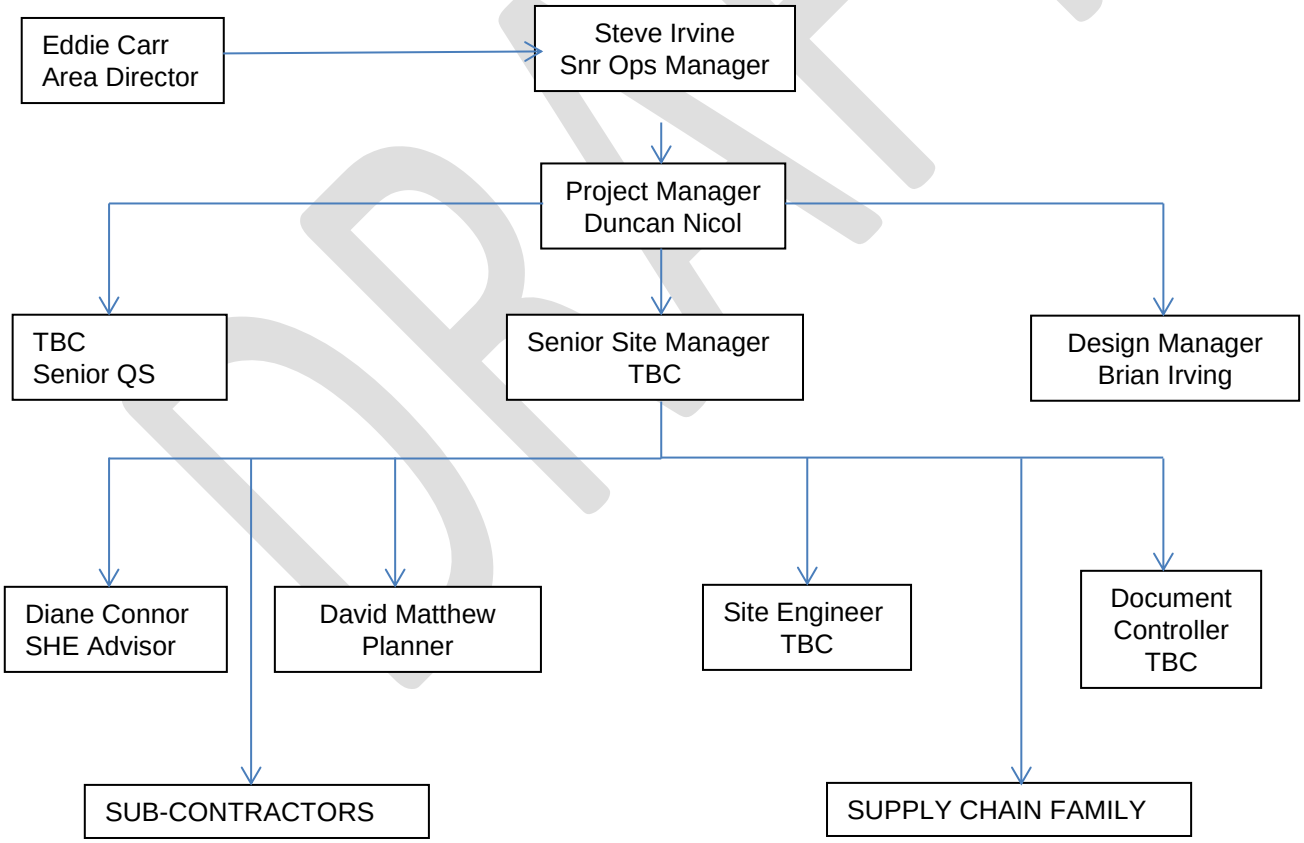
The project management organisation, including organisational interfaces, and names and locations of the individual Morgan Sindall personnel is detailed below.

i. Snr Ops Manager – Steve Irvine
ii. Project manager – Duncan Nicol
iii. Senior Site manager – TBC
iv. Senior Quantity surveyor – TBC
v. Design manager – Brian Irving
vi. Building services manager – TBC
vii. Planner – David Matthew
viii. Site engineer - TBC
ix. SHE advisor – Diane Connor

Individual specific management and control responsibilities for project staff should be set by the project director / manager aligned to the specific requirements and responsibilities on the project.

Project organogram for Crosslet House

COMPANY ORGANOGRAM



Project Execution Plan (PEP) – Part 1

Title/duty	Appointed person	Deputy	Contact details	Appointments in writing
Project staff				
Senior Operations Manager	Steven Irvine	N/A	07973 698427	
Contract Manager	TBC	N/A	TBC	
Project Manager	Duncan Nicol	TBC	TBC	
Senior Site Manager	TBC	N/A	TBC	
Site Manager No. 1	TBC	N/A	TBC	
Site Manager No .2	TBC	N/A	TBC	
Engineer	TBC	N/A	TBC	
Crane Supervisor*	TBC	TBC	TBC	
COSHH Coordinator*	TBC	TBC	TBC	
Temporary Works Coordinator*	TBC	TBC	TBC	
Site Safety Supervisor	TBC	TBC	TBC	
Competent Person (electrical) *	G Watson	N/A	01698 738600	
Site Environment and Waste Coordinator	TBC	TBC	TBC	
Fire / Emergency Coordinator(s)	TBC	TBC	TBC	
Authorised Permit Issuer(s)	TBC	TBC	TBC	
First Aider(s)	TBC	TBC	TBC	
Design Coordinator	TBC	TBC	TBC	
Plant Coordinator	TBC	TBC	TBC	
Scaffold Controller	TBC	TBC	TBC	
Traffic Management Coordinator	TBC	TBC	TBC	
Waste Coordinator	TBC	TBC	TBC	
Permits Approval	TBC	TBC	TBC	
Quality Inspectors	TBC	TBC	TBC	
Incident Controller	TBC	TBC	TBC	
Support function staff				
Safety Advisor	Diane Connor	G Palmer	07837 281971	
Environmental Advisor	Diane Connor	G Palmer	07837 281971	
Quality Advisor	David Patrick	N/A	01698 738600	
Procurement Manager	A Browning	Alison Callaghan	01698 738600	
Commercial Manager	tbc	N/A	tbc	
Design Manager	Brian Irving	N/A	07837 299161	
Building Services / M&E Manager	tbc	N/A	tbc	
Planner	D Matthew		01698 738600	
Company Electrical Duty Holder	G Watson		01698 738600	
CDM Coordinator			01698 738600	
MEWP Coordinator	TBC	TBC	TBC	
Person responsible for production and review of RAMS	TBC	TBC	TBC	

8. Communications

General

Morgan Sindall regard the provision of competent managers, supervisors, foreman and operatives as the key to operations being carried out safely, to the correct quality and without risk to health, or the environment. The competence of individuals working on the contract shall be assessed by senior management prior to taking up post and training provided where necessary. Training records and competence of all personnel shall be available on site.
Morgan Sindall are a member of Build UK (formerly UKCG), and is committed to carrying out effective consultation with everyone on this project. The methods selected for use in this contract are detailed below.

Site communications

Health and safety, environment and quality information and directions to employees / contractors shall be addressed during normal day to day liaison by line management. In addition, planning and co-ordination of activities shall be undertaken at progress, pre-contract and site meetings.

The principle means of communication for this contract shall include:

- Induction
- Daily safety briefs
- Tool box talks
- RAMS briefings
- Task specific briefings
- Cascade
- Safe and sustainable update
- Environmental Awareness

Worker consultation

Regular consultation with all works will take place during the project and the project manager will ensure that there are defined arrangements in place.

The items below are the methods of consultation and communication on all Morgan Sindall projects.

Method				
Project	Workforce engagement forum (VOICE)	100% Safe workshop	Through one or more workforce representative	Site project meeting
Work gang	Toolbox talks	Point of work safety assessment	Through elected representatives	Method statement briefings
Individual	Learning event suggestion boxes	Directly with each worker	Whistle blowing procedures Health and safety helpline 0800 328 3874	Open door policy

Stakeholder liaison

Morgan Sindall fully understands the need for effective liaison with stakeholders such as the customer, contractor, suppliers, local community and employees.

The specific means for this project are as follows:

- Contract meeting

Induction and site orientation training

Site induction, site orientation and training will be carried out for all employees and contractors.

Visitors

Visitors (personnel on site not more than one day) shall be accompanied at all times whilst visiting the work site by an authorised member of the site team who is familiar with the site construction hazards, layout and restricted working areas.
ALL VISITORS TO SITE WILL BE REQUIRED TO ATTEND A MORGAN SINDALL SITE VISITORS INDUCTION.

Drivers
Driver's safety rules will be displayed at the site entrance and shall apply unless modified by the contract manager. Morgan Sindall contract team will ensure that they communicate drivers safety rules to delivery drivers on their first arrival and monitor compliance. See Annex F in PEP Part 2.

Information and signage
Morgan Sindall shall display and update at vantage points around the site, health and safety, environment and quality information, which shall include:

- F10 in site office, canteen and security hut.
- HSE (HASWA) Poster in site office and canteen
- SHE Policy Statement
- Quality Policy Statement
- Emergency Procedures including details of Fire Wardens and First Aiders.
- Site Layout Plan including details of Emergency Assembly Points.
- Construction hazard warning signage including Hazard Board (updated weekly or as and when required)
- Insurance Certificates
- Site Rules.
- SHE Alerts, Bulletins and Notices.
- 100% SAFE Posters.
- Considerate Constructors (details and information of scheme)
- All other general health, safety and environmental information.

9. Project Management System

The management system on the project shall be the Morgan Sindall IMS. The project system will consist of this PEP document plus the relevant processes, standards and guidance.

Upon receipt of formal award of the contract a contract handover meeting shall be held by the area director. This meeting forms part of the contract review process and also formally triggers the production of this PEP, which will include sections with the arrangements for managing health and safety, environmental, quality and design issues.

The project manager is responsible for the content, implementation, formal issue and control of the PEP and the management system documentation on the project, including associated inspection and test plans.

An inspection and test plan will be prepared and issued in advance of each element of the works / work package.

The project shall be subject to internal audit by the business unit management team in accordance with agreed auditing schedules.

10. Construction Design and Management (CDM)

The project manager shall ensure that the Health and Safety Executive (HSE) F10 form for the construction phase is displayed on site.

The Construction Phase Health and Safety Management Plan (CPSMP – Part 2) will take in to account the information supplied in the health and safety information pack, it will contain sufficient information to allow work on site to start. This plan is subject to formal acceptance by the customer / Principal Designer before work can commence on site.

The project manager shall ensure that plans for health and safety, environment quality and design are developed as applicable progressively throughout the contract period in accordance with project requirements.

At the start of, and during, the course of the contract the project manager shall determine what documentation and records are required by the Principal Designer for the health and safety file / O&M manuals and shall ensure that the necessary information is collected and collated throughout the contract period and is forwarded to the Principal Designer in time to allow the production of the health and safety file.

If during the duration of the project the appointment of the Principal Designer ceases due to completion of preconstruction work the duty to prepare the health & safety file defaults to Morgan Sindall. Morgan Sindall will coordinate with the client to ensure the H&S file is fully developed.

11. Safety, health and environment

The Morgan Sindall SHE processes, standards and guidance contained within the IMS shall be the mandatory procedural requirements to be implemented on the project.

The Morgan Sindall project manager shall ensure arrangements are in place to ensure all personnel operating on or visiting the project receive a project specific project induction before starting work on the site.

Further details of the SHE arrangements are in the CPHSP, Part 2 of this document.

The project manager, in conjunction with the environmental advisor / SHE advisor, will develop the Environmental Management Plan (EMP) for the construction phase of the contract. This will incorporate the Site Waste Management Plan (SWMP) (SE FRM3), which will be developed from the pre-construction stage SWMP.

12. Risk management

The contract team will coordinate interfaces between activities and contractors to ensure that the works and associated hazards are managed. When considered desirable, the programme will be amended to manage those hazards more safely.

Risk management plan

A risk management plan will be developed for the contract to be amended and updated by the contract manager.

Risk register

The contract manager will keep a specific risk and opportunities register for the contract for all business risk.

Risk assessment

Risk assessments will be carried out on all activities. Refer to safety control in the CPHSP Part 2 of this plan.

Change control

Morgan Sindall has specific arrangements that deal with change control.

Control of contractors

Morgan Sindall operates an assessment and approval system of potential contractors "This system will be used to assess, among other matters, SHEQ competency and adequacy of resources.
Control of contractors is further covered in the Quality Management Plan (QMP) – Part 4.
Before award of any contract element, the contract team will hold and record SHEQ meetings with potential contractors and where appropriate, check any contractors work performed off-site to ensure compliance with agreed requirements.

Control of key materials suppliers

The contract team will ensure that suppliers of key contract materials provide SHEQ information, such as Control of Substances Hazardous to Health (COSHH) data sheets, COSHH assessments and proof of sustainability (e.g. for timber).

13. Design management (incl Soft Landings)

As the project has a design element, a Design Management Plan (DMP) - Part 5 is in place. This has been developed during the pre-construction / bid stage and revised and updated ready for award of the construction phase of the project.

Soft Landings requirements (including lessons learned on similar designs) can be found in the DMP

14. Project system requirements

Particular attention is drawn to the need for control processes to be implemented for the undernoted activities:

- Project administration and document control
- Safety, health and environment
- Stakeholder management
- Project risk management
- Commercial control
- Design and project change control
- Emergency planning arrangements
- Management of subcontractors
- Quality
- Programming and planning
- Procurement
- Commissioning
- Project completion and handover
- Customer care period management.

15. Knowledge transfer – good practice / lessons learned

While some lessons learned information has already been incorporated into this project from previous projects, the project manager, with the project team, will continuously review activities and performance and, where possible, identify both good practice and areas for performance improvement. This may be done by individual item or by holding review workshops on completion of particular elements of work. In either instance the findings shall be recorded and, in the case of good practice, be communicated into the "Pass It On" improvement mechanism within Morgan Sindall. In respect of areas for improvement,

steps shall be taken to rectify the identified process or operational failings and the improvements implemented.
In addition the project manager and the project team will carry out a post contract performance review on contract completion to review the project and record all lessons learned. This information must then be circulated as required by the lessons learned process.

Monitoring and reporting

The contracts manager and project manager shall continuously monitor standards. A specific monitoring schedule has been prepared for this project and is set out in the table below:

Project monitoring schedule					
	Frequency*				
Type of monitoring	Daily	Weekly	Monthly	Quarterly	Annual
Senior management SHE tours				√	
SHE meetings		√			
Liaison / stakeholder meetings			√		
Contractors meetings			√		
Project progress meetings		√			
SHE audit			√		
SHE inspections – Morgan Sindall (SHE team)			√		
SHE inspections – contractor			√		
SHE inspections – client			√		
SHE inspections – Morgan Sindall (site team)	√				
SHE tour – supervisor and operative				√	
SHE monthly return			√		
Safety committee / VOICE / forum			√		
Emergency procedure drills				√	
Toolbox talks		√			
Daily safety briefings	√				

*indicate frequency for each method.

16. Contract records

As a minimum requirement the Morgan Sindall policy on retention of documents and records and the Morgan Sindall archiving standard shall be adopted. Any specific contract requirements for archiving and archive retention shall also be addressed.

The project manager shall ensure that all required documentation and records for archiving are boxed and labelled, or stored electronically, and transferred to the designated office archive controller, for archiving. It is a system requirement that the maximum possible amount of records to be archived should be stored electronically, thus reducing the amount of hard copy archiving to a minimum.

Appendix M – Stakeholder Communication Plan

Hub Stakeholder Communication Plan

1. Introduction

This paper sets out a proposed stakeholder communications plan for the new Health and Care Centres being developed through the hub initiative.

2. Background and aim

Within the Outline Business Case we are expected to include a communications plan.

The aim of the plan is to detail the action to be taken by NHSGG&C to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

3. Context

The development of the Woodside and Gorbals Health and Care Centres is a major investment in improving health services in Greater Glasgow.

The communications plan takes account of the similarities of both projects and therefore sets out a range of core communication activity. However due regard must also be taken of the specific requirements of each project.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

4. Stakeholders

The main stakeholders in the project are:

4.1 Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- Glasgow City HSCP Joint Board
- West of Scotland Hub Team
- Project Board for each development
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- HSCP Management Teams and Managers in North West and South Localities
- Respective Locality Groups for Maryhill, Kelvin and Canal and Gorbals area.

- Public Partnership Forum/ Patient user groups
- Staff Partnership Forum
- Staff in Glasgow City HSCP

4.2 External

- Local MSPs/Councillors
- Glasgow City Council
- Community Planning Partners (including local housing associations)
- Local community organisations
- Local voluntary sector organisations with a connection to health and social care services
- Local people
- Staff in NHSGG&C (i.e. wider than Glasgow HSCP)

5. Existing communication mechanisms

5.1 Formal Structures/ mechanisms for communication with stakeholders

- NHSGG&C, Glasgow City HSCP Integrated Joint Board and Council Committee meetings
- Hub Steering Group meetings
- Local community Planning Partnership structures (boards, officers' groups etc.)
- Glasgow City HSCP and Locality management team meetings
- Public Partnership Forum regular meetings
- Regular project board and delivery group meetings
- Meetings of GP Forum in each area
- Meetings of Staff Partnership forum
- Local voluntary sector networks and Third Sector interface organisations
- Local housing networks (e.g. Essential Connections Forum).
- BATH – Better Access to Health Group (NHSGG&C wide involvement structure for people with disabilities).

5.2 Less formal means of communication

- Newsletters and team briefs - NHSGG&C Health News and HSCP Staff Newsletter
- Web sites (NHSGG&C and Glasgow City HSCP*)*
- SOLUS Screens in local community health venues
- Twitter (Glasgow City HSCP)
- PPF newsletters/ e mail communications to people/organisations on local databases (North West Locality and South Locality)
- Local Community Councils (meetings and newsletters)

6. New communication /involvement structures

6.1 Public/patient involvement group(s) for each hub project

Public involvement in the development of the new centres will be overseen by the respective Public Partnership Forum (PPF) and /or other engagement structure in each HSCP Locality. Engagement with the public will extend beyond the PPF committee and/or other engagement structure to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new Health and Care Centres.

Public representatives on the Project Boards, Delivery Groups and the sub groups for the Arts and Environmental strategy, led by the respective Head of Planning, supported by their Community Engagement Officer, will take responsibility for wider public engagement as the project progresses. They will report via the Community Engagement Officer to the Delivery Group and also submit regular reports to their respective PPF Executive Committee and/or other engagement structure in each HSCP Locality.

The role of the Community Engagement Officer is to deliver the community engagement outcomes in the Stakeholder Communication Plan, facilitating the participation of the public in the design and delivery of the project.

6.2 User groups

Each service and/or staff discipline will have a representative on the user group for each project. It is expected that each member of the Delivery Group will communicate regularly with their respective user group through meetings and/or e mails.

7. Communication Plan

The proposed plan is set out in Appendix 1

Appendix 1 – Hub Stakeholder Communication Plan

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	David Williams, Chief Officer Glasgow City HSCP	As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups Relevant Head of Planning responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Hub Steering Group	Programme/progress Updates, general Information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Team for each project. Hub West of Scotland	Regular monthly meetings	Reports
Core Team	Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	*Weekly tele conference, fortnightly meetings and/or ad hoc as required?.*	Telephone, email, face to face meetings, reports and briefings.
Principals Group?	*Review of Project Progress, regarding design, construction, affordability, etc*	*NHS Project Director/Project Manager,* *Consultant PSC – Project Manager & Cost Adviser,+* *PSCP Senior Manager*	*Quarterly or ad-hoc as required*	*Telephone, email, face to face meetings, briefings*
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
Glasgow City HSCP Board	Programme Update, General Information relating to Territory development, project pipeline updates.	SRO	As per action plan. Also regular update reports to Committee meetings	As appropriate dependant on issue to be communicated.

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
Principal Supply Chain Partner (PSCP)	*Framework, High Level Information Pack, & Procurement*	*Project Manager* *SRO*	*As stated in High Level Information Pack.*	*Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.*
Professional Service Contracts *(PSC – PM and CA)*	*High Level Information Pack Framework & Procurement Information*	*Project Director* *Project Manager*	*As stated in High Level Information Pack.*	*Meetings, correspondence, Bidders Day, briefings, e-mail and telephone*
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SR0 Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project . Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)	As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
HSCP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings (monthly)	As appropriate dependant on issue to be communicated.

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
PPF & BATH Group LCPP boards in North West and South Glasgow	Programme Updates, general Information relating to Project	SRO/Head of Planning	As per action plan./ depending on local circumstances	As appropriate dependant on issue to be communicated.
Locality Groups in North West and South Glasgow GP forum in each area (to keep GPs outwith health centres advised of developments)	BATH to review plans in respect of disability access/ease of use by patients with different disabilities.	Link with NHSGG&C Corporate Engagement team re BATH involvement at appropriate stages of development	Regular updates to PPF Executive Committee on public engagement activity Regular reports on progress Update on progress as required - 6monthly or annually	Presentation to Forum by Director/Head of Planning (to keep other GPs in area informed)
HSCP staff	Project Updates, general information relating to Project	SRO/Head of Planning to provide information to Communications officers who will draft material	As per required. Team briefs Staff newsletter	As appropriate dependant on issue to be communicated
	Any changes to staff working conditions/practices arising from new developments	Head of HR to report Staff Partnership forum	Staff Partnership forum representatives are members of HSCP IJB and will therefore be receiving regular updates via Committee reports	
	Staff teams who will be working in new centres	Head of Planning/Design Team	As required	Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments.

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
General public /patients	Regular updates on initial plans and then progress	Head of Planning to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council Newsletters E-newsletters SOLUS screens Twitter Articles in partner newsletters (e.g. local housing organisations)
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Planning to liaise with Health Improvement team to disseminate among partners PPF officer to issue regular e mail updates to organisations on PPF database	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through PPF database