NHS Greater Glasgow & Clyde

Inverclyde NHS Adult & Older Peoples NHS Continuing Care Beds for Mental Health

Full Business Case v11 Final

List of Tables and Diagrams

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 facility for the provision of Adult and Older Peoples NHS Continuing Care (AOPCC) mental health accommodation in Inverclyde.

1.1.1 Full Business Case for Inverclyde NHS Adult & Older Peoples Continuing Care Beds

NHS GGC presented an Initial Agreement (IA) document, '**Inverclyde NHS Adult & Older Peoples NHS Continuing Care Beds**', to the Scottish Government Capital Investment Group (CIG) in January 2013, it received approval on 21 March 2013. Subsequently the Outline Business Case (OBC) received approval on 11 March 2014. The final stage of the process is presenting a Full Business Case (FBC) outlining the preferred option in detail for approval by CIG. A copy of the OBC approval letter is included at Appendix A.

Planning permission was submitted to Inverclyde Council planning department on 7th February 2014 and received approval on 14th April 2014. A copy of the planning approval is included at Appendix B.

The purpose of this report is to present the (FBC) for the project. This will justify and outline the proposals for the development of the new Inverclyde NHS AOPCC facility. 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 older peoples care is delivered to the people of Inverclyde. The project will enable the re provision of NHS continuing care beds in a community based arrangement with local flexibility and provide a platform for integrated service delivery in line with the current national and local policy context.

1.2.2 National Context

The national strategies and recently published guidance which have influenced the development of local plans and set the strategic drivers for this project remain unchanged from OBC stage (where they are set out in detail). In summary, they include:

- Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision (2011)
- Delivering Quality in Primary Care (2010)
- 'Renewing Scotland's Public Services', (the Scottish Government's response to the 'Christie Commission Report').
- Better Health, Better Care: Action Plan (2007) and Equally Well
- Building a Health Service Fit for the Future (2005)
- Scotland's National Dementia Strategy 2013-16
- Mental Health Strategy Scotland 2012 -2015
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Equality Act 2010.
- Reshaping Care for Older People: A Programme for Change 2011 - 2021
- NHS Continuing Care Eligibility Criteria Scotland (CEL 2008)

1.2.3 Local Context

A number of themes embedded in the national strategies are influencing the local strategic objectives and future models for changing primary care and community health care service delivery in Greater Glasgow and Clyde as set out in the NHS GCC Corporate Plan 2013 - 16 and Local Delivery Plan 2013/14.

It is recognised that Inverclyde CHCP has recently changed to Inverclyde HSCP. This final FBC has been amended to reflect this change.

The Inverclyde HSCP Development Plan 2013 - 16 sets out how the HSCP will contribute to the achievement of the outcomes set out in the Board's Corporate Plan and the targets agreed in the Local Delivery Plan. The achievement of these targets is dependent upon developing new ways of working, with mental health playing a key role supporting the necessary change.

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 Community Health (and Care) Partnerships, working with six partner Local Authorities.

NHS GGC provides strategic leadership and direction for all NHS services in the Inverclyde area. It works with partners to improve the health of local people and the services they receive. Inverclyde NHS AOPCC beds for mental Health are managed by Inverclyde Health and Social Care Partnership. The (HSCP) is a Partnership between Inverclyde Council and NHS GGC bringing together both NHS and Local Authority responsibilities for community-based health and social care services within a single, integrated structure.

Inverclyde is an area characterised by severe and enduring poverty and deprivation, poor quality buildings with a high proportion of vacant and derelict sites. This has resulted in Inverclyde being designated as one of 6 regeneration areas in the West of Scotland, where the local authority seeks to target investment in social and physical regeneration.

1.2.5 Strategic Aims

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.

More specifically, the Clyde Modernising Mental Health Services Strategy (CMMHSS) sets out the guiding principles and supporting evidence behind the proposals to modernise and rebalance mental health services in Clyde confirming the need for a facility to accommodate 30 older peoples continuing care and 12 adult continuing care patients currently located on the Ravenscraig Hospital site.

Further detail on service objectives and strategic aims is included in section 3 – Strategic Case.

1.2.6 Investment Objectives

The investment objectives for the project are to:

- Enable access to a modernised and fit for purpose Hospital environment and services
- Deliver NHS GGC wide planning goals by supporting strategies for service remodelling and redesign that have been the subject of extensive public engagement and involvement
- Deliver a more energy efficient building within the NHS GGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs
- Achieve a BREEAM Healthcare rating of 'Excellent'
- Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from Architecture and Design Scotland (A+DS) and CABE
- Meet statutory requirements and obligations for public buildings e.g. with regards to the Equalities Act.

1.2.7 Existing Arrangements

The existing Adult & Older Peoples NHS Continuing Mental Health Care Bed facilities are provided on the lower part of the Ravenscraig Hospital, in Greenock, Inverclyde. The two wards where services are delivered from are beyond their life expectancy and are no longer fit for purpose. The principal driver of the project is the retraction by NHS GGC from the Ravenscraig Hospital site in 2016.

The current facility has been rated in property terms as class D and has reached the end of its useful life. Furthermore as it lacks single occupancy bedrooms and en suite facilities, it is classified in clinical terms as "not fit for purpose".

1.2.8 Scope of Project

The scope of the project is to provide a new Inverclyde NHS AOPCC bed facility which includes:

- Elderly Mental Illness (EMI) – 30 Beds including 24 NHS Continuing Care beds for patients with Dementia and 6 NHS Continuing Care beds for patients with dementia and co morbid conditions. The co-morbidity referred to is co-morbid physical illness. This will allow us additional design features to provide appropriate and dignified end of life care for patients with dementia.
- Adult – 12 NHS Continuing Care Beds
- Social Enterprise Space – including cafe / servery; hair-dressers
- Treatment Rooms

- Multi-purpose social spaces for male and female patients

1.2.9 Changes since OBC

There have been no significant changes to the scope of the project since the OBC. In particular, the area remains unchanged at 2,600m2. However there has been a significant change in the overall capital cost. The FBC submission notes a total project cost of £7,697,950. This is above the OBC figure of £6,456,602. In addition to this OBC figure the Board retained a client held risk pot of £350,000 giving a total of £6,806,602. The principal reasons for the capital cost increase are firstly, that the programme has been delayed by some 9 months. Given current tender price inflation, the delay has resulted in additional costs of circa £544K. This has been verified and confirmed by our Technical Advisors, Turner & Townsend. The other significant element relates to abnormal costs associated with site development for issues including ground conditions and site contamination. The detailed site investigation works carried out post OBC, have resulted in more complex works and increased costs of circa £175K. In addition NHSGG&C will make a financial contribution of £256k through non recurring revenue for enhanced landscaping and road resurfacing. This has been accounted for in Partnerships financial plans. For further detail on the movement of costs from the agreed Initial Agreement Affordability Cap to the FBC costs, refer to section 7.1.

It is noted that there will be a further inflationary increase to the above costs to reflect delay resulting from the ESA 10 issue. It has been agreed by the Board, hWS and SFT, that to ensure best value and minimise further delay, this inflationary adjustment will be calculated based upon industry standard indices. The mechanism for calculating this inflationary adjustment has been discussed and is in the final stages of agreement between the Board, hWS and SFT. The mechanism is transparent, minimises delay, delivers value for money to the participant and enables the hWS supply chain to recover reasonable costs incurred for the period of delay. The additional inflationary uplift can only be established when SFT confirm conclusion of discussions on ESA 10.

In the interim the Board has progressed and agreed all outstanding legal and financial issues to facilitate and early financial close following conclusion of ESA 10. This has included reaching agreement in principle on the approach to dealing with the ground contamination risk during the service period by way of establishing a ‘risk pot’ the value of which is included in the figures reported in this Business Case. For further detail on this refer to item 1.4.3 and section 7.0 of this FBC.

1.2.10 Benefit Criteria

The benefits criteria articulated in this document are all desirable outcomes for the project that can be achieved by the preferred solution. Further detail on 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 Short listed Options

There were 4 long list options at OBC stage and through a process of ranking the options against the agreed benefits criteria a short-list of 2 options was agreed. Consequently a full economic and financial appraisal was carried out on these options. The non- financial appraisal of the short listed options is summarised below:

Table 1 – Non financial appraisal summary

	Option 4 - Do Minimum	Option 3 - New Build IRH site hubco DBFM
Appraisal Element		
Benefit Score a	17%	97%
Rank	2	1

1.3.3 Value for Money

The result of the benefits scoring in the format used in the OBC is summarised in the table below which indicates that Option 3 'Build new Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Beds at the Inverclyde Royal Hospital using hubco DBFM' is the highest scoring option whilst also meeting all the critical success factors. Costs for option 3 and 4 have been established at stage 2 and incorporate the GMP figure for option 3.

This validates the outcome at OBC indicating that Option 3 provides the greater economic benefit compared to other options.

Table 2 – Cost/benefit appraisal

25 year Life Cycle	Option 4 - Do Minimum	Option 3 – New Build IRH site hubco DBFM
Appraisal Element		
Benefit Score a	17%	97%
Rank	2	1

25 year Life Cycle	Option 4 - Do Minimum	Option 3 – New Build IRH site hubco DBFM
Net Present Cost – b Includes risk	£12,969,823	£11,895,297
Cost per benefit point b/a	£762,930.75	£122,631.93
Rank	2	1

1.3.4 Preferred Option

The preferred option to emerge from the option appraisal was **Option 3 – build a new Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Bed facility at the Inverclyde Royal Hospital site through the hubco DBFM route.**

The option appraisal exercise demonstrated that this option was most likely to maximise the non-financial benefits from the project and is comparatively low in terms of risks. It also demonstrated that the option is most likely to meet the increasing health and care needs of people living in Inverclyde, whilst providing an acceptable and affordable solution to retract from the Ravenscraig site.

The results of the economic and financial analysis consolidate the position of **Option 3** as the preferred option.

1.4 Commercial Case

1.4.1 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.

Inverclyde 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 (NHS GGC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

It is proposed that Inverclyde NHS AOPCC project will not be bundled. As part of the development of this project, different approaches to its delivery were considered. These were investigated in considerable detail, taking account of all costs including one-off procurement costs, concession period service costs, and public sector costs of maintaining status quo during any period of delay. The options considered were:

1. Inverclyde added to Maryhill/Eastwood project as a variation.
2. Inverclyde added to future bundle of Woodside/Gorbals bundle.
3. Inverclyde as a standalone project

With regard option 3, standalone – hub West Scotland proposed to limit the sub-hubco management costs to those which would apply were the project bundled. Taking account of all costs the best value option was agreed by The Board, SFT, SGHSCD and Hub West Scotland to be Option 3 standalone.

1.4.2 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. A total of £62,848 was included within the GMP.

1.4.3 Agreed Contractual arrangements and charging mechanisms

The agreement for Inverclyde NHS AOPCC facility is based on the SFT's hub standard form Design Build Finance and Maintain (DBFM) Agreement. NHS GGC is the Participant who is party to the DBFM Agreement with sub-hubco. The TPA and SFT require that SFT's standard form agreement is entered into with only amendments of a project specific nature being made. Therefore, the DBFM Agreement for this project contains minimal changes when compared against the standard form.

One such amendment which will need to be agreed by SFT will be drafting regarding the contamination "risk pot" which is mentioned at paragraph 1.2.9. It is anticipated such drafting will be inserted at clause 10.3 of the DBFM. The general principle of the risk pot has been agreed between the Board and hubco, in that hubco will bear the risk of any sums incurred over and above the risk pot value, but to avoid any ESA 10 issues will also be entitled to any sums remaining at the end of the Project Term. The exact drafting surrounding governance of the account is still to be agreed, including the Board's right to challenge a withdrawal.

NHS GGC will, in terms of the DBFM Agreement, pay for the services in the form of an Annual Service Payment.

1.4.4 Agreed Personnel Implications

As the management of soft facilities management services will not transfer to Sub-hubco, there are no anticipated personnel implications for the DBFM Agreement. There is no effect on Hard FM staff. Currently Hard FM service delivery is via the wider Inverclyde Estates sector with no direct staff resource/labour attributable to the specific beds being re provided.

1.4.5 Agreed Accountancy Treatment

The project will be on balance sheet for the purposes of NHS GGC financial statements. Section 7 – Financial Case provides more detailed comment.

1.5 Financial Case

1.5.1 Capital Costs

The capital cost for the preferred option is £7,697,950 as outlined in the stage 2 report and includes Prelims (10.88%), overheads & profit (4%) new Project Development Fee (6.89%), Additional DBFM Management Costs (4.31%), hubco management fees (2.55%), hubco portion (1.83%).

1.5.2 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 equipment and subordinated debt investment together with a further contribution of £256K in respect of landscaping and road resurfacing. 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
SGHSCD Unitary Charge support	**691.5**
SGHSCD – IFRS	**307.9**
NHSGGC recurring funding	**598.6**
Total Recurring Revenue Funding	**1,598.0**

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	**760.0**
Depreciation on Equipment	**15.3**
Facility running costs	**514.8**
IFRS - Depreciation	**307.9**
Total Recurring Revenue Costs	**1,598.0**

1.5.3 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

	Inverclyde
Senior Debt (£000)	**7,219**
Sub debt (inc rolled up interest) (£000)	**754**
Equity (£000)	**0.01**
NHS GGC Contribution (£000)	**256**
Total Funding	**8,229**

The value of the required sub debt investment is as follows:

Table 5 – Sub debt value

	NHS GGC	SFT	hubco	Total
Proportion of sub debt	30%	10%	60%	100%
£ sub debt (inc rolled up interest)	226,027	75,342	452,053	753,422
Sub debt (injected at financial close) £	200,133	66,711	400,265	667,109

1.5.4 Financial Model

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

Table 6 - Key inputs and outputs of financial model

Output	Inverclyde
Capital Expenditure (capex & development costs	7,697,950
Total Annual Service Payment	760,048
Nominal project return	5.70%
Nominal blended equity return	10.50%
Gearing	90.55%
All-in cost of debt (including 0.5% buffer)	4.48%
Minimum ADSCR[1]	1.150
Minimum LLCR[2]	1.167

[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

1.6 Management Case

1.6.1 Project Programme

A summary of the key project dates is provided in the table below. The reported costs are based on the programme at Appendix I showing a financial close on 27/2/15. These dates are as the initial FBC submitted. Also shown below are dates based on an assumed conclusion of the ESA 10 issue. Another programme (dated 24/4/15) illustrating these dates, is also enclosed at Appendix I. Costs and potentially programme are therefore subject to amendment to reflect resolution of the ESA 10 issue.

Table 7 - Programme

Stage	Dates as initial FBC	Current assumed Dates
Stage 3: Submission of FBC	February 2015	May 2015
Stage 4: Start on site	April 2015	Sept 2015
Completion date	June 2016	November 2016
Services Commencement	August 2016	December 2016

1.6.2 Project Management Arrangements

An Inverclyde Project Board has been established to oversee the project, chaired by the Head of Mental Health, Addictions & Homelessness for NHS GGC. The Project Board includes representatives from:

- Finance
- Clinical Governance
- Capital Planning
- Inpatient Services
- Psychiatry
- Hubco
- FM
- Inverclyde HSCP
- Facilities

The Project Board reports to the NHS GGC Hub Steering Group, which oversees the delivery of all NHSGCC hub projects, through the HSCP Director. This Group is chaired by the Glasgow City HSCP Director and includes representatives from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco

1.6.3 Consultation with Stakeholders and the Public

A Public consultation process was carried out as part of the Clyde Modernising Mental Health Services Strategy (CMMHSS) between March and April 2007. The consultation on service change proposals is outlined in the “Modernising and Improving Mental Health Services across Clyde” document which explains how the public could make their views on this matter known.

In addition, a Service User and Carer Reference group has been established since August 2012. This group meets with Design and Delivery Group representatives monthly to inform and be informed on the project design and progress. The reference group is supported by the HSCP Public Involvement Partner “Your Voice” and the service user group ACUMEN.

1.6.4 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 was prepared with the PSDP is actively managed by the Project Manager and reviewed on a monthly basis with the team.

With regard to contract management, this will be as per the DBFM Agreement. Refer to section 8 of this FBC for additional details relating to the operational phase.

Following satisfactory completion of the project, a Post Project Evaluation (PPE) will be undertaken. The focus of this will be the evaluation of the procurement, design and construction process and the lessons to be learned made available to others.

2 Introduction

2.1 Overview

This FBC has been prepared by the Inverclyde Health and Social Care Partnership (HSCP) - an integrated health and social care concurrent partnership, between Inverclyde Council and NHS GGC. Although the HSCP was only established in April 2015 the previous CHCP established since the 1st April 2006, has a very strong track record of delivering integrated community health, primary care and social care. This FBC is supported and subject to approval by NHS GGC Board.

2.2 Outline Business Case

In compliance with the requirements of the SCIM an OBC was developed and has been approved by the Capital Investment Group (CIG) on 11 March 2014.

2.3 Bundled Projects

It is proposed that Inverclyde NHS AOPCC project will not be bundled. As part of the development of this project, different approaches to its delivery were considered. These were investigated in considerable detail, taking account of all costs including one-off procurement costs, concession period service costs, and public sector costs of maintaining status quo during any period of delay. The options considered were:

4. Inverclyde added to Maryhill/Eastwood project as a variation.
5. Inverclyde added to future bundle of Woodside/Gorbals bundle.
6. Inverclyde as a standalone project

With regard option 3, standalone – hub West Scotland proposed to limit the sub-hubco management costs to those which would apply were the project bundled. Taking account of all costs the best value option was agreed with The Board, SFT, SGHSCD and Hub West Scotland to be Option 3 standalone.

2.4 FBC Purpose and Compliance

The overall purpose of the FBC is to justify and demonstrate the proposals for the development of the new Inverclyde NHS AOPCC facility. 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 complies with and meets the requirements of the Scottish Government Health Directorate (SGHD) Capital Investment Manual (July 2011).

2.5 FBC Structure

The structure and content of the FBC 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 OBC and prepares the way to proceed to financial close and contract signature.

The following table illustrates the structure of the FBC, reflecting the current Scottish Government Health Directorate guidance and accepted best practice in Business Case development.

Table 8 – FBC Structure

Section	Description
1. Executive Summary	Provides a summary of the 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	Provides a summary of the sustainability aspects of the project.
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.

2.6 Further Information

For further information about this FBC please contact:-

Tony Curran
Head of Capital Planning and Procurement
Capital Planning & Procurement Department
NHSGG&C
Tel: 0141 211 3585
Mob: 07887 633834
E-Mail: anthony.curran@ggc.scot.nhs.uk

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

The planned investment to re-design care bed services in the Inverclyde area is directly linked to achieving delivery of future healthcare services, in line with national and local health strategies.

A number of factors identified in national and local strategies and plans have influenced how services in Inverclyde will develop in response to such expectations and opportunities. These factors indicate how the need for health and social care is changing and the opportunities that are emerging to provide services in different and better ways.

The national strategies and recently published guidance which have influenced the development of local plans and set the strategic drivers for this project remain unchanged from OBC stage (where they are set out in detail). In summary, they include:

- Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision (2011)
- Delivering Quality in Primary Care (2010)
- 'Renewing Scotland's Public Services', (the Scottish Government's response to the 'Christie Commission Report').
- Better Health, Better Care: Action Plan (2007)"nd Equally Well
- "Building a Health Service Fit for the Future (2005*)*
- Scotland's National Dementia Strategy 2013-16
- Mental Health Strategy Scotland (2012 -2015)
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Equality Act 2010.
- Reshaping Care for Older People: A Programme for Change 2011 - 2021
- NHS Continuing Care Eligibility Criteria Scotland (CEL 2008)

Quality

The Quality Strategy sets out NHS Scotland's vision to be a world leader in healthcare quality, described through 3 quality ambitions: effective, person centred and safe.

Person-centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

Safe - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

Clinically Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

These ambitions are articulated through the 6 Quality Outcomes that NHS Scotland is striving towards.

- Everyone gets the best start in life, and is able to live a longer, healthier life
- People are able to live at home or in the community
- Healthcare is safe for every person, every time
- Everyone has a positive experience of healthcare
- Staff feel supported and engaged
- The best use is made of available resource.

The Scottish Government has underlined its continued commitment to quality improvement underpinned by performance management where appropriate.

"Delivering Quality in Primary Care National Action Plan: Implementing the Healthcare Quality Strategy for NHS Scotland" in Primary Care was published on 19th August 2010.

The proposals within the Inverclyde FBC demonstrate planned improvements in the areas identified in the action plan, in particular:

- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person
- The people of Scotland will be increasingly empowered to play a full part in the management of their health
- Care will be equitable, clinically effective and safe, delivered in the most appropriate way , within clear, agreed pathways and
- Primary and Secondary care services will play a full part in helping the healthcare system as a whole make the best use of scarce resources.

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').*

The ethos behind the new care bed facility will support the changes these documents have identified as needed.

3.2.2 Local Context

A number of themes embedded in the national strategies (outlined above) are influencing the local strategic objectives and future models for changing primary care and community health care service delivery in Greater Glasgow and Clyde set out in the NHS GCC Corporate Plan 2013 - 16 and Local Delivery Plan 2013/14.

HEAT Targets

NHS GGC's Local Delivery Plan (submitted to the Scottish Government Health Directorate for approval in March 2013), has been developed to include the 2013/14 HEAT targets. Performance against the HEAT targets will be monitored and reported through the NHS GGC OPR (Organisational Performance Review) process.

However, in terms of mental health and elderly care, there are no specific HEAT targets available to align the outcomes and benefits of this project to.

3.3 Organisational Overview

3.3.1 Profile of NHS GGC

NHS GGC provides strategic leadership and direction for all NHS services in the Glasgow & Clyde area. It works with partners to improve the health of local people and the services they receive.

There are 6 HSCP's in the area covered by NHS GGC – each coterminous with their respective local authority area. Each HSCP is responsible to the NHS GGC Board and corporate management team for their contribution to the NHS GGC's fulfilment of the commitments made in the Board's Local Delivery Plan and the achievement of HEAT targets and standards.

Inverclyde NHS AOPCC beds for mental Health are managed by Inverclyde Health and Social Care Partnership. The (HSCP) is a Partnership between Inverclyde Council and NHS GGC bringing together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure.

Inverclyde HSCP is responsible for the planning and delivery of all primary care and community health services for the people of Inverclyde. This includes the delivery of services to children, adult community care groups and health improvement activity. In addition Inverclyde HSCP also has responsibility for sexual health services, addictions services, specialist adult mental health and learning disability services, including mental health in-patient services.

The planning for the NHS continuing care development has been fully integrated into the local authorities' third sector commissioning arrangements for care and support for people with mental health problems.

The NHS in - patient services, will sit at the tip of a tiered model of which is underpinned by an integrated (health and social work) community mental health team; an integrated older persons mental health team and a primary care mental health service.

In developing this project a number of opportunities for joint capital investment have been explored by partners. The HSCP concluded that a mixed economy model with accommodation provided separately by the NHS, Third sector organisations and commissioned services was the most appropriate choice for Inverclyde.

Inverclyde NHS AOPCC beds for mental Health are part of the joint strategy developed by NHS GGC in partnership with Inverclyde Council and described in detail in *Clyde Modernising Mental Health Strategy :Adult and older people's mental health services for Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire.* A detailed description of the bed modelling was contained in Appendix 5 of that document. Following full public consultation final bed numbers were adjusted. Dementia care beds were decreased from 33 to 30 and adult care beds increased from 8 to 12. These adjustments were made in response to demographic differences in the Inverclyde area as illustrated in the section below. Changes were also possible because of the impact on bed use of the expanded, older person's mental health team service.

3.3.2 Profile of Inverclyde

The HSCP covers the geographical area of Inverclyde, which has a population of 80,680 (as at 2012), a decrease of 0.7% from 2011. In Inverclyde, persons aged 60 and over make up 25.3% of the population, this is larger than Scotland as a whole where 23.5% are aged 60 and over.

Inverclyde, where the existing NHS AOPCC facility is located, is an area characterised by severe and enduring poverty and deprivation, poor quality buildings with a high proportion of vacant and derelict sites.

The development of a new continuing mental health care bed facility would demonstrate in a very tangible and high profile way NHS GGC's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in an area of deprivation.

The following is a summary of some headline health statistics which illustrates the challenges faced in improving health in Inverclyde. On all these measures, performance is poorer than the Scottish averages.

Life Expectancy

The average male life expectancy is 73 which is almost 3 years below the national average, and female life expectancy is 79 which is more than a year below the national average.

Table 9 – Life Expectancy

	Inverclyde	Scotland
Male life expectancy	73.0	75.8
Female life expectancy	79.1	80.4

Alcohol and Drugs

The average rate of alcohol-related hospital admissions is 3,838, compared to the national average of 1,088 and the average rate of drugs-related hospital admissions is 388, more than four times the Scottish average.

Table 10 – Alcohol and Drugs

	Inverclyde	Scotland
Alcohol related hospital admissions (rate per 100k)	3,838	1,088
Drugs related hospital admissions (rate per 100k)	388	85.1

Mental Health

There is a high incidence of mental illness, as illustrated by the high level of prescribing of anti-depressants (2.9% above the Scottish average) and psychiatric hospital admissions (which in Inverclyde are more than one and a half times the Scottish average).

Table 11 – Mental Health

	Inverclyde	Scotland
% patients prescribed drugs for anxiety/depression)	12.6%	9.7%
Psychiatric hospitalisation rate (per 100k)	486.6	303.0

Older People and Long Term Conditions

Hospital admissions for the over 65s are significantly above the national average, as is free personal care at home and intensive care at home.

Table 12 – Older People and Long Term Conditions

	Inverclyde	Scotland
Patients (65+) with multiple hospitalisations (rate per 100,000 of population)	5,258.8	4,607.6
People (65+) receiving free personal care at home	8%	5.3%
People (65+) with intensive care needs cared for at home	38.3%	31.7%

As these statistics demonstrate, Inverclyde has a higher demand for older people's services, with an increased prevalence of mental health issues and an aging population.

3.4 Strategic 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. The NHS project is part of a wider HSCP wide strategy in which the Local Authority will commission 10 specialist dementia care home beds.

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

- 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)
- 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 relevant 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
- More carers are supported to continue in their caring role.

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

- Clearly defined, sustainable models of care for older people
- 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 relevant 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 NHS continuing mental health care beds is fundamental to progressing all of these priorities.

HSCP Development Plans

The Inverclyde HSCP Development Plan 2013 - 16 sets out how the HSCP will contribute to the achievement of the outcomes set out in the Board's Corporate Plan and the targets agreed in the Local Delivery Plan. The achievement of these targets is dependent upon developing new ways of working, with mental health playing a key role supporting the necessary change.

3.5 Other Organisational Strategies

3.5.1 Workforce Strategy / Human Resources

Workforce Profile

NHS GGC's workforce plan is linked to its financial plan. The key will be to make the best use of the current staff and managing the current workforce into adapting to new roles and new ways of working. The new facility in Inverclyde will help promote NHS GGC as an employer of choice, by creating and maintaining a positive organisational reputation and contributing to workforce planning arrangements.

Turnover and Stability Rate

Inverclyde has low staff turnover, with high workforce stability but high absenteeism. The average absenteeism figure for Inverclyde HSCP is 5.4% which is above the Scottish target of 4%.

The challenge will be replacing skills of the older experienced workforce as they retire and ensuring that the up and coming workforce are able to deliver the same level of care with the right skills. Therefore Inverclyde HSCP must seek innovative ways of making the best use of the staff they already have and developing services that will meet patient needs and attract the staff required to deliver services.

Inverclyde unemployment is very high but there is low staff turnover in the HSCP. Recent recruitment processes have demonstrated that demand for posts outweighs supply and this is unlikely to change.

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. To meet this vision, NHS Scotland and its workforce will focus on five key ambitions related to the five core workforce challenges for the 21st century. In short, these are:

- All staff will be ambassadors for health improvement, safety and quality.

- NHS Scotland will develop and implement multi-disciplinary and multi-agency models of care to meet the needs of local communities and ensure efficient utilisation of skills and resources

- NHS Scotland will be an "employer of choice" which acquires the best talent, motivates employees to improve their performance, keeps them satisfied and loyal, and provides opportunities for them to develop and contribute more.

- All staff in NHS Scotland will work together to promote the benefits of preventative action and measures of self care for patients and the public.

- Working together with further education to encourage and maximise flexible access to education and training, for people already working in NHS Scotland and those with aspirations to join, that is reflective of the changing demography and increasing diversity of Scotland.

The new NHS AOPCC bed facility will help fulfil Inverclyde HSCP's achievement of these goals.

Enabling Recruitment - Now and in the Future

As the population and the workforce ages and the demands for health and healthcare services change, effective workforce and recruitment plans will need to reach sections of the population that may not have traditionally worked in the NHS.

A significant element of this is to ensure recruitment into NHS GGC from a wider pool of people who would not normally access NHS employment. Whilst this approach is not a commitment to workforce expansion, the Board's pre-employment approach in partnership with Job Centre Plus and a range of other pre-employment interventions will continue to ensure that people from the local communities are ready for employment.

The new Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Beds facility 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.

From an educational point of view, a good lever for attracting staff is the provision for them to support lower grades and contribute to learning and development aspects of team and individual development.

Opportunities for Improving Retention, Efficiency and Productivity

NHS GGC will need to ensure that it retains as many staff as possible as the potential future workforce declines and demands for healthcare increase. A key outcome of successful recruitment and retention is through the more effective matching of people to posts, and the management of expectations of those joining the organisation.

Managing Individual and Organisational Workforce Performance

In the context of a challenging financial environment, NHS GGC must also support staff to work efficiently and ensure that productivity is improved. Supporting and managing individual performance takes place through the Personal Development Planning and Review Process, as part of the Knowledge and Skills Framework. Staff will have an explicit system to support performance, which will set clear objectives and provide support for development. Feedback on performance will facilitate development and motivate staff to perform, to their full potential.

Learning and Development, for Individuals, Teams, Services and the organisation

NHS GGC is committed to becoming a learning organisation, recognising that staff require access to opportunities to learn, maintain and develop skills and knowledge. Staff need to be able to apply these within their work situation and have opportunities to regularly review their development. This will ensure that staff are competent and confident to deliver safe clinical and support services.

Facing the Future Together

Within NHS GGC there is an extensive programme of engagement with staff to support service change, which comes under the banner of Facing the Future Together (FTFT). Facing the Future Together (FTFT) is an NHS GGC board wide strategy which represents a fresh look at how staff support each other to do their jobs, provide an even better service to patients and community and improve how people feel about NHS GGC as a place to work. All the activity in facing the Future Together will help to support staff to get ready to work in new ways in the new Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Beds facility – and at the same time, the design of the new building will help support the type of service change that is needed to deliver high quality, effective and person-centred care in the future.

Facing the Future Together covers four main areas:

Our Culture – To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that.

Our Leaders – All our managers should also be effective leaders, with a drive for positive change and real focus on engaging staff and patients.

Our patients – We want to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.

Our resources – We know that we need to reduce our costs over the next 5 years. We want staff to help us decide how to do things in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce costs.

3.6 Investment Objectives

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

- Enable access to a modernised and fit for purpose Hospital environment and services
- Deliver NHS GGC wide planning goals by supporting strategies for service remodelling and redesign that have been the subject of extensive public engagement and involvement
- Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs
- Achieve a BREEAM Healthcare rating of 'Excellent'
- Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from Architecture and Design Scotland (A+DS) and CABE
- Meet statutory requirements and obligations for public buildings e.g. with regards to the Equalities Act.

3.7 Existing Arrangements

The existing facilities are provided on the lower part of the Ravenscraig Hospital, in Greenock, Inverclyde. Adult accommodation is provided within three 6 bed dormitories and 6 single rooms per Adult ward and Older Peoples accommodation within three 6 bed dormitories and 12 single rooms. The present environment is very challenging to patients, carers and staff and is not suitable for delivering in patient mental health services.

The two wards where services are delivered from are beyond their life expectancy and are no longer fit for purpose. The principal driver of the project is the retraction by NHS GGC from the Ravenscraig Hospital site in early 2016. The closure of Ravenscraig Hospital is part of NHS GGC Modernising Mental Health Strategy June 2007.

Furthermore as it lacks single occupancy bedrooms and en suite facilities, it is classified in clinical terms as not fit for purpose.

The following services are currently provided at the continuing care bed facilities within Ravenscraig Hospital:

- Elderly Mental Illness (EMI) – 30 Beds
- Adult Continuing Care – 20 Beds.

Due to the significant changes that have taken place over the last 35 years in the NHS, the current facility fails to meet modern healthcare standards in terms of functional requirements, special needs, compliance with current clinical guidance, fire regulations and infection control measures. Furthermore there is a significant backlog in maintenance and with plant and equipment at an age which is well beyond their design life. The facility is not energy efficient.

The accommodation is not fit for purpose from both a property sense and clinical need. The current service provided in Inverclyde for NHS care beds is unable to support the required focus on reducing inequalities in health set out in Scotland's Mental Health strategy 2012 - 2015 and Scotland's National Dementia strategy 2013 - 2016.

Guidance from the Chief Nursing Officer of the Scottish Government, provides recommendations on single bed accommodation which requires all new buildings to have single bed provision. This guidance is contained in the Chief Nursing Officer's letter of 11 November 2008 reference CEL 48 (2008).

3.8 Clinical Need

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.

The following guidance on clinical requirements has informed the need for new facilities for NHS adult and older peoples continuing care beds:

- The Scottish Government made dementia a national priority in 2007, set a national target on improving diagnosis rates in 2008 and published an initial 3-year National Dementia Strategy in 2010, underpinned by a rights-based approach to care, treatment and support

- In 2011 the Scottish Government published the Standards of Care for Dementia in Scotland as well as the Promoting Excellence framework, which supports the health and social services workforce to meet the standards.

Deficiencies in Clinical Services

The current facilities have no dedicated therapeutic and group space, are remote from other Acute & Mental Health Services and therefore are heavily dependent on the Scottish Ambulance Service and emergency Medical Service which is inefficient in terms of resources. In addition, the patients sleep in multi bed dorms which provide little privacy and this frequently leads to disruption and stress.

Inequalities

There has been a significant improvement in accommodation for other Care Groups which would require to be replicated for Older Peoples services as a matter of equity. Current accommodation does not allow full compliance with mixed sex guidelines.

In summary it is considered that the existing service provision fails to provide:

- A platform for sustaining and expanding services, in line with the current and future model of adult and elderly care
- 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'*, '*Equally Well'* and *'Renewing Scotland's Public Services'*.
- A platform for meeting satisfactory levels for attracting and retaining suitable levels and calibre of staff, supporting job satisfaction and reducing staff absence.
- Facilities which have a low carbon footprint that will help to achieve Scottish Government carbon emissions targets
- Facilities which meet the required quality standards necessary to provide safe and effective care
- Facilities which are flexible and adaptable to meet future demands for adult and elderly care services
- Facilities that enable effective and efficient use of the HSCP's resources.

There are significant health and safety issues with regards to the current accommodation none of which would meet current building standards. There are particular issues in relation to fire safety standards, Equality Act compliance and HAI, all of which can only be managed by significant ongoing expenditure.

3.9 Property Strategy

The current Inverclyde care bed facility which is located on the Ravenscraig Hospital site is an ageing single storey structure which is fast reaching the end of its useful life and has been rated in property terms as class **D**. Under the NHSGGC EAMS property information system, **D** represents *"unacceptable / replacement or total re-provision required"*. The patients sleep in multi bed dorms which provide little privacy and this frequently leads to disruption and stress. The building has no dedicated group activity and therapy spaces and is not suitable for delivering modern inpatient mental health services. As the unit is remote from other mental health services there is a heavy reliance on the Scottish Ambulance Service and emergency medical services.

In 2012/13 there was a Board strategic decision taken not to formally survey the condition/mechanical facets of properties that were planned to be disposed of in the near future. However a desk top survey carried out by the Boards estate officer's regarding the Statutory elements of this site's back log, reported an historic figure of £420,000 at that time. It should be noted that this figure has not been reviewed since reported. The condition of the facility, although being monitored, has continued to deteriorate since that time, and due to the Board's future plans for the site, limited investment has been made in the property.

The risk classification of this back log figure is Significant to High. Due to the planned closure of the site, monies were not spent carrying out a formal survey. As a consequence, the site currently has nil formal data on EAMS. Due to the lack of Formal Survey Data on the EAMS system, it has not been reported in the current PAMS. This oversight was due to transition from paper based data to all sites being formally reported on EAMS.

It is no longer economically viable to invest in the current provision and within the Property Strategy the Ravenscraig Hospital will be classified as surplus to the Board's requirements following financial close.

3.10 Business Scope and Service Requirements

The project scope is to re-provide services to meet current and future needs of Inverclyde residents with significant mental health needs and who have previously been placed in the NHS continuing care wards at Ravenscraig Hospital.

The project is aligned to the principles of the NHS continuing health care package of continuing health care provided and solely funded by the NHS. The NHS, and not the local authority or individual, pays the total cost of care.

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

Table 13 – Business Scope

	Critical / core minimum	Desirable	Aspirational
Potential Business Scope			
To enable the HSCP to provide continuing care service to individuals based on assessed need.	☑		
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 Inverclyde 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		☑	

	Critical / core minimum	Desirable	Aspirational
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			
Single Room, en-suite accommodation	☑		
Flexible group and activity space	☑		
Access to sheltered outdoor space	☑		
Equalities Act compliance	☑		
Integration of Admin, Management and service function in one locale	☑		
Co-location on DGH site	☑		
Improved treatment function and staff accommodation	☑		

The project scope and key service requirements have been confirmed during the development of the FBC and is reflected in the design of the building.

To summarise, the business scope includes:

- New facilities which will be commensurate with modern healthcare standards and meet all relevant health guidance documentation
- Developing a design for people with Dementia that maximises independence, and dignity, while maintaining safety, minimises distress associated with challenging behaviours and provides a homely domestic environment
- Enhancing privacy, dignity and safety through the provision of single en-suite accommodation and gender separation policy provision (as the guidance contained in the Chief Nursing Officer's letter of 11 November 2008 reference CEL 48 (2008).
- A project budget within the NHS GGC'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.
- Maximising the sustainability of the development, within the HSCP's resources, and meeting the mandatory requirement of "Excellent" under the BREEAM Healthcare assessment system
- Developing a design that gives high priority to minimising life cycle costs
- 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, maximising use of natural light and ventilation

- In conjunction with the Infection Control Team, developing a design that minimises the risk of infection. To facilitate this, the design will be considered in conjunction with the NHS "HAI Scribe" system

- Equality Act 2010

- Complying 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 SGHD Business Case process.

3.11 Benefits Criteria

During the development the OBC, benefits criteria were developed and agreed. These were reviewed as part of the preparation of the FBC and confirmed as valid and are set out in the table below. In addition the detailed benefits realisation plan is included at Appendix C

Table 14 – Benefit Criteria

Benefit No.	Success Factors (The Benefit)	Review Questions/Methods (Measuring the Benefit)	Results (Proving the Benefit)
1	Enable speedy access to modernised Adult & Older Peoples Continuing Mental Health Care that achieves national standards Development of fit for purpose healthcare facilities suitable for the needs of older people in accordance with modern standards	Lower bed occupancy and waiting times, better patient flow information and service user satisfaction	Reduced waiting times/ increased productivity across inpatient system, compliance with HEI and HAI, improved and carer and patient satisfaction.
2	Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs through achievement of BREEAM healthcare rating of excellent	Contribute to Inverclyde HSCP's target for reduced carbon emissions	Target met
3	Improve and maintain retention and recruitment of staff	Staff satisfaction survey at end of year 1 Monitor absence records and contrast to previous Monitor staff turnover rates	Uplift in satisfaction Decrease in absence rates Decrease in staff turnover
4	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS and creation of an environment people want to come to, work in and feel safe in and that	Use of quality design and materials to create a pleasant environment for patients and staff Accommodation designed to meet changes in demand and new service models, leading to improved	Provide a clinical environment that is safe and minimises any HAI risks Building makes a positive contribution to health Creation of a dementia friendly design, enabling integrated

Benefit No.	Success Factors (The Benefit)	Review Questions/Methods (Measuring the Benefit)	Results (Proving the Benefit)
	preserves the dignity and privacy of vulnerable older people whilst maintaining their safety and security	team working and enhanced quality of care HAI cleaning audits (regular NHSGG&C process) Building contributes to improvement of Inverclyde area	working between professionals, service users and carers, and minimising the incidence of challenging behaviour arising from disorientation and associated anxiety
5	Meets Statutory requirements and obligations for public buildings e.g. with regards to the Equalities Act	Carry out DDA audit and EQIA of building Involvement of BATH (Better Access to Health) Group in checking building works for people with different types of disability Engagement with local people to ensure building is welcoming – PPF to carry out survey of users	Building accessible to all Positive response from users of the building
6	Contribution to the physical and social regeneration of the whole area	Building contributes to improvement of Inverclyde Engagement of local people in developing art work and landscaping for the facility	Purpose built continuing mental health care facility with high level of community involvement via local voluntary and social firms

3.12 Strategic Risks

Strategic risks have been reviewed as part of the FBC process and will be managed in accordance with the risk management process outlined in Section 8 - Management Case. The key strategic risks are set out below:

Table 15 – Strategic risks

Risk	Mitigation
Service	
Failure to implement new ways of working required to realise service improvements	Working group currently developing new operational policy and standard operating procedures. OD and L&E support for staff. Scheduled for 6 months prior to transfer of services. Support from Practice development Nurse to implement Scottish Patient Safety and Releasing Time to Care programmes
Building needs to be seen as community asset	Detailed engagement with local community through Your Voice Inverclyde and Acumen on design of Building. Involvement of community groups, staff and carers in Arts and Environment strategy.

Risk	Mitigation
Service	
	Commissioning arts and activities from groups within local community. Programme of activities within building delivered by community Arts group throughout the year. Provision of enhanced visitor facilities including coffee bar and accessible outdoor spaces.
External	Secondary legislation and or financial changes will be managed through the project change control process.

3.13 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

Inverclyde NHS AOPCC bed facility cannot start on site until financial close is complete and the transfer to hub/alternative funding model has been agreed.

Quality

Compliance with all current health guidance.

Sustainability

Achievement of BREEAM Health “Excellent” for new build.

Dependencies

There are no dependencies on the project within this FBC.

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.

4.2 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 below.

Table 16 – Critical Success Factors

CSF Nr	Critical Success Factor	Benefit
1	**Strategic fit & business needs**	Meets the agreed investment objectives, business needs and service requirements & provides holistic fit & synergy with other strategies, programmes & projects. Achieves the Boards strategic long term objectives as one phase. Ability to meet future service requirements / demands.
2	**Potential Value for Money**	Maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability & minimises associated risks. Achieves the Boards strategic long term objectives as one phase or will subsequent phases be required. Makes best use of land, building and staff resources.
3	**Potential achievability**	Is likely to be delivered within the timescale for development (i.e. operational by late 2016) & matches the level of available skills required for successful delivery. Can be achieved due to the availability of a suitable site either existing or new. Can be achieved whilst continuing service delivery and minimising disruption to service.

CSF Nr	Critical Success Factor	Benefit
4	**Supply – side capacity and capability**	Matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply side and provides the potential for the building to meet the standards reflected in the design statement.
5	**Potential affordability**	Meets the sourcing policy of the organisation and likely availability of funding & matches other funding constraints. Provides significant revenue savings. Enables the rationalisation of estate. Achieves the Boards strategic objectives of reducing the number of Mental Health sites. Achieves the Boards long term objectives.

4.3 Options Considered

This section identifies the processes for the short-listing of options contained in the OBC, which all need to be viable and deliverable.

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

Table 17 – Long List of options

Long listed Site Options	Option Description
4	Do minimum
1	New Build Inverclyde Royal Hospital site with Capital Funding
2	Refurbishment Larkfield Inverclyde Royal Hospital site
3	New Build Inverclyde Royal Hospital site hubco DBFM

4.4 Options Shortlist

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

Table 18 – Shortlisted Options

Short List Options	Option Description
Option 4 – do minimum	This option involves the refurbishment of the Dunrod wards at Ravenscraig Hospital. It would not achieve any or most of the project objectives around value of money, retraction from Ravenscraig Hospital and associated savings.
Option 3 – new build IRH site hubco DBFM	This option would allow the replacement of the current poor quality care bed facilities at Ravenscraig Hospital with a new purpose-built facility. This option was considered to be the best in terms of providing modern fit for purpose accommodation that meets service demands in the required timescales.

4.5 Non-Financial Benefits Appraisal

A workshop was held during the OBC stage where the rationale behind the weighting of the benefit criteria was discussed and agreed and the short listed options were scored using this weighted criteria. This is set out in detail within the OBC and the results of the scoring of these options are shown in the table below. As part of the preparation of this FBC, the scoring exercise has been revisited and the preferred option remains unchanged from OBC stage as the highest ranking option.

Table 19 – Results of Non-Financial Benefit Criteria Scoring

Option Nr	Option Description		Location	Patient Access	Efficiency	Strategic Fit	Timeline	Total weighted score	% of total possible score
4	do minimum	Score	0	1	0	0	4		
		Weight	30	25	10	20	15		
		Weight Score	**0**	**25**	**0**	**0**	**60**	**85**	**17%**
3	new build IRH site hubco DBFM	Score	5	5	5	5	4		
		Weight	30	25	10	20	15		
		Weight Score	**150**	**125**	**50**	**100**	**60**	**485**	**97%**

The table shows that **Option 3 'Build new Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Beds at the Inverclyde Royal Hospital using hubco DBFM'** has the highest non-financial benefit score with **Option 4** achieving the lowest score.

Participants were also asked to assess to what extent each option would be able to meet the critical success factors. Participants were asked to rate each option against each of the critical success factors as:

YES - would meet the critical success factors.

NO - would not meet the critical success factor.

MAYBE - would meet it to some extent.

At the workshop, it was agreed that the **MAYBE** category would be extended to include the response **DON'T KNOW**.

Table 20 – Critical Success Factor Appraisal

Do minimum				
	Yes	**No**	**Maybe/ don't know**	**Comments**
Strategic fit		X		
Supply side capacity		X		
Value for money		X		
Affordability		X		
Potential achievability		X		
New build IRH site hubco DBFM				
Strategic fit	X			
Supply side capacity	X			
Value for money	X			
Affordability	X			
Potential achievability	X			

4.6 Summary of Economic Appraisal

The capital cost estimates for the options short-listed are detailed as follows:

Table 21 - Capital Cost Estimates

Option	Capital Cost Estimate
Option 4 – do minimum	£4.375,000*
Option 3 –new build IRH site hubco DBFM	£7,697,950**

The site demolition and remedial works has been commissioned separately under a capital funded contract out with hub.

** Based on the stage 2 costs provided for the stage E design and adjusted to reflect actual fees percentage submitted in stage 2 submission including Prelims (10.88%), Design Fees Post FC (4.41%), Overheads & Profit (4%), Design and Stat fees Stage 1 and 2 (2.48%), Additional items for DBFM (4.31%), hubco management Fees (2.55%), Hubco portion (1.83%). The above costs reflect those set out in the latest stage 2 costs submitted by hubco and include £125k for the ground contamination 'risk pot'. This is a market tested cost for removing two contamination 'hot spot'. The costs are based upon a financial close on 27/2/15. There will therefore be a need to increase

these for inflation once the programme is clarified following resolution of the ESA 10 issue.

* 'Do minimum' costs adjusted to reflect inflation between completion dates in OBC and FBC (4.17%) based on BCIS indices.

The table below summarises the value for money analysis for the short listed option. A copy of the full analysis is included at Appendix D.

Table 22 - VfM Analysis

25 year Life Cycle		Option 4 do minimum	Option 3 new build IRH site hubco DBFM
Appraisal Element		**Option 4**	**Option 3**
Benefit Score	A	**17%**	**97%**
Rank		**2**	**1**
Net Present Cost – Includes risk	B	£12,969,823	£11,895,297
Cost per benefit point	b/a	£762,930.75	£122,631.93
Rank		2	1

The result of the benefits scoring in the format used in the OBC is summarised in the table above which confirms that **Option 3 'Build new Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Beds at the Inverclyde Royal Hospital using hubco DBFM'** is the highest scoring option whilst also meeting all the critical success factors. Costs for option 3 and 4 have been established at stage 2 and incorporate the GMP figure for option 3.

This validates the outcome at OBC indicating that Option 3 provides the greater economic benefit compared to other options.

4.7 Performance Scorecard

Due to the inpatient nature of the facility, SFT has advised that the completion of a performance scorecard is not applicable and therefore is not included as part of this FBC. This was confirmed with SFT in June 2014.

4.8 Risk Workshop and Assessment

4.8.1 Objectives

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.

A risk may or may not occur and is defined as an event which affects the cost, quality or completion time of the project. There are a number of such events that could arise during the design, construction and commissioning of the new facilities.

An initial risk workshop was held in August 2013 and the process and outcome was outlined in detail within the OBC including the risk register. Continued monitoring and mitigation of all risks has continued through the FBC stage including at monthly Project Board meetings.

The risk register continues to drive the ongoing management of the risk throughout the remaining phases of the project, namely FBC and construction. A copy of the risk register is included at Appendix E. This reflects NHS red risks at 20th April 2015.

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

4.8.2 Key Risks and potential costs associated with the 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 3 – total risk allowance of £378,462 which represents 7.5% of the Prime Costs (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 £62,848 which is included in the Maximum Cost which are set out in the stage 2 report. This represents circa 1% of the prime cost including preliminaries and is included to cover construction risk including within the various sub contract packages. This is in accordance with the allowances permitted under the Territory Partnering Agreement.

4.9 Sensitivity

For Option 4, Do Minimum, to become of greater economic benefit than Option 3, the cost of Option 4 would require to decrease by 84% while all costs identified with option 3 would require to remain as above.

On the basis of the above Option 3 offers significant economic benefit over Option 4.

4.10 Preferred Option

The option appraisal exercise demonstrated that the preferred option 3 was most likely to maximise the non-financial benefits from the project and is comparatively low in terms of risks. It also demonstrated that the option is most likely to meet the increasing care needs of people living in Inverclyde.

This option is one that enables and facilitates the HSCP to commence a process of change towards a model of integrated service delivery that maximises the effectiveness of services and of resources. This option would provide new build accommodation comprising of 42 single bed en-suite rooms and support services.

Features that make this the preferred site are:

- It is on a District General Hospital site and A&E
- Support services are on site (catering, laundry, portering, domestics etc)
- Facilities are on site (estates services)
- Diagnostic services are on site (laboratories, X Ray facilities etc)
- Educational facilities are on site (library and lecture/conference rooms)
- Proximity to other Mental Health services.

The option appraisal exercise demonstrated that this option was most likely to maximise the non- financial benefits from the project, is relatively low in terms of risks and also ranks first in the VfM analysis. It also demonstrates that the option is most likely to have the greatest impact on care needs of people living in Inverclyde and also provides the best opportunity for improving the sustainability envelope i.e. it will achieve BREEAM 'excellent'.

4.11 Key Benefits

The development of the new care bed facility will take place in the context of the Scottish Government stated outcomes from the Dementia Strategy 2013 – 16, which emerged from the National Dementia Dialogue which were:

- More people with dementia living a good quality life at home for longer.
- Dementia-enabled and dementia-friendly local communities that contribute to greater awareness of dementia and reduce stigma.
- Timely, accurate diagnosis of dementia.
- Better post-diagnostic support for people with dementia and their families.
- More people with dementia and their families and carers being involved as equal partners in care throughout the journey of the illness.
- Better respect and promotion of rights in all settings, together with improved compliance with the legal requirements in respect of treatment.

- People with dementia in hospitals or other institutional settings always being treated with dignity and respect.

The following represent the expected benefits of the project to NHS GGC:

- Significantly improved accommodation for patients including single room ensuite facilities, promoting privacy and dignity for mental health in-patients

- Significantly improved patient experience and environment with access to safe and secure external space from ground floor buildings, including excellent access to therapeutic provision

- Significantly improved carers and visitors experience by accessing visitor space and facilities including support to remain with a relative at end of life within wards which provides privacy and are fit for purpose. Easy access to safe, pleasant and secure external space is also important to enhance visitors experience and options during their visit to hospital.

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. A BREEAM assessment report for the project was included in the OBC and an updated assessment has been completed for the stage E design. This indicates an expected score of 76% 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 build project will have a Green Travel Plan (GTP). This plan will have defined targets for increasing walk and cycle to work journeys for staff and reducing single occupancy car journeys for staff and carers. Compliance with the plan will be monitored through the building user group chaired by the in-patient service manager.

5.5 Summary

The project team has given careful consideration to the ongoing sustainability of the Inverclyde NHS AOPCC bed provision 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 will be developed to ensure resources are utilised to their maximum and waste is minimised.

This new facility will assist 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 facility will be sustainable for the foreseeable future.

6 Commercial Case

6.1 Introduction

This section of the FBC sets out the terms of the negotiated agreement.

6.2 Procurement Process

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.

Inverclyde 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 (NHS GGC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

It is proposed that Inverclyde NHS AOPCC project will not be bundled. As part of the development of this project, different approaches to its delivery were considered. These were investigated in considerable detail, taking account of all costs including one-off procurement costs, concession period service costs, and public sector costs of maintaining status quo during any period of delay. The options considered were:

a. Inverclyde added to Maryhill/Eastwood project as a variation.
b. Inverclyde added to future bundle of Woodside/Gorbals bundle.
c. Inverclyde as a standalone project

With regard option 3, standalone – hub West Scotland proposed to limit the sub-hubco management costs to those which would apply were the project bundled. Taking account of all costs the best value option was agreed with The Board, SFT, SGHSCD and Hub West Scotland to be Option 3 standalone.

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 this project includes design, construction and certain elements of hard Facilities Management services, the TPA requires that Sub-hubco (a special purpose company established by, and subsidiary to, hubco) enters into SFT's standard form Design, Build, Finance and Maintain Agreement for hub projects.

This FBC is being submitted at a time in the programme which will, if approved, allow NHS GGC Board to approve Stage 2 and proceed to conclusion of the DBFM Agreement. As part of Stage 2, design is developed to RIBA stage E. Stage 2 also incorporates fixed costs proposed by hubco following a detailed procurement of the design, construction and facility management services through a competitive tendering process with their supply chain.

Planning Permission has been granted for the development with a number of conditions attached to this approval. Information on statutory approvals is included at Appendix B and this includes a Planning Conditions tracker giving the current status on this.

6.3 Agreed Scope and Services

6.3.1 The Site

Inverclyde Royal Hospital Campus has been selected as the development site for the new Inverclyde NHS AOPCC facility. The site is a strip of land that sits between the Inverclyde Royal Hospital to the north and the residential properties along Stafford Road to the south, and is accessed from Larkfield Road on the eastern boundary of the site. There is a slope running roughly from North to South and the site enjoys an uninterrupted south facing aspect.

Until recently the site contained a number of two storey buildings which have been demolished. The proposed facility sits in the flattest, widest part of the site, with the main entrance facing visitors as they approach the facility to aid way finding. Parking / drop off will be situated in the narrow strip of the site between the building and Larkfield Road and will be at a level to allow Equality compliant access to the building without the need for steps or ramps.

The proposed facility is located to make the most of the south facing aspect of the site, of the 42 bedrooms within the scheme, only 3 bedrooms are north facing.

The Schedule of Accommodation is included at Appendix F and totals a floor area of 2,600 m2. This remains unchanged from OBC stage.

6.3.2 Site Access and Constraints

The preferred site at the Inverclyde Royal Hospital is in the ownership of NHS GGC. There are no constraints with the site.

6.3.3 Design Development

The design has been developed in collaboration with key users and stakeholders and takes cognisance of their experience of working in a mental health environment, visits to appropriate buildings together with current legislation and guidance as to how a 21st Century Health Building should function.

The new facility shall reduce stigma, provide an environment in which patients feel safe and secure and in a setting which promotes dignity and respect.

During the design process the initial project brief was developed to establish optimum areas, spatial relationships, operational efficiencies and both current and future flexibility of the facilities. The facility is designed to provide clear orientation, way finding and ease of movement for patients, staff and visitors.

There is an intention to adopt a more domestic scale and form thus avoiding an institutional feel, this will be achieved by; the use of materials which are robust but also attractive; use of natural light and ventilation which in turn will assist in providing an energy efficient and environmentally friendly building.

6.3.4 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 consulted with A&DS in the development of the design for the new facility and feedback has incorporated into the design process. The stage 2 Design Statement has been prepared on behalf of NHS GGC in conjunction with the project team, PSCP and their architects, and is included in this FBC as Appendix G.

6.3.5 HAI-Scribe

A HAI-Scribe Stage 2 infection control assessment of the preferred option site was carried out on 12 June 2014 with NHS GGC Infection Control. The Stage 2 report is included in Appendix H.

6.3.6 Clinical and Design Brief

Throughout the process, clinical staff have been involved in order to capture experiences and aspirations while delivering care within a dementia environment.

6.3.7 Staff Numbers

The table below summarises the staff that will transfer to the new facility. Peak occupancy of the new facility (between 9am and 5pm) will be 31 staff members.

Table 23 – Staff Numbers

Staff	No.
Nursing	55
Admin	12
Domestic staff	10
Visiting Clinicians	8
Total	**85**

6.3.8 Surplus Estate

The existing Ravenscraig Hospital site will be vacated in 2016. Any sale of the site has been excluded from the costs within the FBC.

At the end of the 25 year contract, the building will revert to NHS GGC ownership at no extra cost.

6.3.9 I.T.

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 units are connected to the Greater Glasgow COIN (Community of Interested Networks) network via a 100 Megabit LES/EES circuit which is the connection to the secure N3 network. There is no backup LES circuit at the existing site. The new facility would directly connect over high speed fibre into adjacent NHS buildings within the same campus. This would offer a level of Network resilience that is not available at present.

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

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 via ducts and fibres provided as part of the main contract. By utilising direct connections to the adjacent NHS premises there would be no costs incurred for installation nor rental of third parties Comms circuits (LES/EES). IT equipment including hubs, routers, servers, PCs etc will be procured and maintained by NHS GGC.

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 Greater Glasgow 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.

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

These initiatives will contribute significantly to supporting a seamless care regime for the service users.

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.

Voice Strategy

Voice services will be provided via the existing analogue services to the main hospital providing internal and external communications provided by BT Global Services under the NHS Scotland Voice Contract.

To ensure resilience and future growth 2 x 100 pair copper external quality cables will be installed from the new build to the current main comms room via new ducts. A link cable from the comms room to the ground floor BT equipment will also be installed. Triple outlets will require to be installed to support analogue telephony and data requirements.

6.3.10 Facilities Management (FM)

The Hard FM, such as building repairs and maintenance, of the new building, will be dealt with by Sub-hubco, through the appointment by Sub Hubco of a Hard FM Service Provider. Soft FM will be managed by NHS GGC in accordance with the standard form for hub DBFM contracts. The Board has retained responsibility for floor finishes and wall decoration

The hard FM services provider is Robertson Facility Management (RFM). As part of the development of the stage 2 design and costs, the Service Level Specification and associated method statements and quality plan and payment mechanism have been developed and agreed with the technical advisor and NHSGG&C FM team. The FM costs is agreed at £16.35/sqm/pa which compares to the cap of £17/sqm/pa. In addition the Life Cycle cost is agreed at £20/sq/pa which compares to the cap of £21/sqm/pa.

6.3.11 Art

Art in Health Buildings; works of art and craft can contribute greatly to health and well-being. An Arts Group has been established to explore how art can be integral to the design of the buildings and how the development of the new facility can give greater impetus to local community arts activity.

External views and landscaping; the connection of waiting areas and staff work areas and restrooms to the natural landscape is known to contribute to well-being and to relaxation. Consideration will be given to designing these areas to have an outlook to a planted area or to views of nature.

It has been agreed to allocate 0.5% of the total build cost to develop quality art and environmental aspects as integral to the building. A partnership has been developed with local charity organisation “Your Voice “ Inverclyde Community care Forum (ICCF). A fund raising strategy has been developed with a view to raising additional funds to enhance the Arts and activity provision for the project.

An arts curator has also been appointed from Wide Open Space to assist with the development of a campus wide strategy.

6.4 Risk Allocation

6.4.1 Transferred Risks

Construction and certain operational risks are to be transferred to the Sub-hubCo.

These can be summarised as follows:

Table 24 – Agreed 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 a shared risk subject to NHS GGC's and Sub-hubCo's responsibilities under the DBFM Agreement and joint working arrangements within operational functionality.

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

While Sub-hubCo is responsible to comply with all laws and consents, the occurrence of relevant changes in law as defined in the DBFM Agreement can give rise to an obligation to compensate Sub-hubCo.

6.5 Agreed Contractual Arrangements and Charging Mechanisms

6.5.1 hubco

As explained in section 6.2 above, this project is being procured through the hub initiative. The charging mechanisms associated with this are based on the agreed payment process under the TPA. This process provides that the costs incurred during the development of the project are based on using the schedule of rates, subject to a “capped” arrangement.

6.5.2 Contractual Arrangements

The hub initiative in the West Territory is provided through a joint venture company, hub West Scotland Limited (hubco), bringing together local public sector Participants (including NHS GGC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP). The PSDP is a consortium consisting of Morgan Sindall and Apollo.

The hub initiative has been established in Scotland to provide a strategic long-term programme approach to the procurement of community based developments.

This standalone project will be delivered by a Sub-hubco. Sub-hubCo will be established by, and be a wholly owned subsidiary of, hubco and will be funded from a combination of senior and subordinated debt and supported by a 25 year contract.

The senior debt will be provided by Aviva and the subordinated debt by a combination of Private Sector, Scottish Futures Trust and Participant Investment. More detail on the funding of subordinated debt is set out in the financial case, section 7.

Sub-hubco will be responsible for providing all aspects of design, construction, ongoing facilities management and finance through the course of the project term. Soft facilities management services (such as domestic, catering, portering and external grounds maintenance) are excluded from the DBFM Agreement.

Group 1 items of equipment, which are generally large items of permanent plant or equipment will be supplied, installed and maintained by Sub-hubco 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 Sub-hubCo and maintained by NHS GGC.

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

Sub-hubco will sub-contract its obligations in relation to design and construction to Morgan Sindall under a Construction Contract and in relation to facilities management to

Robertson FM under a Facilities Management Contract. Collateral Warranties will be provided by both Morgan Sindall and Robertson FM to NHS GGC, together with warranties from any Key Sub-Contractors.

Development of the DBFM Agreement and related documents

During the development of Stage 2, the parties have been progressing development of the contractual documentation. The current status is that the stage E design is has now been market tested and reflects the collaborative approach in terms of design development and contractual terms.

Once the FBC is approved, parties will work towards financial closure and formalisation of the various contractual arrangements will take place.

Design Build Finance Maintain (DBFM) Agreement

The agreement for Inverclyde is based on the SFT's hub standard form Design Build Finance Maintain (DBFM) Agreement. NHS GGC is the Participant who is party to the DBFM Agreement with sub-hubco. The TPA and SFT require that SFT's standard form agreement is entered into by NHS GGC and sub-hubco with only amendments of a project specific nature being made. Therefore, the DBFM Agreement for this project contains minimal changes when compared against the standard form. The minimal changes made are primarily project-specific. In advance of Stage 2 approval by NHS GCC, NHS GCC and SFT will have discussed those changes, and to the extent those changes are approved by SFT, will remain in the DBFM Agreement.

One such amendment which will need to be agreed by SFT will be drafting regarding the contamination "risk pot" which is mentioned at paragraph 1.2.9. It is anticipated such drafting will be inserted at clause 10.3 of the DBFM. The general principle of the risk pot has been agreed between the Board and hubco, in that hubco will bear the risk of any sums incurred over and above the risk pot value, but to avoid any ESA 10 issues will also be entitled to any sums remaining at the end of the Project Term. The exact drafting surrounding governance of the account is still to be agreed, including the Board's right to challenge a withdrawal.

NHS GCC will work closely with Sub-hubCo to ensure that the detailed design is completed prior to financial close. Any areas that remain outstanding will, where relevant, be dealt with as Reviewable Design Data in accordance with the procedures set out in the Review Procedure.

NHS GGC has set out its construction requirements the Authority's Construction Requirements. Sub-hubCo is contractually obliged to design and construct the facilities in accordance with the Authority's Construction Requirements.

The Service Level Specification has been developed and details the standard of output services required and the associated performance indicators. Sub-hubCo 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 and Sub-hubCo 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.

6.5.3 Annual Service Payment

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

A standard contract form of Payment Mechanism has been adopted within the DBFM 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 Sub-hubCo on a monthly basis, calculated subject to adjustments for previous over/under payments, deductions for availability and performance failures and other amounts due to Sub-hubCo.

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.

6.6 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.

6.7 Agreed Accountancy Treatment

This is covered within Section 7 - Financial Case.

7 The Financial Case

7.1 Introduction

There have been no significant changes to the scope of the project since the OBC. In particular, the area remains unchanged at 2,600m2. However there has been a significant change in the overall capital cost. The FBC submission notes a total project cost of £7,697,950. This is above the OBC figure of £6,456,602. In addition to this OBC figure the Board retained a client held risk pot of £350,000 giving a total of £6,806,602. The principal reasons for the capital cost increase are firstly, that the programme has been delayed by some 9 months. Tender price inflation is running at circa 8% per annum and thus the delay has resulted in additional costs of circa £544K. This has been verified and confirmed by our Technical Advisors, Turner & Townsend The other significant element relates to abnormal costs associated with site development for issues including ground conditions and site contamination. The detailed site investigation works carried out post OBC, have resulted in more complex works and increased costs of circa £175K. In addition NHSGG&C will make a financial contribution of £256k through non recurring revenue for enhanced landscaping and road resurfacing. This has been accounted for in Partnerships financial plans.

Agreed IA affordability cap	£6,800k
Stage 2 cost (standalone)	£7,698k
Inflation	£ 544k
Complex works (incl £125k risk pot)	£ 175k
HSCP Capital Contribution	£ 256k

As noted in other sections of this FBC the costs currently reflect a financial closure on 27/2/15 therefore require to be adjusted for inflation, in accordance with the mechanism agreed between the Board, hWS and SFT, once a decision is taken on ESA 10 allowing the programme to be finalised. The costs also include £125k for the risk pot to deal with the ground contamination issue. This figure is a market tested value for the removal of two contamination hot spots on the site.

The financial case for the preferred option, option 3 new build at Inverclyde Royal Hospital using hubco DBFM route, sets out the following key features:

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

7.2 Revenue Costs & Funding

The table below summarises the recurring revenue cost with regard to the Inverclyde NHS AOPCC bed facility.

In addition to the revenue funding required for the Inverclyde NHS Adult & Older Peoples Continuing Mental Health Care Beds scheme, capital investment will also be required for, equipment (£152.6k) and sub debt investment (£226.0k). NHSGG&C will make a further contribution of £256K in respect of landscaping and road resurfacing. Details of all the capital and revenue elements of the project together with sources of funding are presented below;

Table 25 - Recurring Revenue Costs Table

First full year of operation	2016/17
Recurring Costs	**£'000**
Unitary Charge	**760.0**
Depreciation on Equipment	**15.3**
HL&P , Rates Domestics etc	**501.0**
IFRS - Depreciation	**307.9**
Client FM Costs	**13.8**
Total Recurring costs for Project	**1,598.0**

7.2.1 Unitary Charge

The Unitary Charge (UC) is derived from the hub West Scotland Stage 2 submission and represents the risk adjusted Predicted Maximum Unitary Charge of £760.0k p.a. based on a price base of April 2013. The Unitary Charge is for a standalone project.

The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% p.a. in the financial model. The current financial model includes a level of partial indexation (28%) and this will be optimised prior to financial close.

7.2.2 Depreciation

Equipment depreciation of £15.3k relates to the current capital equipment list for furniture and equipment equating to £152.6k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

IFRS Depreciation of £307.9k has been allowed for depreciating the capital costs over the 25 years of the contract.

7.2.3 HL&P, Rates & Domestic Costs

HL&P costs have been provided by NHS GG&C Facilities Department and an annual cost of £85,000.

Property Rates are exempt as this is a hospital facility. Water Rates of £7,000 are included.

Soft FM, domestics, catering and laundry costs are £409,000 as advised by NHS GG&C facilities department.

7.2.4 Client FM costs (maintenance/replacement floors and wallcoverings)

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

7.2.5 Costs with regard to Services provided in new facility

Staffing and non pay costs associated with the running of the new facility are not expected to increase with regard to the transfer of services to the new facility.

7.2.6 Recurring Funding Requirements – Unitary Charge (UC)

The Scottish Government has agreed to fund the following components of the Unitary Charge:

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 in the first operational year (2016/17) to be funded by SGHSCD is £691.5k which represents 91% of the total UC, leaving NHSGG&C to fund the remaining £68.5k (9%). This split is detailed below.

Table 26 – Unitary Charge split

UNITARY CHARGE	Unitary Charge £'000	SGHSCD Support %	SGHSCD Support £'000	NHSGGC Cost £'000
Capex including group 1 equipment	665.5	100	665.5	0
Life cycle Costs	52.0	50	26.0	26.0
Hard FM	42.5	0	0	42.5
Total	**760.0**		**691.5**	**68.5**

7.2.7 Sources of NHSGG&C recurring revenue funding

The total recurring NHSGG&C revenue funding available is £598.6k. This is included in the wider service and financial framework for the Clyde Modernising Mental Health Services Strategy (CMMHSS).

Table 27 - Summary of Revenue position:

Summary of Revenue position	£'000
SGHD Unitary Charge support	**691.5**
SGHD - IFRS	**307.9**
NHSGG&C recurring funding per above	**598.6**
Total Recurring Revenue Funding	**1,598.0**

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	**760.0**
Depreciation on Equipment	**15.3**
IFRS - Depreciation	**307.9**
Facility running costs	**514.8**
Total Recurring Revenue Costs	**1,598.0**

The above table demonstrates that at FBC and Stage 2 submission, 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 is still requirement for the project to incur capital expenditure. This is detailed below:

Table 28 - Capital costs and associated Funding for the Project

Capital Costs	£'000
Land Purchase& Fees	**0**
Group 2-5 equipment Including VAT	**152.6**
Sub debt Investment	**226.0**
Total Capital cost	**378.6**
Sources of Funding	
NHSGG&C Formula Capital	**378.6**
SGHD Capital	**0**
Total Sources of Funding	**378.6**

7.3.1 Land Purchase

No land purchase is required for this project.

7.3.2 Group 2-5 Equipment

An equipment list totalling £152,573 inc VAT has been developed which will also incorporates any assumed equipment transfers.

7.4 Sub Debt Investment

In its letter dated 6th July 2012, the Scottish Government set out the requirement for NHS Boards in relation to investment of subordinated debt in hubco.

"each NHS Board with a direct interest in the project being finance will be required to commit to invest subordinated debt, up to a maximum of 30% of the total sub debt requirement (i.e. the same proportion as the local participant ownership of hubco)".

At this stage of the project it is assumed that the Board will be required to provide the full 30% investment. Confirmation will be requested from the other participants during the Stage 2 process. The value of investment assumed at FBC stage is £226k, as outlined in table 30, for which NHSGG&C has made provision in its capital programme.

7.5 Non Recurring Revenue Costs

There will be non-recurring revenue costs of £107k in terms of advisers' fees and removal / commissioning costs associated with the project. These non recurring revenue expenses have been recognised in the Partnership's Financial Plans.

7.6 Disposal of current facilities

The FBC is predicated on the basis that the existing Facility, which is not fit for purpose, will be disposed of once the new facility becomes available. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

The site concerned, Ravenscraig Hospital was impaired at the year end 2013-14 with a remaining life of 2 years to become fully depreciated by March 2016. The NBV will be zero at time of disposal.

7.6.1 NHS GG & C Contribution

NHSGG&C will make a contribution of £256k through non recurring revenue for landscaping and road resurfacing recognised in Partnerships financial plans.

7.7 Overall Affordability

The current financial implications of the project in capital terms as presented above confirm the projects affordability. Project revenue is cost neutral.

7.8 Financing & Subordinated Debt

hub West Scotland 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. It is likely they will provide up to 95% of the total costs of the projects. 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.

7.9 Current Finance Assumptions

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

Table 29 – Current Finance Assumptions

	Inverclyde
Senior Debt (£000)	7,219
Sub debt (inc rolled up interest) (£000)	754
Equity (£000)	0.01
NHS GGC Contribution (£000)	256
Total Funding	8,229

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

7.10 Subordinated Debt

In its letter dated 6th July 2012, the Scottish Government set out the requirement for NHS Boards in relation to investment of subordinated debt in hubco:

"each NHS Board with a direct interest in the project being financed will be required to commit to invest subordinated debt, up to the maximum of 30% of the total sub debt requirement (i.e. the same proportion as the local participant ownership of hubco)".

Therefore our expectation is that subordinated debt will be provided in the following proportions: 60% private sector partners, 30% NHS Greater Glasgow & Clyde and 10% Scottish Futures Trust.

The value of the required sub debt investment is as follows:

Table 30 – Sub debt investment

	NHS GGC	SFT	hubco	Total
Proportion of sub debt	30%	10%	60%	100%
Sub debt (inc rolled up interest) £	226,027	75,342	452,053	753,422
Sub debt (injected at financial close) £	200,133	66,711	400,265	667,109

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.

7.11 Senior Debt

Hubco has proposed that the senior debt will be provided by Aviva. Hubco's review of the funding market has advised that Aviva currently offers the best value long term debt for the projects. This is principally because of:

- Aviva's knowledge and experience in the health sector
- Aviva's appetite for long term lending to match the project term
- Aviva's lower overall finance cost in terms of margins and fees
- Aviva's reduced complexity of their lending documentation and due diligence requirements.

At the current time, hubco has not run a formal funding competition, as Aviva offers the best value finance solution within the senior debt market. However, hubco are constantly reviewing the funding market, and if long term debt options appear in the market that are competitive with Aviva's offer, then a more formal review will take place. As part of the hub process, no funding competition is required at this stage of the process.

The principal terms of the senior debt, which are included within the financial model, are as follows:

Table 31 – Financial Model Principal terms

Metric	Terms
Margin during construction	1.90%
Margin during operations	1.90%
Arrangement fee	1.00%
Commitment fee	1.90%
Maximum gearing	95% (90.55% modelled)

Whilst Aviva will generally lend up to 95% of total project costs, the current Financial Model has a gearing of c.90.55%. This is constrained due to other factors such as the need to meet Aviva's requirements in relation to downside inflation sensitivities.

An Aviva term sheet, or confirmation of Aviva's terms have not yet been received from hubco, though NHS GG&C's financial advisors confirm that these terms modelled are in line with Aviva's approach in the market currently.

7.12 Financial Model

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

Table 32 – Financial model – key inputs and outputs

Output	Inverclyde
Capital Expenditure (capex & development costs	£7,697,950
Total Annual Service Payment	£760,048
Nominal project return	5.70%
Nominal blended equity return	10.50%
Gearing	90.55%
All-in cost of debt (including 0.5% buffer)	4.48%

Output	Inverclyde
Minimum ADSCR [3]	1.150
Minimum LLCR [4]	1.167

The all-in cost of senior debt includes an estimated swap rate of 2.08%, margin of 1.90% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close. The buffer protects against interest rate rises in the period to financial close. The current (6th January 2015) Aviva 6% 2028 Gilt, which the underlying debt is priced off, is 1.89%. Therefore, current swap rates are below those assumed in the financial models. However, the interest rate buffer will provide cover for 0.69% of adverse movements in the guilt rates in the period to financial close.

7.13 Risks

The unitary charge payment will be confirmed at financial close. The risk that this will vary due to changes in the funding market (funding terms or interest rates) sits with NHS GG&C. 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 or that funding will be otherwise unavailable at terms which are affordable. This has been monitored by means of ongoing review of the funding market by NHS GG&C's financial advisers and periodic updates from hubco and their 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.

At financial close, the agreed unitary charge figure will be partially 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 for 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 project team will continue to monitor these risks and assess their potential impact throughout the period to FBC and financial close.

[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

7.14 Accounting Treatment and ESA10

This section sets out the following:

- the accounting treatment for the Inverclyde 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.

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 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 . 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 will incur annual capital charges. NHSGG&C anticipate it will receive an additional ODEL IFRS (Out-with Departmental Expenditure Limit) allocation from SGHSCD to cover this capital charge, thereby making the capital charge cost neutral.

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

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.

As with leases, the economic owner of the assets in a PPP is determined by assessing which unit bears the majority of the risks and which unit is expected to receive a majority of the rewards of the assets. The asset will be allocated to this unit, and consequently the gross fixed capital formation. The main risk and reward elements to be assessed are:

(a) construction risk, which includes costs overruns, the possibility of additional costs resulting from late delivery, not meeting specifications or building codes, and environmental and other risks requiring payments to third parties;

(b) availability risk, which includes the possibility of additional costs such as maintenance and financing, and the incurrence of penalties because the volume or quality of the services do not meet the standards specified in the contract;

(c) demand risk, which includes the possibility that demand for the services is higher or lower than expected

(d) residual value and obsolescence risk, which include the risk that the asset will be less than its expected value at the end of the contract and the degree to which the government has an option to acquire the assets;

(e) the existence of grantor financing or granting guarantees, or of advantageous termination clauses notably on termination events at the initiative of the operator.

Majority financing, guarantees covering a majority of finance levied, or termination clauses providing for a majority reimbursement of finance provider on termination events at the initiative of the operator lead to the absence of effective transfer of either of these risks.

In addition, owing to the specificity of PPP contracts, which involve complex assets, and when the assessment of risks and rewards is not conclusive, a relevant question is which unit has a decisive influence on the nature of the asset and how the terms and conditions of the services produced with the asset are determined, notably:

(a) the degree to which the government determines the design, quality, size, and maintenance of the assets;

(b) the degree to which the government is able to determine the services produced, the units to which the services are provided, and the prices of the services produced.

The provisions of each PPP contract shall be evaluated in order to decide which unit is the economic owner. Due to the complexity and variety of PPPs, all of the facts and circumstances of each contract should be considered, and then the accounting treatment, that best reflects the underlying economic relationships, selected."

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 Inverclyde scheme would be treated as a "non-government asset" for the purposes of ESA 10. We are aware that concerns have been raised that elements of the standard documentation that gives the government certain controlling powers over hubco could meant that this is not the case. This is being considered centrally for all hub schemes by SFT and it is expected that there will be a number of changes to the standard documentation to address this. These changes once agreed and finalised will need to be considered to allow an assessment of whether the scheme would be considered as a "non-government asset" under ESA10.

We note that any NHS contribution may affect this position and so we consider the NHSGG&C contribution below.

The project structure will be carefully considered to ensure construction risk is transferred to the private sector. Scottish Futures Trust[6] have advised that capital contributions should not exceed 45% of a hub scheme's total capital costs so as not to breach the construction risk requirement. ESA 10 is based at Project (Project Agreement) level, so the NHS contribution is taken in proportion to the total capital cost c. 3.7%.

To safeguard the treatment of construction risk, any cash injection will be payable upon certification of the works value carried out to date by the Independent Tester and furthermore any contribution will only be made on the basis that senior funders have the same trigger mechanism for drawdown of debt. This will avoid the situation where the public sector's capital is used first, thereby reducing the senior debt provider's risk and increasing the exposure of the public sector to project default/termination during the riskier construction period.

Proposed NHS GGC contribution	Total capex	Percentage
£255,797[7]	£6,911,371	3.7%

7.15 Value for Money

The Predicted Maximum Cost provided by Hubco in their Stage 2 submission has been reviewed by external advisers and validated as representing value for money.

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

6 http://www.scottishfuturestrust.org.uk/files/publications/hub_Financing_Team_Timing_of_Capital_Injections.pdf

7 Taken from financial model and consistent with Stage 2 submission

The Stage 2 submission also provided confirmation that proposals will meet relevant targets and commitments in the KPI's.

7.16 Composite Tax Treatment

The financial model includes that the building is treated as a finance asset for Sub-hubco's accounting purposes due to Aviva requiring an interest in property over which they can take security as part of their lending documentation.

The tax treatment would rely on hWS claiming applicable capital allowances rather than contract debtor accounting and composite trader tax treatment where there is no land interest. Composite trader status would mean all capital expenditure was treated as expenditure and so would reduce hWS' tax, the saving being passed through by way of a lower Service Payment.

Hubco has previously undertaken to carry out, in consultation with NHS GG&C, an assessment as to the viability of adopting a composite trader tax treatment for the Project (a "Tax Restructuring") and the likely benefits to be derived therefrom and undertakes to use its reasonable endeavours to obtain clearance from HMRC that supports a Tax Restructuring prior to the Payment Commencement Date. If Hubco obtains clearance from HMRC that supports a Tax Restructuring or otherwise determines that a Tax Restructuring is viable, the parties shall together in good faith seek to agree the basis on which to implement the Tax Restructuring such that 100% of the Net Tax Adjustment is passed to the Authority.

We understand that other hub projects have agreed the proposed SFT wording relating to composite trade if this approach is adopted post-FC. 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 Introduction

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 project

In particular, it summarises the approach to the project to date, as well as looking forward to the management arrangements during the delivery and operation of the new facility. In particular due recognition is given to how this management structure will operate within the hubco framework and in line with the TPA, and the standard "DBFM Agreement".

8.2 Project Programme

. A summary of the key programme dates is provided in the table below. The reported costs are based on the programme at Appendix I showing a financial close on 27/2/15. These dates are as the initial FBC submitted. Also shown below are dates based on an assumed conclusion of the ESA 10 issue. Another programme (dated 24/4/15) illustrating these dates, is also enclosed at Appendix I. Costs and potentially programme are therefore subject to amendment to reflect resolution of the ESA 10 issue.

Table 33 – Project Programme

Stage	Dates as initial FBC	Current assumed dates
Stage 3: Submission of FBC	February 2015	May 2015
Stage 4: Start on site	April 2015	Sept 2015
Completion date	June 2016	November 2016
Services Commencement	August 2016	December 2016

8.3 Project Management Arrangements

8.3.1 Approach

The approach to the management and methodology of the project is based on the overriding principles of the "hubco" initiative where NHS GGC will work in partnership with the appointed Private Sector Development Partner to support the delivery of the scheme in a collaborative environment that the "*Territory Partnering Agreement*", and "*DBFM Agreement*" creates. A project execution plan is included at Appendix J.

8.3.2 Project Team

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

Table 34 – Project Management Arrangements

Project:	Inverclyde Continuing Care Beds for Mental Health	
Parties		
Senior Responsible Owner	David Loudon	NHS GCC
Project Director	Deborah Gillespie , Head of Mental Health, Addictions & Homelessness	NHS GCC
Director	Brian Moore	Inverclyde HSCP
Project Manager	Diane Fraser	NHS GGC
Private Sector Development Partner – Project Manager	Hubco - (Campbell Halliday)	hubco
Private Sector Development Partner - Tier 1 contractor	Morgan Sindall , Principal Supply Chain Member	MS
CDM Coordinator	Allan & Hanel	AH
Cost Manager	Allan & Hanel	AH
Legal Adviser	CMS Cameron McKena	CMS
Financial Adviser	Grant Thornton	GT
Technical Adviser	Turner & Townsend	TT
Cost Adviser *(TA)*	Thomson Gray	TG
Architectural Adviser *(TA)*	Gilling Dod	GD
M&E Adviser *(TA)*	DSSR	DSSR
Civil/ Structural Adviser *(TA)*	Harley Haddow	HH

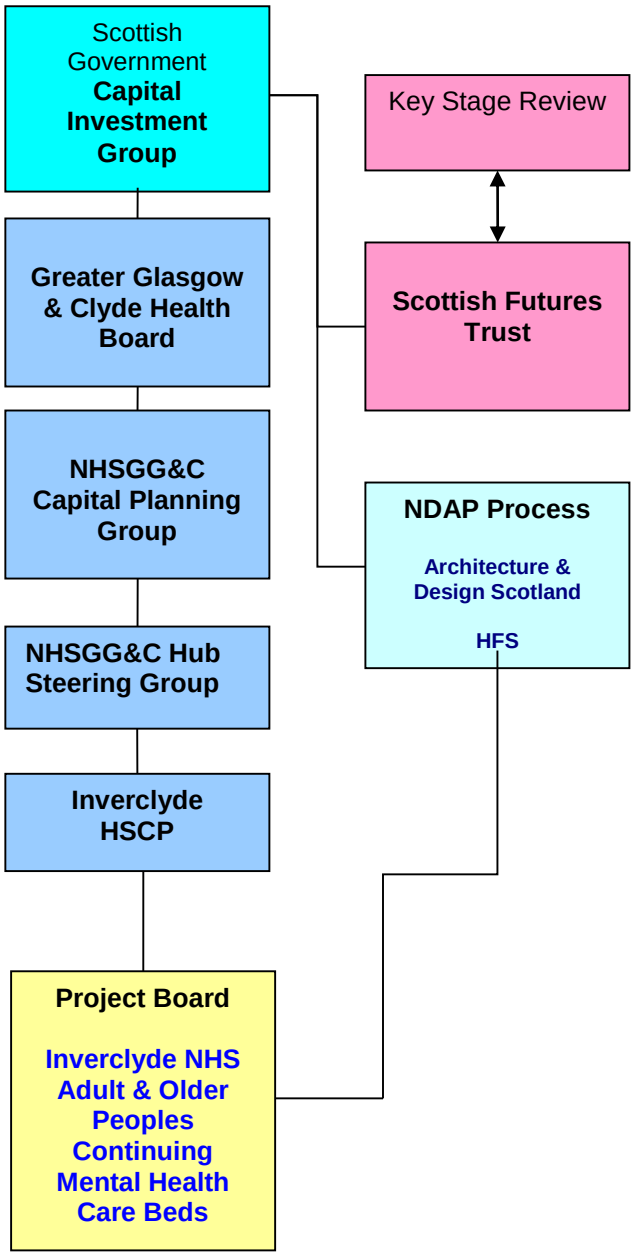
8.3.3 Project Governance and Structure

An Inverclyde Project Board has been established to oversee the project, chaired by – Deborah Gillespie. The Project Board members are:

- Deborah Gillespie (Chair)
- Marion Speirs – Finance Lead
- Margaret Aitken – Clinical Governance
- John Mitchell – Modernising Mental Health – Project Lead
- John Donnelly – General Manager Capital Planning
- Gillian Robb – Inpatient Services Manager/ Lead Nurse Older Peoples Psychiatry
- Diane Fraser – Senior Project Manager Capital Planning
- Chris Collins – Architect
- Campbell Halliday – Hub West Scotland
- David Pace – General Manager Facilities
- Lesley Bairden – Finance Manager Inverclyde HSCP

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

Figure 1 – Project Governance Structure



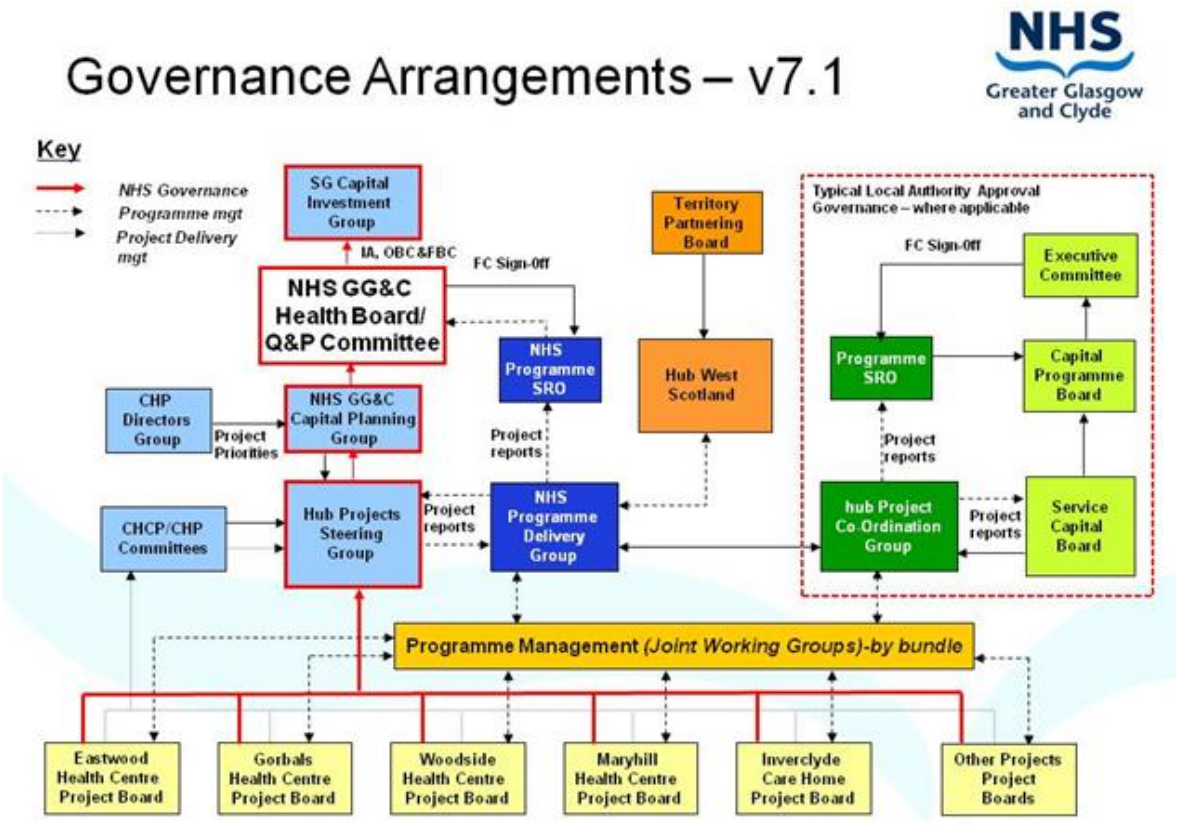
8.3.4 Revised hub Governance and Reporting Arrangements

The hub Project Steering Group has developed a revised governance and reporting structure which impacts on the Inverclyde 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:

- The Senior Responsible Officer, (David Loudon)
- Overall Project (Programme) Director, (Tony Curran)
- A Commercial Lead, (Tony Curran)
- A Finance Lead (Jeanne Middleton)
- A Technical Lead. (John Donnelly)

Figure 2 – hub governance structure



8.3.5 Project 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: - Deborah Gillespie Head of Mental Health, Addictions & Homelessness, NHS Greater Glasgow and Clyde

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.

PSDP (Private Sector Development Partners) Project Development Manager - Campbell Halliday, 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.

8.4 Communications and Engagement

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

- NHS staff and key leads of departments (e.g. Ward Managers and Senior Charge Nurses)
- Public and patient representatives
- Community Councils
- Local Councillors
- Scottish Futures Trust
- Community Care Forum
- Architecture & Design Scotland (A&DS).

NHS GGC with the support of the PSDP will continue to consult widely with various stakeholders associated with the development of the project. NHS GGC has prepared a Communication Plan (see Appendix K), 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.

A Service User and Carer Reference group has been established since August 2012. This group meets with Design and Delivery Group representatives monthly to inform and be informed on the project design and progress. The reference group is supported by the HSCP Public Involvement Partner “Your Voice” and the service user group ACUMEN.

8.5 Arrangements for 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.

8.5.1 Service continuity and decant strategy

The decommissioning of Ravenscraig Hospital and decant and commissioning of the new continuing mental health care facility will be the responsibility of the Inverclyde Mental Health In-patient Service Decommissioning/Commissioning Group.

All commissioning group activity will be directed and monitored through the hub process. Within the hub process structure, the decommissioning/commissioning group is a sub group of the project delivery group.

The in-patient service decommissioning/commissioning group currently meets monthly and will increase the frequency of meetings as necessary as construction progresses.

This group is led by the In-Patient Service Manager and constituted as per NHS GGC's protocol for decommissioning hospital sites.

The group will ensure that all departments follow the process for site decommissioning as outlined in the protocol.

The group will be augmented for commissioning activity by the NHS GGC Capital Services Project Manager.

A six week commissioning period is planned for this project. During this time all furniture and fittings will be delivered and installed and testing of all fire and alarm systems will take place. Over this period clinical, administrative and facilities staff will have familiarisation visits and training on the alarm response and evacuation procedures alongside the Scottish fire service

During this period the project communication group will ensure that all relevant partners have been informed of the change of location and contact procedures for the new service.

The commissioning group has clinical representation from Senior Charge Nurses (SCN's) for each of the clinical areas. The SCN's will prepare clinical risk assessment and management plans for each patient moving to the new accommodation.

A detailed decant plan based on these risk assessments will determine the order of decant from Ravenscraig and the staff and transport resources necessary to ensure the safe decant of patients.

8.6 Arrangements for Contract Management

8.6.1 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.

In conjunction with the requirements of the DBFM contract, the Project Director and PSDP Project Manager will be responsible for maintaining strict control of the project and managing changes as they arise. Also delegated levels of authority will be established to ensure that appropriate decisions are taken at the correct level, by Project Director, Project Team, Project Board or above. The following key processes will be adopted to ensure strict control.

Change Control

A “change control process” will be employed to initiate, monitor and control change (and associated costs). This will include the use of change control forms to seek approval from NHS GGC, for changes before such changes are implemented. Instructions shall be issued to the PSDP where appropriate and in accordance with the contract.

Cost Control

Cost Control procedures will include:

- implementing cost management, reporting and approval procedures

- implementing change control via a process that is within agreed financial delegations or has been the subject of NHS GGC approval
- providing monthly updates on the financial status
- monitoring and reporting changes in the cost plan to the Client and for recommending control decisions to the Client that should be implemented to secure cost objectives
- directing that appropriate cost estimates be prepared at each reporting stage
- advising the Client on their financial commitments

The PSDP Project Manager's monthly report to the Client will include a financial review.

Contract Change

The arrangements established for change control through the design and construction process are noted above and will be governed by the contractual arrangements set out in the DBFM Agreement. In addition it is recognised that this contract relates to a 25 year concession period and that management of that on-going contract, including the management of change will be key to a successful investment. The DBFM Agreement establishes procedures which control the contractual arrangements associated with on-going change.

Management and Reporting Governance in Operational Phase

The organogram below details the key roles identified in the 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.

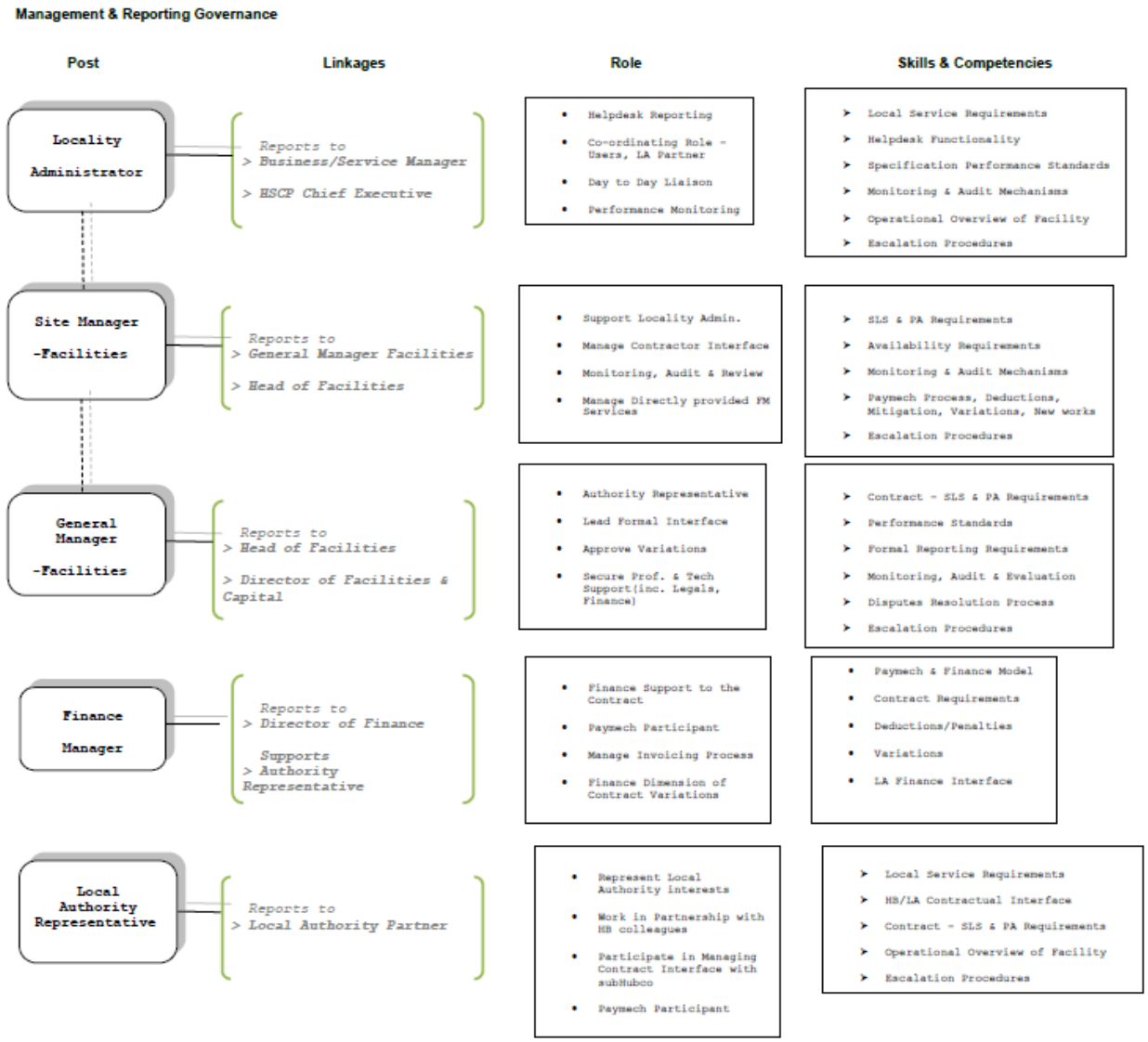
The posts identified will have a collective responsibility for the overall management of the contract and arising services, linking and co-ordinating closely with the objective of maximising utility in support of clinical and other service delivery, along with VFM. Identified is where each post links 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 MHS Administrator/Representative will establish a single point of communication with subHubco 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 subHubco, 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 subHubco.

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 subHubco to agree the MSR.

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

In addition to the MSR, subHubco 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 subHubco.

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

8.7 Arrangements for Benefits Realisation

The benefits identified within this FBC will be monitored and evaluated during the development of the project and post completion via a Post Project Evaluation to maximise the opportunities for them to be realised. The Head of Mental Health, Addictions & Homelessness, NHS GGC will be responsible for the monitoring and evaluation of the benefits identified. (Appendix C).

8.8 Risk Management

Previously key stakeholders undertook an exercise to establish the key risks associated with the proposed investment. Key business, service, environmental and financial risks were established. Furthermore risk assessments were undertaken for each of the options that this influenced the establishment of the preferred option, along with the non-financial benefits and the net present costs.

Notwithstanding the above, consideration has been given to the risk management strategy for the subsequent stages of the scheme. The following summarises the general risk management strategy for the FBC stage of the project and beyond

- At the early stage of the FBC detailed consideration was given to the allocation of risk, in accordance with the general requirements of the DBFM Agreement.
- A risk register has been developed, based on the preferred option. Detailed consultation has taken place to understand the clear allocation of risk between the parties and the required actions.
- NHS GGC will manage these risks through a series of workshops to establish, monitor and mitigate these risks as the project develops.

8.8.1 hubco Risk Management Core Process

Aligned to the above process, hubco's Risk Management Core Process forms part of the New Project Development and Delivery is a structured approach to dealing with the uncertainty and potential events that could adversely affect performance. This structured approach to managing risk is adopted on this project.

The Chief Executive Officer of hub West Scotland, supported by the Operations and supply chain director is responsible for implementing the risk management core process and for mitigating risk as appropriate.

The Project Development Manager will manage the risk associated with the Project, in summary will:

- Ensure that risk is managed in a consistent and proactive way through delivery and into operation;
- Accurately cost all risks;
- Ensure visibility and sharing of risk information across the company and between shareholders: and
- Safeguard the delivery of hWS's objectives.

This Core Process Risk Management procedure has been formally adopted from the start of the Stage 1 development process.

The Partnerships Director (PD) will support NHS GGC which will include risk management as part of an Ongoing Partnering Services.

The risk register has been used as the primary risk management tool throughout the Stage 2 development process.

8.9 Contingency Plan

In compliance with the Civil Contingencies Act (Scotland) 2005, NHS GGC has in place a business continuity plan to ensure there is no significant disruption to the services provided by it.

The plan is updated regularly and provides a basis for response to unforeseen risks and combinations of risks. It identifies the roles and services provided by Inverclyde HSCP and prioritise these in order of the need for their re-establishment.

In order to support the business continuity plan, the by Inverclyde HSCP and each service/facility has also developed a detailed plan which translates the overall principles set out into tangible action in each location.

Much of the activity set out in plans will be relevant to the new facility. Immediately prior to it becoming operational, plans will be reviewed and amended to reflect the situation in the new building.

This plan will also provide the basis for consideration of response to any disruption arising from problems when moving into the new building.

When the Stage 2 proposals are approved, the contract is awarded and the project moves into the preconstruction and subsequent construction phases, the project risk register will continue to be utilised as the primary risk management tool on the project.

8.10 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 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 35 – PPE Key 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:

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 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.

8.12 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.

8.13 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.

9 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.
Economic Appraisal	General term used to cover cost benefit analysis, cost effectiveness analysis, investment and option appraisal.
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 a benefits scoring analysis, a risk analysis and a financial and economic appraisal.
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.

Term	Explanation
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 2790
E: dghsc@scotland.gsi.gov.uk

The Scottish Government
Riaghaltas na h-Alba

In 2014 Scotland Welcomes the World

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

4 April 2014

Dear Robert

NHS GREATER GLASGOW AND CLYDE – INVERCLYDE ADULT AND OLDER PEOPLES CONTINUING CARE FOR MENTAL HEALTH – OUTLINE BUSINESS CASE

The above Outline Business Case has been considered by the Health Directorate's Capital Investment Group (CIG) at its' meeting of 11 March 2014. CIG recommended approval fort the project to proceed as a revenue fi9nanced project to be delivered via the hub initiative. I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case.

A public version of the Full Business Case should be submitted to Mariane McGowan at the address below within one month of receiving this approval letter. 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 Mike Baxter on 0131 244 2079 or e-mail Mike.Baxter@scotland.gsi.gov.uk.

Yours sincerely

Paul Gray

Paul Gray

APPENDIX B – STATUTORY APPROVALS

DECISION NOTICE

ARCHIAL
Rec'd by:
Date: 18 APR 2014

Route	Copy	Action
Email	Author	CC

Inverclyde council

Conditional Planning Permission

Issued under Delegated Powers

Regeneration and Planning
Municipal Buildings
Clyde Square
Greenock PA15 1LY

Planning Ref: 14/0035/IC

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997
TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND) REGULATIONS 2013

NHS GGC
Admin Block
Gartnavel Royal Hospital

Archial Norr
Elliot Street Mews
40 Elliot Street
GLASGOW
G3 8DZ

With reference to your application dated 04.02.2014 for planning permission under the abovementioned Act and Regulation for the following development:-

Construction of new 42 bed residential care facility at

Land adjacent to Inverclyde Royal Hospital, Larkfield Road, Greenock

Category of Application: Local Application Development

The INVERCLYDE COUNCIL in exercise of their powers under the abovementioned Act and Regulation hereby grant planning permission for the said development in accordance with the plan(s) docquetted as relative hereto and the particulars given in the application.

In compliance with Section 58 of the Town and Country Planning (Scotland) Act, 1997 this permission is granted subject to the condition that the development to which it relates must be begun not later than the expiration of 3 years beginning with the date of this permission.

Permission is issued subject to the following conditions:

1. That prior to the start of development, details of a survey for the presence of Japanese Knotweed shall be submitted to and approved in writing by the Planning Authority and that, for the avoidance of doubt, this shall contain a methodology and treatment statement where any is found. Development shall not proceed until treatment is completed as per the methodology and treatment statement. Any variation to the treatment methodologies will require subsequent approval by the Planning Authority prior to development starting on site.

2. That the development shall not commence until an environmental investigation and risk assessment, including any necessary remediation strategy with timescale for implementation, of all pollutant linkages has been submitted to and approved, in writing by the Planning Authority. The investigations and assessment shall be site-specific and completed in accordance with acceptable codes of practice. The remediation strategy shall include verification/validation methodologies. This may be incorporated as part of a ground condition report and should include an appraisal of options.

3. That on completion of remediation and verification/validation works and prior to the site being occupied, the developer shall submit a Completion Report for approval, in writing, by the Planning Authority, confirming that the works have been carried out in accordance with the remediation strategy. This

Healthy Working Lives

Positive About Disabled People

report shall demonstrate that no pollutant linkages remain or are likely to occur and include (but is not limited to) a collation of verification/validation certificates, analysis information, remediation lifespan, maintenance/aftercare information and details of imported/disposed/reused materials relevant to the site.

4. That the presence of any previously unrecorded contamination or variation to reported ground conditions that becomes evident during site works shall be brought to the attention of the Planning Authority within one week. Consequential amendments to the Remediation Strategy shall not be implemented unless it has been submitted to and approved, in writing, by the Planning Authority.

5. The use of the development shall not commence until the applicant has submitted a completion report for approval, in writing by the Planning Authority detailing all fill or landscaping material imported onto the site. This report shall contain information of the materials source, volume, intended use and verification of chemical quality (including soil-leachate and organic content etc) with plans delineating placement and thickness.

6. The development shall not commence until a detailed specification regarding the collection, treatment and disposal of cooking odours has been submitted to and approved by the Planning Authority. Such specification shall include precise details on the location of equipment used for the cooking and heating of food, canopies, grease filters, rates of air movement over the canopy, make-up air, air disposal points etc.

7. That the applicant shall submit to the Planning Authority a detailed specification of the containers to be used to store waste materials and recyclable materials produced on the premises as well as specific details of the areas where such containers are to be located. The use of the development shall not commence until the above details are approved in writing by the Planning Authority and the equipment and any structural changes in place.

8. All external lighting on the application site should comply with the Scottish Government Guidance Note "Controlling Light Pollution and Reducing Lighting Energy Consumption".

9. That before their use, samples of all facing materials on the walls and roof of the building hereby permitted shall be submitted to and approved in writing by the Planning Authority.

10. That prior to the commencement of development a landscaping scheme shall be submitted to and approved in writing by the Planning Authority and, for the avoidance of doubt, shall include details of a robust landscaping scheme between the proposed building and the adjacent dwellings to the south.

11. That prior to the start of construction of the development hereby permitted, details of the management and maintenance of the approved landscaping scheme shall be submitted to and approved in writing by the Planning Authority.

12. That any of the planting approved in terms of condition 10 above that dies, becomes diseased, is damaged or removed within 5 years of planting shall be replaced in the following year with others of a similar size and species.

13. That prior to commencement of the development hereby permitted, details of all hard landscaping surfacing shall be submitted to and approved in writing by the Planning Authority. The surfacing shall thereafter be carried out prior to the building hereby permitted being brought into use.

The foregoing conditions are imposed by the Council for the following reasons:-

1. To help arrest the potential spread of Japanese Knotweed in the interests of environmental protection.

2. To satisfactorily address potential contamination issued in the interests of environmental safety.

3. To provide verification that remediation has been carried out to the Planning Authority's satisfaction

4. To ensure that all contamination issues are recorded and dealt with appropriately.

5. To protect receptors from the harmful effects of imported contamination.

6. To protect the amenity of the immediate area and prevent the creation of odour nuisance.

7. To protect the amenity of the immediate area, prevent the creation of nuisance due to odours, insects, rodents or birds.

8. To protect the amenity of the immediate area, the creation of nuisance due to light pollution and to support the reduction of energy consumption.

9. In the interests of visual amenity.

10. In the interests of the amenity of the adjacent residential properties.

11. To ensure retention of the approved landscaping scheme.

12. To ensure retention of the approved landscaping scheme.

13. In the interests of pedestrian and vehicular safety.

The reason why the Council made this decision is explained in the attached Report of Handling.

Dated this 14th day of April 2014

Stewart Jamieson

Head of Regeneration and Planning

1 If the applicant is aggrieved by the decision of the Planning Authority to refuse permission for or approval required by condition in respect of the proposed development, or to grant permission or approval subject to conditions, he may seek a review of the decision within three months beginning with the date of this notice. The request for review shall be addressed to The Head of Legal and Administration, Inverclyde Council, Municipal Buildings, Greenock, PA15 1LY.

2 If permission to develop land is refused or 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 may serve on the planning authority a purchase notice requiring the purchase of his interest in the land in accordance with Part 5 of the Town and Country Planning (Scotland) Act 1997

Additional Notes

1. **Advisory Notes from Head of Safer and Inclusive Communities**

The applicant must consult or arrange for their main contractor to consult with either Stewart Mackenzie or Emilie Smith at Inverclyde Council, Safer Communities (01475 714200), prior to the commencement of works to agree times and methods to minimise noise disruption from the site.

Deliveries or collections to and from the site shall not be carried out between the hours of 23:00 and 07:00.

Any air conditioning units, refrigeration units or ventilation units must be suitably insulated.

Site Drainage: Suitable and sufficient measures for the effective collection and disposal of surface water should be implemented during construction phase of the project as well as within the completed development to prevent flooding within this and nearby property.

Rats, drains and sewers: Prior to the construction phase it is strongly recommended that any existing, but redundant, sewer/drainage connections should be sealed to prevent rat infestation and inhibit the movement of rats within the area via the sewers/drains.

The applicant should be fully aware of the Construction (Design & Management) Regulations 2007 (CDM 2007) and it's implications on client duties etc.

Surface Water: Any SUDS appraisal must to give appropriate weight to not only any potential risk of pollution to watercourses but to suitable and sufficient measures for the effective collection and disposal of surface water to prevent flooding. Measures should be implemented during the construction phase of

the project as well as the within the completed development to prevent flooding within the application site and in property / land nearby.

Design and Construction of Buildings - Gulls: It is very strongly recommended that appropriate measures be taken in the design of all buildings and their construction, to inhibit the roosting and nesting of gulls. Such measures are intended to reduce nuisance to, and intimidation of, persons living, working and visiting the development.

Consultation on Proposed Use: It is strongly recommended that prior to the commencement of any works the applicant consults with Officers of Safer and Inclusive Communities to ensure structural compliance with legislation relating to;
a)Food Safety Legislation,
b)Health and Safety at Work etc. Act 1974.

Houses in Multiple Occupation (HMO)- It is anticipated that the completed premises will be Registered with the Care Inspectorate as a "care home service" and therefore be exempt from HMO legislation. If this not the case it is strongly recommended that the applicant consult with Officers of Safer and Inclusive Communities regarding this Council's HMO licensing regime.

Approved Plans: Can be viewed Online at http://planning.inverclyde.gov.uk/Online/

Drawing No:	Version:	Dated:
AL(00)001	Rev A	12.02.2014
AL(00)002	Rev A	12.02.2014
AL(00)100	Rev B	12.02.2014
AL(00)101	Rev A	12.02.2014
AL(00)200	Rev A	12.02.2014
AL(00)300	Rev A	12.02.2014
SHEET 1 OF 3		01.11.2013
SHEET 2 OF 3		01.11.2013

Appended to this decision notice are two forms: a "commencement of development form" and a "completion of development form". You are required to submit the former notice before starting work. Failure to do so is a breach of planning control under Section 123(1) of the Town and Country Planning (Scotland) Act 1997. You are required to submit the latter notice as soon as practicable after completion of the development. If a third form has been appended, a "form of notice to be displayed while development is in progress" you are required to display this in a prominent place at or in the vicinity of the site of the development; it must be readily visible to the public, and it must be printed on durable material. It is a breach of planning control not to display such a notice if required.

Inverclyde council

INVERCLYDE COUNCIL
Regeneration and Planning
Development Management
Municipal Buildings
Clyde Square
Greenock PA15 1LY

Completion of Development Form

Planning Application No. Online Ref:	14/0035/IC
Name of Applicant	NHS GGC Diane Fraser
Proposal	Construction of new 42 bed residential care facility
Site of Proposal	Land Adjacent To Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN

I can confirm that the above planning permission is **now complete / is in operation (delete as appropriate)**

Signed	
Date	

Inverclyde council

INVERCLYDE COUNCIL
Regeneration and Planning
Development Management
Municipal Buildings
Clyde Square
Greenock PA15 1LY

Commencement of Development Form

Planning Application No. Online Ref:	14/0035/IC
Name of Applicant	NHS GGC Diane Fraser
Proposal	Construction of new 42 bed residential care facility
Site of Proposal	Land Adjacent To Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN

I can confirm that work shall commence on site on:

Signed	
Date	

Inverclyde council

REPORT OF HANDLING

Report By:	**David Ashman**	**Report No:**	**14/0035/IC**
			Local Application Development
Contact Officer:	**01475 712416**	**Date:**	**11th April 2014**

Subject: **Construction of new 42 bed residential care facility at Land Adjacent To Inverclyde Royal Hospital, Larkfield Road, Greenock**

SITE DESCRIPTION

The site extends to 1.1 hectares and is located within the grounds of the Inverclyde Royal Hospital. It sits to the south of the main hospital block and shares a common boundary with housing on Stafford Road to the south of the application site. The site was formerly occupied by buildings associated with the hospital including nursing accommodation. It is has been cleared of all previous structures and the site contoured with a mainly gentle south-easterly slope. There is, however, a noticeable "step" down to the common boundary with the houses to the south. The only boundary treatment is along the southern boundary with the adjacent houses and consists of a low metal palisade railing and some incidental and unmaintained soft landscaping.

PROPOSAL

The applicant seeks planning permission to construct a single storey 42 bed care facility. It is to provide general elderly care and specialist dementia care, which has influenced the design of the building. It is to be single storey with internal landscaped courtyards. The building is to be finished mainly in facing brick and timber cladding with the courtyard areas incorporating white render. The roof will be finished in tiles. The existing access from Larkfield Road is to be used and there is to be dedicated parking provision. Landscaping is to be carried out along the southern boundary between the care facility and the adjacent housing.

DEVELOPMENT PLAN POLICIES

Local Plan Policy H1 - Safeguarding the Character and Amenity of Residential Areas

The character and amenity of existing residential areas, identified on the Proposals Map, will be safeguarded, and where practicable, enhanced. New residential development will be acceptable, in principle, subject to other relevant Local Plan policies.

Local Plan Policy H9 - Non-Residential Development Proposals within Residential Areas

The introduction of new, or the extension of, non-residential uses in existing residential areas will be acceptable only where such uses are compatible with the character and amenity of the area and satisfy other relevant policies of the Local Plan.

Local Plan Policy DS1 - Preference for Development on Brownfield Sites

A sustainable settlement strategy will be encouraged by having a clear preference for all new development to be located on brownfield land within the urban areas of existing towns and smaller settlements.

PROPOSED LOCAL DEVELOPMENT PLAN POLICIES

Policy RES1 - Safeguarding the Character and Amenity of Residential Areas

The character and amenity of residential areas, identified on the Proposals Map, will be safeguarded and where practicable, enhanced. Proposals for new residential development will be assessed against and have to satisfy the following criteria:

(a) compatibility with the character and amenity of the area;
(b) details of proposals for landscaping;
(c) proposals for the retention of existing landscape or townscape features of value on the site;
(d) accordance with the Council's adopted roads guidance and Designing Streets, the Scottish Government's policy statement;
(e) provision of adequate services; and
(f) having regard to Supplementary Guidance on Planning Application Advice Notes.

Policy RES6 - Non-Residential Development within Residential Areas

Proposals for uses other than residential development in residential areas, including schools, recreational and other community facilities will be acceptable subject to satisfying where appropriate, the following criteria:

(a) compatibility with the character and amenity of the area
(b) impact on designated and locally valued open space;
(c) impact of the volume, frequency and type of traffic likely to be generated;
(d) infrastructure availability;
(e) social and economic benefits; and
(f) the cumulative impact of such a use or facilities on an area.

CONSULTATIONS

Head of Environmental and Commercial Services – No objections as adequate parking spaces have been provided.

Head of Safer and Inclusive Communities - No objections, subject to conditions in respect of Japanese Knotweed, site contamination, arrangements for the disposal of cooking odours, waste storage, external lighting, noise disruption, delivery hours and in respect of air conditioning units. A series of advisory notes is also suggested.

PUBLICITY

The application was advertised in the Greenock Telegraph on 28th February 2014 as there are no premises on neighbouring land.

SITE NOTICES

The nature of the proposal did not require a site notice.

PUBLIC PARTICIPATION

The application was the subject of neighbour notification and a press advertisement. No representations were received.

ASSESSMENT

The material considerations in determination of this application are the Local Plan, the proposed Local Development Plan and the consultation responses.

The application site is within a mainly residential area in both the Local Plan, under policy H1 and the proposed Local Development Plan, under policy RES1. Local Plan policy H9 advises that the introduction of new, or the extension of existing non-residential uses in existing residential areas will be acceptable only where such uses are compatible with the character and amenity of the area. Proposed Local Development Plan policy RES6 is similar in principle to policy H9 but sets out specific criteria. I would comment on the relevant criteria as follows:

(a) compatibility with the character and amenity of the area:

Although an institutional use, the proposed care facility is residential in nature to cater for mainly elderly and infirm residents who are no longer able to live independent lives. The design of the building is muted with the proposed finishing materials largely what I would expect to be used on houses. I therefore consider the proposed use and building to be compatible with the character and amenity of the area.

(b) impact on designated and locally valued open space:

No open space would be lost as a result of approval of this proposal. The site was formerly occupied by buildings which have been cleared to allow development to take place.

(c) impact of the volume, frequency and type of traffic likely to be generated:

The traffic likely to be generated will be staff cars, visitor parking and various service deliveries. I would not anticipate traffic volumes which would adversely impact on the immediate area or the operation of the wider hospital. I also note that there is an existing dedicated vehicular entrance onto Larkfield Road.

(d) infrastructure availability:

The required infrastructure is either already available within the site or will be provided by the applicant.

As the proposal constitutes re-development of a brownfield site, it accords with policy DS1 of the Local Plan. It also has to be considered that the development is to take place within established hospital grounds which have an existing, long established relationship with the adjacent houses. I therefore consider that the proposal is compatible with the character and amenity of the area, in accordance with Local Plan policies H1 and H9 and the equivalent proposed Local Development Plan plolicies RES1 and RES6. Furthermore, the lack of representations on the application from the adjacent residential neighbours is noted. I also note the comments made in response to consultation which can be incorporated as conditions or advisory notes on a grant of planning permission.

RECOMMENDATION

That the application be granted subject to the following conditions:

Conditions

1. That prior to the start of development, details of a survey for the presence of Japanese Knotweed shall be submitted to and approved in writing by the Planning Authority and that, for the avoidance of doubt, this shall contain a methodology and treatment statement where any is found. Development shall not proceed until treatment is completed as per the methodology and treatment statement. Any variation to the treatment methodologies will require subsequent approval by the Planning Authority prior to development starting on site.

2. That the development shall not commence until an environmental investigation and risk assessment, including any necessary remediation strategy with timescale for implementation, of all pollutant linkages has been submitted to and approved, in writing by the Planning Authority. The investigations and assessment shall be site-specific and completed in accordance with acceptable codes of practice. The remediation strategy shall include verification/validation methodologies. This may be incorporated as part of a ground condition report and should include an appraisal of options.

3. That on completion of remediation and verification/validation works and prior to the site being occupied, the developer shall submit a Completion Report for approval, in writing, by the Planning Authority, confirming that the works have been carried out in accordance with the remediation strategy. This report shall demonstrate that no pollutant linkages remain or are likely to occur and include (but is not limited to) a collation of verification/validation certificates, analysis information, remediation lifespan, maintenance/aftercare information and details of imported/disposed/reused materials relevant to the site.

4. That the presence of any previously unrecorded contamination or variation to reported ground conditions that becomes evident during site works shall be brought to the attention of the Planning Authority within one week. Consequential amendments to the Remediation Strategy shall not be implemented unless it has been submitted to and approved, in writing, by the Planning Authority.

5. The use of the development shall not commence until the applicant has submitted a completion report for approval, in writing by the Planning Authority detailing all fill or landscaping material imported onto the site. This report shall contain information of the materials source, volume, intended use and verification of chemical quality (including soil-leachate and organic content etc) with plans delineating placement and thickness.

6. The development shall not commence until a detailed specification regarding the collection, treatment and disposal of cooking odours has been submitted to and approved by the Planning Authority. Such specification shall include precise details on the location of equipment used for the cooking and heating of food, canopies, grease filters, rates of air movement over the canopy, make-up air, air disposal points etc.

7. That the applicant shall submit to the Planning Authority a detailed specification of the containers to be used to store waste materials and recyclable materials produced on the premises as well as specific details of the areas where such containers are to be located. The use of the development shall not commence until the above details are approved in writing by the Planning Authority and the equipment and any structural changes in place.

8. All external lighting on the application site should comply with the Scottish Government Guidance Note "Controlling Light Pollution and Reducing Lighting Energy Consumption".

9. That before their use, samples of all facing materials on the walls and roof of the building hereby permitted shall be submitted to and approved in writing by the Planning Authority.

10. That prior to the commencement of development a landscaping scheme shall be submitted to and approved in writing by the Planning Authority and, for the avoidance of doubt, shall include details of a robust landscaping scheme between the proposed building and the adjacent dwellings to the south.

11. That prior to the start of construction of the development hereby permitted, details of the management and maintenance of the approved landscaping scheme shall be submitted to and approved in writing by the Planning Authority.

12. That any of the planting approved in terms of condition 10 above that dies, becomes diseased, is damaged or removed within 5 years of planting shall be replaced in the following year with others of a similar size and species.

13. That prior to commencement of the development hereby permitted, details of all hard landscaping surfacing shall be submitted to and approved in writing by the Planning Authority. The surfacing shall thereafter be carried out prior to the building hereby permitted being brought into use.

Reasons

1. To help arrest the potential spread of Japanese Knotweed in the interests of environmental protection.

2. To satisfactorily address potential contamination issued in the interests of environmental safety.

3. To provide verification that remediation has been carried out to the Planning Authority's satisfaction

4. To ensure that all contamination issues are recorded and dealt with appropriately.

5. To protect receptors from the harmful effects of imported contamination.

6. To protect the amenity of the immediate area and prevent the creation of odour nuisance.

7. To protect the amenity of the immediate area, prevent the creation of nuisance due to odours, insects, rodents or birds.

8. To protect the amenity of the immediate area, the creation of nuisance due to light pollution and to support the reduction of energy consumption.

9. In the interests of visual amenity.

10. In the interests of the amenity of the adjacent residential properties.

11. To ensure retention of the approved landscaping scheme.

12. To ensure retention of the approved landscaping scheme.

13. In the interests of pedestrian and vehicular safety.

Signed:

Case Officer: David Ashman

Stuart Jamieson
Head of Regeneration and Planning

BUILDING WARRANT

Building (Scotland) Act 2003

Warrant under Section 9 for work subject to Building Regulations

Grant of Warrant

This Warrant is granted by Inverclyde Council in connection with the application by **NHS GGC Capital Planning, Diane Fraser, Gartnavel Royal Hospital, 2nd Floor Admin Building, 1055 Great Western Road, GLASGOW, G12 0XH per Archial NORR, Chris Collins, 40 Elliot Street Mews, Elliot Street, GLASGOW, G3 8DZ**

dated **28 March 2014**

for **Erection of 42 bed hospital facility. Stage 1 - Groundworks, sub-structure, foundations and drainage**

at **Land Adjacent To, Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN**

Reference Number

The reference number of this building warrant is **BS/14/0094**

Conditions

The following condition applies:-

That work on the later stages is not to proceed until such further information relating to that stage of stages as the verifier may require is submitted, and the verifier is satisfied with the information and has issued an amendment to warrant (see notes 2 and 3).

Conditions

The following condition applies:-

That the work will be carried out as described in the building warrant and in accordance with Building Regulations and that nothing in any drawing, specification or other information submitted with the application indicates that the building when constructed will fail to comply with Building Regulations.

A copy of the agreed plans is returned

Signed: N. M'Leven

For Inverclyde Council

Dated: **4 August 2014**

Notes

1. To be considered as a limited-life building expiry must not be more than 5 years from the relevant date, which is the date of notification of acceptance of the completion certificate for the work, or the date of any permission for the temporary occupation or use of the building before acceptance of the completion certificate.

2. For construction, the stages specified in the procedure regulations are -
   a) construction of foundations, or
   b) such other stages as the verifier considers appropriate having regard to any guidance issued by the Scottish Ministers

3. For demolition, the stages specified in the procedure regulations are -
   a) isolation and removal of services, fixtures and fittings,
   b) isolation and protection of adjacent structures, or
   c) such other stages, appropriate to the method of demolition, as the verifier considers appropriate having regard to any guidance issued by the Scottish Ministers.

4. It should be noted that where the owner is not the applicant, then the verifier will notify the owner of the grant of the building warrant as is required in terms of section 9(7)(b) of the Building (Scotland) Act 2003.

Important notices

(a) This building warrant is valid for 3 years. A Completion Certificate must be submitted when work is complete. If a completion certificate is not going to be submitted within the 3 year period, an extension of the duration of the warrant must be applied for before the original expiry date. For demolitions, an extension must be applied for if the period for demolition specified on the warrant will not end within the 3 year period.

(b) The verifier must be notified:

- **A of the date on which work is commenced within 7 days of such date,**
- **B when any drain has been laid and is ready for inspection or test (unless this work is covered by a certificate of construction),**
- **C when a drain track has been in-filled and the drainage system is ready for a second inspection or test (unless this work is covered by a certificate of construction),**
- **D of the date of completion of such other stages as the verifier may require, and**
- **E of the intention to use an approved certifier of construction.**

'A' above must be notification in writing. Other notifications are at the verifier's discretion.

WARNING

A building warrant does not exempt you from obtaining other types of permission that may be necessary, such as planning permission or listed building consent. Consult the local authority if in doubt.

It is an offence to use or occupy the building(s) before obtaining acceptance of a completion certificate, unless the work is alteration only.

Inverclyde AOPCCB Planning Conditions Matrix

Update V5: 20.01.15

Cond nr.	Condition details	Discharge required	Responsible Parties	Date lodged	Notes	Target Date Discharge	Actual Date Discharged
1	That prior to the start of development, details of a survey for the presence of Japanese Knotweed shall be submitted to and approved in writing by the Planning Authority and that, for the avoidance of doubt, this shall contain a methodology and treatment statement where any is found. Development shall not proceed until treatment is completed as per the methodology and treatment statement. Any variation to the treatment methodologies will require subsequent approval by the Planning Authority prior to development starting on site.	Pre-start	hWS/MS	9.5.14	Ecologist report ruled out existence of Japanese Knotweed on site. Planning officer and Enviornmental officer agreed that Condition 1 could be discharged and this was confirmed by IC Planning e-mail dated 22.5.14	23.5.14	22.5.14
2	That the development shall not commence until an environmental investigation and risk assessment, including any necessary remediation strategy with timescale for implementation, of all pollutant linkages has been submitted to and approved, in writing by the Planning Authority. The investigations and assessment shall be site-specific and completed in accordance with acceptable codes of practice. The remediation strategy shall include verification/validation methodologies. This may be incorporated as part of a ground condition report and should include an appraisal of options.	Pre-start	hWS/MS/HY	N/A	Further information was submitted to the council contaminated land officer. She has agreed that the condition can be discharged based on the understanding that a fully detailed passive venting strategy will be submitted once a specialist firm has been appointed, following FC.	30.5.14	10.12.14 * Further detail required following financial close.
3	That on completion of remediation and verification/validation works and prior to the site being occupied, the developer shall submit a Completion Report for approval, in writing, by the Planning Authority, confirming that the works have been carried out in accordance with the remediation strategy. This report shall demonstrate that no pollutant linkages remain or are likely to occur and include (but is not limited to) a collation of verification/validation certificates, analysis information, remediation lifespan, maintenance/aftercare information and details of imported/disposed/reused materials relevant to the site.	Pre-Occupation	hWS/MS/HY	N/A	Validation report will be required, confirmed following meeting HY/IC 22.5.14. Report to include items per HY mail dated 23.5.14	Practical Completion	
4	That the presence of any previously unrecorded contamination or variation to reported ground conditions that becomes evident during site works shall be brought to the attention of the Planning Authority within one week. Consequential amendments to the Remediation Strategy shall not be implemented unless it has been submitted to and approved, in writing, by the Planning Authority	Construction period during groundworks	hWS/MS/HY				
5	The use of the development shall not commence until the applicant has submitted a completion report for approval, in writing by the Planning Authority detailing all fill or landscaping material imported onto the site. This report shall contain information of the materials source, volume, intended use and verification of chemical quality (including soil-leachate and organic content etc) with plans delineating placement and thickness.	Pre-Occupation	hWS/MS/HY	N/A	Validation report will be required, confirmed following meeting HY/IC 22.5.14. Report to include items per HY mail dated 23.5.14	Practical Completion	
6	The development shall not commence until a detailed specification regarding the collection, treatment and disposal of cooking odours has been submitted to and approved by the Planning Authority. Such specification shall include precise details on the location of equipment used for the cooking and heating of food, canopies, grease filters, rates of air movement over the canopy, make-up air, air disposal points etc.	Pre-start	hWS/MS/HB		Archial Norr submitted a statement (14.10.14) setting out that there will not be food prepared or cooked at the new building and that the kitchen will be a regen kitchen. Accepted by Planning Department, condition discharged.		27.10.14

ro

Inverclyde AOPCCB Planning Conditions Matrix Update V5: 20.01.15							
7	That the applicant shall submit to the Planning Authority a detailed specification of the containers to be used to store waste materials and recyclable materials produced on the premises as well as specific details of the areas where such containers are to be located. The use of the development shall not commence until the above details are approved in writing by the Planning Authority and the equipment and any structural changes in place.	General condition	NHS/hWS/MS/ARC		Project Architect shall submit information supplied on behalf of NHSGGC. Information submitted 16.10.14 and condition has been discharged.		22.10.14
8	All external lighting on the application site should comply with the Scottish Government Guidance Note "Controlling Light Pollution and Reducing Lighting Energy Consumption".	Pre-start	hWS/MS/HB				
9	That before their use, samples of all facing materials on the walls and roof of the building hereby permitted shall be submitted to and approved in writing by the Planning Authority.	Pre-start	hWS/MS/ARC		We will arrange for samples of all materials to be delivered to the council within the next couple of weeks.	13.02.15	
10	That prior to the commencement of development a landscaping scheme shall be submitted to and approved in writing by the Planning Authority and, for the avoidance of doubt, shall include details of a robust landscaping scheme between the proposed building and the adjacent dwellings to the south.	Pre-start	hWS/MS/ARC		Information submitted to the planning department Mon 03.11.14. Condition discharged 17.12.14.		17.12.14
11	That prior to the start of construction of the development hereby permitted, details of the management and maintenance of the approved landscaping scheme shall be submitted to and approved in writing by the Planning Authority.	Pre-start	hWS/MS/ARC		Documents from ERZ were passed to the council Mon 03.11.14. Condition discharged 17.12.14.		17.12.14
12	That any of the planting approved in terms of condition 10 above that dies, becomes diseased, is damaged or removed within 5 years of planting shall be replaced in the following year with others of a similar size and species.	General condition	hWS/MS/Sub (Year 1) NHS (Year 2+)	N/A	Condition will exist for 5 year period after practical completionm, no discharge possible until expiry of this period.	Practical Completion +5 Years	
13	That prior to commencement of the development hereby permitted, details of all hard landscaping surfacing shall be submitted to and approved in writing by the Planning Authority. The surfacing shall thereafter be carried out prior to the building hereby permitted being brought into use.	Pre-start	hWS/MS/ARC		We will arrange for samples of all materials to be delivered to the council within the next couple of weeks.	13.02.15	
NOTE:	**Important Additional Advisory Notes**						
1	The applicant must consult or arrange for their main contractor to consult with either Stewart Mackenzie or Emilie Smith at Inverclyde Council, Safer Communities (01475 714200), prior to the commencement of works to agree times and methods to minimise noise disruption from the site.						
2	Deliveries or collections to and from the site shall not be carried out between the hours of 23:00 and 07:00.						
3	Any air conditioning units, refrigeration units or ventilation units must be suitably insulated.						

Inverclyde AOPCCB Planning Conditions Matrix Update V5: 20.01.15							
4	Site Drainage: Suitable and sufficient measures for the effective collection and disposal of surface water should be implemented during construction phase of the project as well as within the completed development to prevent flooding within this and nearby property.						
5	Rats, drains and sewers: Prior to the construction phase it is strongly recommended that any existing, but redundant, sewer/drainage connections should be sealed to prevent rat infestation and inhibit the movement of rats within the area via the sewers/drains.						
6	The applicant should be fully aware of the Construction (Design & Management) Regulations 2007 (COM 2007) and it's implications on client duties etc.						
7	Surface Water: Any SUDS appraisal must to give appropriate weight to not only any potential risk of pollution to watercourses but to suitable and sufficient measures for the effective collection and disposal of surface water to prevent flooding. Measures should be implemented during the construction phase of the project as well as the within the completed development to prevent flooding within the application site and in property /land nearby.						
8	Design and Construction of Buildings - Gulls: It is very strongly recommended that appropriate measures be taken in the design of all buildings and their construction, to inhibit the roosting and nesting of gulls. Such measures are intended to reduce nuisance to, and intimidation of, persons living, working and visiting the development.						
9	Consultation on Proposed Use: It is strongly recommended that prior to the commencement of any works the applicant consults with Officers of Safer and Inclusive Communities to ensure structural compliance with legislation relating to;						
	a)Food Safety Legislation,						
	b)Health and Safety at Work etc. Act 1974						
10	Houses in Multiple Occupation (HMO)- It is anticipated that the completed premises will be Registered with the Care Inspectorate as a "care home service" and therefore be exempt from HMO legislation. If this not the case it is strongly recommended that the applicant consult with Officers of Safer and Inclusive Communities regarding this Council's HMO licensing regime						

APPENDIX C – BENEFITS REALISATION PLAN

Appendix C - Inverclyde AOPCC SMART investment objects/benefits

1. Enable speedy access to, modernised, Adult and Older peoples continuing care, that achieves national standards. Development of fit for purpose healthcare facilities suitable for needs of older peoples in accordance with modern standards.

Investment Objective/Expected Benefit	Actionable/Realistic	Baseline	Improvement	Measured By
New facility built.	Yes. Plans in place for build once FBC is approved.	Current facilities at Ravenscraig Hospital		Project timetable
Increased service user satisfaction	Yes. High level of service user and carer input to design and build project.	Current high level of concern from service users, carers and community groups in regard to current facilities. Current level of complaints	Recorded high levels of service user carer satisfaction. Reduction in complaint levels	Service user satisfaction survey at completion of 1st year of occupancy
Lower bed use and Improved occupancy levels in acute elements of services. Reduced waiting times for admission to Continuing Care.	Yes. AOPCC unit key element of integrated health and social care system. Will provide throughput form Community and acute in-patient services.	2013/14 Older peoples services 97% occupancy, older persons acute service 84 day average length of stay (ALOS). 128 day wait for transfer time. 2013/14 general adult services. Occupancy AAU 92.5% IPCU 95% IPCU 46 day, ALOS AAU 22.2 Day ALOS	Reduced wait to admission Older peoples continuing care. Reduced average length of stay in Ward 4. Reduced wait to General adult continuing care. Reduced average length of stay in AAU and IPCU.	Occupancy levels. Average length of stay. Admission wait times for continuing care

		Wait to admission continuing care 215 days		
Provision of Fit for purpose accommodation for continuing care patients	Yes. Design complies with SHTM standards and dementia friendly design principles.	Current facilities at Ravenscraig Hospital	Compliance with building standards, HEI standards and improved service user satisfaction.	Approval by Architecture and design Scotland. Review by Stirling University Dementia Services Centre. Service user satisfaction.
2. Deliver a more energy efficient building within NHSGG&C estate, reducing CO2 emissions and contributing to a reduction in whole life Costs through achievement of BREEAM excellence rating.				
Contribute to Inverclyde CHCP target for reduced Carbon Emissions of 15% Against 2010/2011 levels	Yes. Design is a significant improvement on current estate.	NHSGG&C Carbon Management plan 2014.	BREEAM Award achieved	NHSGG&C Carbon Management plan 2014.
3. Improvement and maintain recruitment of staff				
Improve staff absenteeism. Reduce staff turnover (esp. in key posts) and improve on staff satisfaction.	Yes. Reconfigured service and improved environment will have a direct impact on staff	2013/2014 Absence 6.8% Turnover at 2% (with significant turnover (60% for senior medical staff)	Reduce absenteeism in 2015/2016 Improve on unfilled vacancies in key posts. Improve on retention of staff in younger (below 45 years age group)	Against current performance data on: Staff absence, Staff Turnover and staff satisfaction
4. Achieve a high design quality in accordance with the Board Design Action Plan and Guidance available from Architecture and Design Scotland. The creation of an environment people want to come and work in an feel safe in and that preserves the dignity and privacy of vulnerable people whilst maintaining their safety and security				
Use of quality design and materials to create a pleasant environment for patients and staff.	Yes. The design brief and subsequent design have been approved by Architecture and design Scotland. They have been consulted on widely within	Existing Design Brief Design review by Stirling Dementia Services Centre Satisfaction with design	Delivery of buildings as currently designed.	Against compliance with original design brief. By Architecture and design Scotland Through CHCP public

	Inverclyde.	proposals as reported by Inverclyde CHCP public Involvement process. Current Services at Ravenscraig Hospital 2013/14 HAI scores General Adult 2013/14 falls incidents both areas 49	% compliance with Sop's as measured in annual audit cycle. Improvement against baseline data in 2016/2017.	involvement process supported by Your Voice, Inverclyde and ACUMEN By Adherence to Operational policy and standing operational procedures. Based on the Royal College of Psychiatry standards for in-patient care, these procedures are behaviourally stated and fully auditable. Against service user evaluation of privacy and dignity. Use datix information. On falls and accidents. By regular HAI/HEI audit.
5. Meet statutory requirements and obligations for public buildings. Eg with regards to equalities act.				
Compliance with DDA and equalities provision.	Yes. Design is fully complaint with all legislation.	Audit scores on Entry to building	DDA Audit on design. Audit on building completion. EQIA of project and and project	Compliance with legislation
6. Contribution to physical and social regeneration of the whole area				
Building contributes to Improvement of Inverclyde	Yes. Building will replace a currently derelict site.	Current site Agreed Arts strategy	Implementation of Agreed Arts and Environment strategy.	Building completion

Engagement of Local people in developing Art work and Landscaping design for area.	Yes. Art strategy completed by group involving local community, staff, service users and carers. Art Strategy completed			Measured against the outcomes of the ART strategy and the compliance with NHSGG&C contract with Arts Curator

APPENDIX D – ECONOMIC APPRAISAL

Inverclyde

Inputs	Area	2600 sqm	Discount rate	3.50%
NHS Projects - Draft Bud v5.0 - NPR Version	Lifecycle Charge	£21 per sqm		
NHS Projects - Draft Bud v5.0 - NPR Version	Hard FM Charge	£17 per sqm		
NHS Projects - Draft Bud v5.0 - NPR Version	Heat Light and Power	£20 per sqm		
NHS Projects - Draft Bud v5.0 - NPR Version	Domestic Services	£20 per sqm		
NHS Projects - Draft Bud v5.0 - NPR Version	Rates, Including Water	£20 per sqm		
	Construction Costs			

Do Min

Inputs	Area	3937 sqm	15840	Discount ra	3.50%
NHS Projec	Lifecycle Charge	£28 per sqm			
NHS Projec	Hard FM Charge	£20 per sqm	£5 per sqm		
NHS Projec	Heat Light and Power	£24 per sqm			
NHS Projec	Domestic Services	£20 per sqm			
NHS Projec	Rates, Including Wate	£20 per sqm			
	Construction Costs				

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	£4,375,000																								
Lifecycle		£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236	£110,236
Hard FM		£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940	£157,940
Heat Light and Power		£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488	£94,488
Domestic Services		£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236	£80,236
Rates, Including Water		£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583	£78,583
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
Total - Discounted	£4,375,000	£503,848	£486,810	£470,347	£454,442	£439,074	£424,226	£409,881	£396,020	£382,628	£369,689	£357,187	£345,108	£333,438	£322,162	£311,268	£300,742	£290,572	£280,746	£271,252	£262,079	£253,217	£244,654	£236,381	£228,387	£220,664
NPC	**£12,969,823**																								

Option 2 New Build

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	£7,697,950																								
Lifecycle		£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600	£54,600
Hard FM		£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200	£44,200
Heat Light and Power		£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986	£50,986
Domestic Services		£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988	£52,988
Rates, Including Water		£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896	£51,896
Total - Discounted	£7,697,950	£246,058	£237,737	£229,698	£221,930	£214,425	£207,174	£200,168	£193,399	£186,859	£180,540	£174,435	£168,536	£162,837	£157,330	£152,010	£146,870	£141,903	£137,104	£132,468	£127,988	£123,660	£119,479	£115,438	£111,535	£107,763
NPC	**£11,895,297**																								

APPENDIX E – RISK REGISTER

Inverclyde - Project Risk Register

Ref	Date Raised	Category	Summary Description of Risk			Stage of hub West Process	PRE-CONTROL				Risk Owner(s)	Risk Control Measures	Action by Date	POST-CONTROL				Actual Cost Assessment	Last Reviewed/Comments
			Cause of Risk	Risk Description	Effect of Risk		Likelihood	Impact - Time	Cost (£)	Risk Score				Likelihood	Impact - Time	Expected Risk Cost (£)	Risk Score		
13	01/08/2013	Design	BREEAM Ownership	Failure to achieve BREEAM target due to Credit Owners not taking ownership and actioning	Impact on Funding requirement	Financial Close	4	4		16	NHS/hWS	A) Review at key stages, meetings with Assessor and others during Stage 2 and after FC.	Ongoing	2	4		8		**Reviewed 20/04/15.** Joint ownership to provide Evidence for 'Excellent'. **76.87%** Targeted (NHS: to achieve 7 Credits).
15	01/08/2013	Legal	Wayleaves	Failure to conclude Building access and access for Service Media	Delay and Project Cost	Financial Close	3	2		6	NHS	Legals being progressed with the CLO.	by Financial Close	2	4		8		**Reviewed 20/04/15.** FC reliant upon closure of Sch. Part 5, now well progressed (NHS: T Curran & W Skelly).
56	11/08/2014	Design	Public Art	Incorporation of Art Strategy into the Market Tested Design	Delay and Commercial Risk	Construction	4	4		16	NHS	Arts group attended by Capital Planning and parameters clearly understood. Instruction of Change Control at the earliest opportunity; once detail of Art Projects is known	by completion	2	3		6		**Reviewed 20/04/15.** NHSGGC Art Project being developed, to work within Scope of Market Tested Design (NHS: Project Board)
58	30/01/2015	Financial	Legislation	ESA10 Off Balance Sheet determination awaited from Scottish Government	Delay and Commercial Risk	Financial Close	4	4		16	NHS/hWS	SFT provide solution to allow FC to proceed as planned. SFT to provide early warning of any change requirements. Agreement to mitigate delays by alternative to further market-testing.	by Financial Close	4	4		16		**Reviewed 20/04/15 (NEW MATTER).** ESA10 raised by SFT on 8/01/15. No Target FC, while Direction awaited from SFT (NHS: T Curran & SFT).

Total Costed Risk **£0**

APPENDIX F – SCHEDULE OF INFORMATION

							Design Areas			
Unique Room Ref	**Dept**	**Brief Room Name**	**Additional Accommodation**	**No.**	**ADB ref.**	**Additional Notes**	**Drawing ref**	**Activity Space**	**total**	**Net Total**
Zone H: Social Enterprise + Central Ammenity Hub										
H01	H	Reception		1	J1232	Signed off 23.01.14	AA(80)H01	8.7	**8.7**	
H02	H	Social Enterprise Area - Cafe		1	F0410	Signed off 23.01.14	AA(80)H02	30.1	**30.1**	
H03	H	Café Servery		1	F0310	Signed off 23.01.14	AA(80)H03	8.4	**8.4**	
H04	H	Multi-purpose room / Activity Space		1	Q0506	Signed off 23.01.14	AA(80)H04	20.1	**20.1**	
H05	H	Family Rm		1	D1103	Signed off 23.01.14	AA(80)H05	20.1	**20.1**	
H06	H	Social Enterprise Area -Hair		1	V2004	Signed off 23.01.14	AA(80)H06	10	**10**	
H07	H	Patient laundry		1	Y0508A	Signed off 23.01.14	AA(80)H07	15.1	**15.1**	
H08	H	Linen Store		1	W1594	Signed off 23.01.14	AA(80)H08	14.9	**14.9**	
H09	H	DSR		1	Y1501	Signed off 23.01.14	AA(80)H09	13.8	**13.8**	
H10	H	DIS WC		1	V0922	Same as A21	AA(80)A21	5.4	**5.4**	
H11	H	Female Visitor WC		1	V1005	Signed off 23.01.14	AA(80)H11	8.9	**8.9**	
H12	H	Male Visitor WC		1	V1005	Same as H11	N/A	8.9	**8.9**	
H13	H	Ravenscraig Office		1	M0268	Signed off 23.01.14	AA(80)H13	54.6	**54.6**	
H14	H	Ravenscraig Meeting Rm		1	M0330	Same as H15	N/A	10.2	**10.2**	
H15	H	Ravenscraig Meeting Rm		1	M0330	Signed off 23.01.14	AA(80)H15	14.9	**14.9**	
H16	H	Office		1	M0252	Signed off 23.01.14	AA(80)H16	12.9	**12.9**	
H17	H	Managers Office		1	M0219	Signed off 23.01.14	AA(80)H17	9.9	**9.9**	
H18	H	FM Office		1	M0219A	Signed off	AA(80)H18	9.9	**9.9**	
H19	H	Disposal		1	Y0642-01	Signed off 23.01.14	AA(80)H19	14	**14**	
H20	H	Kitchen		1	P1105A	Signed off 12.02.14	AA(80)H20	20	**20**	
H21	H	Female Staff Change		1	V0554	Signed off 23.01.14	AA(80)H21	20	**20**	
H22	H	Male Staff Change		1	V0554	Same as H21	AA(80)H22	20	**20**	
H23	H	Staff Room		1	D0201	Signed off 23.01.14	AA(80)H23	25.4	**25.4**	
H24	H	Comms Room		1			N/A	6.7	**6.7**	**382.9**
Zone E: Elderly Continuing Care - Challenging Behaviour + Elderly Frail & Terminally Ill										
E01-E24	E	Bedroom		24	B0310-D	Same as AA(80)A01 4 of these rooms have clinical HWB	N/A	13	**312**	
E01A-E24A	E	Ensuites		24	V1650-D	Signed off 23.01.14	AA(80)E23A	4.5	**108**	
E25-E30	E	Bedroom		6	B0310-C	Signed off 23.01.14 All rooms have clinical WHB	AA(80)E25	16.1	**96.6**	
E25A-E-30A	E	Ensuites		6	V1650-D	Same as AA(80)E23A	N/A	4.5	**27**	
E61	E	Staff Base		1	M0252D	Signed off 23.01.14	AA(80)E61	9.7	**9.7**	
E62&E63	E	Staff WC's		2	V1005A	Signed off 23.01.14	AA(80)E62	2.5	**5**	
E64	E	Records Store		1	W0812	Signed off 23.01.14	AA(80)E64	8.8	**8.8**	
E65,66,80&81	E	DIS WC		4	VO922	Signed off 23.01.14	AA(80)E65	5.25	**21**	
E67	E	Treatment Room		1	X0130	Signed off 23.01.14	AA(80)E67	14.5	**14.5**	
E68	E	Assisted Bathroom		1	V1810	Signed off 23.01.14	AA(80)E68	15.5	**15.5**	
E69	E	Linen Store		1	W1404	Signed off 23.01.14	AA(80)E69	9.7	**9.7**	
E70	E	Dining Room + Servery		1	D0615	Signed off 23.01.14	AA(80)E70	68.1	**68.1**	
E71	E	Inside / Outside Room		1	D1122C	Signed off 23.01.14	AA(80)E71	25.5	**25.5**	
E72	E	Living Room		1	D1122B	Same as AA(80)E78		29.7	**29.7**	

E73	E	Female Sitting Room		1	D1103B	Signed off 23.01.14	AA(80)E73	12.7	**12.7**	
E74	E	Sluice		1	Y0431	Signed off 23.01.14	AA(80)E74	9	**9**	
E75	E	General Store		1	W1585	Signed off 23.01.14	AA(80)E75	6.1	**6.1**	
E76	E	Quiet Room		1	D1103A	Signed off 23.01.14	AA(80)E76	19.3	**19.3**	
E77	E	Quiet Room		1	D1103A	Signed off 23.01.14	AA(80)E77	15	**15**	
E78	E	Living Room		1	D1122B	Signed off 23.01.14	AA(80)E78	29.8	**29.8**	
E79	E	General Store		1		Same as E75		6.4	**6.4**	
E82	E	Pantry		1	P0625A	Signed off 12.02.14	AA(80)E82	10.6	**10.6**	
E83	E	Interview Room		1	M0724	Signed off 23.01.14	AA(80)E83	8.8	**8.8**	
E84	E	Entrance Lobby		1		Circulation space	N/A	11.4	**11.4**	
	E	Staff Touchdown Space		1			N/A	4	**4**	
E86		Lobby		1		Circulation space	N/A	6.5	**6.5**	**890.7**
Zone A: Adult Continuing Care										
A01-A05&A07-A13	A	Adult Cont Care Bedrooms		12	B0310E	Signed off 23.01.14 1 Room will have clinical WHB	AA(80)A01	13	**156**	
A01A-A13A	A	Adult Cont Care Ensuites		12		Same as AA(80)E23A	N/A	4.5	**54**	
A06	A	Female Sitting Room		1		Signed off 23.01.14	AA(80)A06	19.2	**19.2**	
A14	A	Kitchen		1	Q0114	Signed off 12.02.14	AA(80)A14	18.5	**18.5**	
A15	A	Equipment Store		1		Same as AA(80)E75	N/A	5.8	**5.8**	
A16	A	Dining + Servery		1	D0619A	Signed off 23.01.14	AA(80)A16	29.7	**29.7**	
A17	A	Living room		1	D1112	Signed off 23.01.14	AA(80)A17	29.3	**29.3**	
A18	A	Treatment Room		1	X0130	Signed off 23.01.14	AA(80)A18	14.9	**14.9**	
A19	A	Store		1		Same as AA(80)E75	N/A	4	**4**	
A20	A	Interview Room		1	M0724	Signed off 23.01.14	AA(80)A20	10.1	**10.1**	
A21 & A22	A	WC		2	V0922	Signed off 23.01.14	AA(80)A21	5.25	**10.5**	
A23	A	Staff Base + Reporting		1	M0252D	Signed off 23.01.14	AA(80)A23	10.4	**10.4**	
A25	A	Staff WC		1	V1005A	Signed off 23.01.14	AA(80)A25	2.7	**2.7**	**375.1**
A26	A	Sluice		1	Y0431	Same as AA(80)E74	N/A	10	**10**	

Net Area	64.00%	1648.7
Department Circulation	30.00%	801
Planning and Engineering	4.00%	97.2
Plant	2.00%	53.1
total		2600

GIFA **2600**

APPENDIX G – DESIGN STATEMENT – STAGE 2

NHSScotland Design Assessment Process

Project No/Name: GG 08 Inverclyde Continuing Care (AOPCC) Beds

Business Case Stage: *FBC*

Assessment Type: *Desktop*

Assessment Date: June 2014

Response Issued: 3rd July 2014

Introductory Comments:

This report relates to the proposed designs submitted by NHS Greater Glasgow & Clyde (NHSGG&C) for the Inverclyde Adult & Older Persons Care Centre (AOPCC) project to be located at Inverclyde Royal Hospital (IRH). The project falls within the discretionary implementation of the NHSScotland Design Assessment Process (NDAP), however, NHSGG&C have included this within the process, which we welcome.

Prior to the formal submission at FBC stage a meeting was held between NHSGG&C, HubWest, Archial Norr, HFS and A+DS (on 24th April 2014) to discuss the development of the project. Following the meeting a number of comments and observation were made and a series of interim comments issued to the Board on 05th June 2014

The Board indicated at the meeting that the site boundary has been reduced from the one indicated at Outline Business Case (OBC) stage and that this has been adjusted to cover the area required by HubWest for the development only. The remaining part of the site was deemed too steep to develop and will now be retained by NHSGG&C.

The assessment contained in this report is based on the initial set of general arrangement drawings received from NHSGG&C on 22nd April 2014 and followed up by submission of the pro-forma with some supplementary information received on 09th June 2014 including the following: Full Planning Consent (*P16 Full Planning Consent 14 04 14*), Landscape Drawing (*Landscape Plan Rev B - 2.05.14*) & Art Strategy (*Hearts Hands and Minds v6*)

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

With the following recommendations:

Advisory Recommendations

The design is developing well and has progressed from the initial scheme design presented to NDAP at early OBC stage. The quality of the facility demonstrates a good response,

particularly given the challenging nature of the site, and has the potential to meet the qualities outlined within the Design Statement, which benchmarks the level of patient and staff environment expected.

We note some comments below that indicate some observations the Board may wish to consider to inform the next phase of development;

External

a. The elevational treatment uses timber panelling to identify key area of the design (i.e. over entrance/exit, social lounge, etc.). This is a positive move and will aid wayfinding for patients and visitors using the building. However, the Board should satisfy themselves that any detailing of the timber elements is robust and will minimise any future maintenance issues.

b. The Board should retain cill level within patient bedrooms that allow views out of bedrooms those who may be seated or lying down in bed. This is particularly important within the palliative/higher dependency ward where bedrooms will be used for longer periods of time.

Internal

c. The ward environment illustrated in the architectural drawings indicates a variety of spaces catering for differing patient needs. These range from larger social spaces (common room/café) encouraging human interaction, to external courtyard space offering a 'breath of fresh air', to smaller quiet inglenooks allowing patients to have time away. This variety and quality of these spaces is good and helps to foster a feeling of 'home' and should be retained through the subsequent stages of the development.

d. The location of the assisted bathroom, currently located adjacent to the main social lounge, may reduce dignity and privacy of patients using this facility. The Board should consider providing a more discreet entrance to this room to preserve dignity.

Landscape

e. The development of the landscape proposals offers a series of spaces in addition to the ward environment. This is beneficial for both patients, staff and visitor and helps integrate the facility into its setting. The Board should be mindful It is noted that a couple of the bedrooms within the smaller adult ward have reduced privacy due to the proximity of social spaces/arrival route and a reduction in landscape provision adjacent to these. These spaces may benefit from some additional buffering (either through landscape or screening) to maintain the level of privacy demonstrated elsewhere.

f. The walking route is a positive addition to the facility and allows patients to wander in relaxed atmosphere. There may be a need to provide some additional seating along this walking route to encourage use, possibly at entry points and where patients are likely to congregate (i.e. external terraces, change in direction, etc.). This would allow those who may be unable to walk far, opportunities to get a breath of fresh air or walk a portion of the route and pause for a rest/view.

Sustainability/BREEAM

g. We support the Boards ambition for an 'excellent' target BREEAM score of 77, including 7 for ENE01. Supporting sustainability the Board has also undertaken a 'Dementia Friendly' audit of the design. This should assist in selection of details to enhance accessibility, visual and acoustic amenity for elderly, both internally and externally.

Further, the Board advised that an art curator from Wide Open Space had been appointed to undertake a campus wide strategy looking at opportunities where art and health promotion can be incorporated. We encourage the Board to extend this scope to develop an overall landscape strategy for the IRH site. This may provide opportunities to better integrate the new facility into the existing campus and may also offer the potential to provide pedestrian links from other areas, e.g. residential area to the south of the site.

Notes of Potential to Deliver Good Practice

The Design Statement sets out the quality aspirations the Board are seeking for the project. If the advisory recommendations noted above are addressed, and the Board's design standards and aspirations maintained then the facility has the potential to become a model of good practice for a mental health facility.

Next Stage Processes

Next Actions at Current Business Case Stage

The above **SUPPORTED** status will be verified to CIG without any further action by the board being required.

VERIFICATION CIG :

The above **SUPPORTED** status is **VERIFIED**.

Signed ...Susan Grant..... dated ...3rd July 2014.....

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 H – HAISCRIBE

HAI Scribe Stage Review - Inverclyde Adult & Older Peoples Continuing Care Facility

Development Stage 1: HAI-SCRIBE applied to the proposed site for development - 5/09/13

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
2.1	Is Contaminated land an issue? (eg smallpox - also refer to contaminated land register	☐	☑	☐	
2.2	Are there industries or other sources in the neighbourhood which may present a risk of noise, smell, other pollution or infection e.g. animal by-products processing plant?	☐	☑	☐	
2.3	Are there industries or other sources in the neighourhood which may present a risk of noise, smell, other pollution which might affect the designed operation of the healthcare facility e.g. windows and ventilation systems in the healthcare being kept closed because of a sewage treatment plant?	☐	☑	☐	
2.4	Are there construction/ demolition works programmed in the neighbourhood which may present a risk of noise, smell, other pollution or infection e.g. fungal infection?	☐	☑	☐	
2.5	Are there cooling towers in the neighbourhood which may present a risk of legionella infection?	☐	☑	☐	
2.6	Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any potential HAI risk e.g. from entrainment of plumes containing legionella?	☐	☑	☐	

Development Stage 1: HAI-SCRIBE applied to the proposed site for development - 5/09/13

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
2.7	Is there a locally recognised increased risk of contamination/infection e.g. cryptosporidium?	☐	☑	☐	
2.8	Will the proposed development impact on the surrounding area in any way which may lead to restrictions being applied to the operation of the proposed facility which may in turn present potential for HAI risk e.g. storage and collection arrangements for healthcare clinical waste leading to pressure to reduce collection frequency?	☐	☑	☐	
2.9	Will lack of space limit the proposed development and any future expansion of the facility?	☐	☑	☐	

HAI-Scribe Stage 1 Review Attendance Register
Thursday 5 September 2013

Name	Designation	Contact Details
Graham Quigley	Senior Infection Control Nurse - NHSGGC	Graham.Quigley@ggc.scot.nhs.uk
Ross Campbell	Site Maintenance Manager	Andrew.Campbell@ggc.scot.nhs.uk
Diane Fraser	Senior Project Manager - NHSGGC	diane.fraser@ggc.scot.nhs.uk

Development Stage 2: HAI-SCRIBE applied to planning and design stage of development

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
3.1	Does the design and layout of the healthcare facility inhhibit the spread of infection?	☑	☐	☐	Separate Wards created; application of Infection Control principles to the selection and detailing of materials; and specification of cleaning facilities.
3.2	Is the ventilation system design fit for purpose, given the potential for infection spread via ventilation systems?	☑	☐	☐	The Building is predomiantly naturally ventilated supplemented with mechanical ventilation for Toilets, Pantry and some internal transient spaces.
3.3	Has account been taken of the use of natural ventilation being affected by neighbourhood sources of environmental pollution as discussed in Development Stage 1?	☑	☐	☐	There is no issue to address.
3.4	Is the interior of the healthcare facility easy to clean and maintain clean? (Surfaces of floors, walls and ceilings should be appropriate to the particular room and the required management of infection risk. Thus, carpeted floors in offices may be appropriate but not appropriate in clinical areas. There should be coving at right angle junction of walls, floors and celings to ease effective cleaning.)	☑	☐	☐	Selected materials are conducive to cleaning. Vinyl floors have coved skirtings. All Patient areas have vinyl flooring. Wash hand basins have splash backs or abut laminate faced IPS panels.
3.5	Does each ward allow sufficient space between beds to comply with the current guidance, thus facilitating the healthcare services to the patients, which in turn may reduce HAI risk?	☑	☐	☐	Each bed has an individual room.

Development Stage 2: HAI-SCRIBE applied to planning and design stage of development

Item No	Question	Yes	No	N/A	Comments
3.6	Are there facilities to enable high standards of hand hygiene to be maintainted? For example, standards specified in: * 'Improving Clinical Care in Scotland Healthcare Associated Infection (HAI); Infection Control' (QIS 2003); * 'Standards Healthcare Associated Infection (HAI) Infection Control' (CSBS 2001). (Hand-wash basins, liquid soap dispensers, paper towels and alcohol gel despensers must be provided in sufficient numbers and be readily accessible. It should be noted that the effective use of alcohol gel first requires hands to be physically clean.)	☑	☐	☐	All clinical wash hand basins shall comply.
3.7	Where curtain rails and curtains are fitted are they easy to clean and maintain clean?	☑	☐	☐	
3.8	Is the toilet, bath and shower accommodation conveniently sited in relation to the ward and, where possbile, is this accommodation en-suite?	☑	☐	☐	Toilet facilities are adjacent to the Primary Day Spaces. Every Bedroom has an en-suite Shower Room.
3.9	Is the toilet, bath and shower accommodation accessible for cleaning purposes and is the accommodation easily cleaned?	☑	☐	☐	
3.10	Does the ventilation of the toilet, bath and shower accommodation ensure extraction of air from the room to be outside air?	☑	☐	☐	

Development Stage 2: HAI-SCRIBE applied to planning and design stage of development

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
3.11	Are the staff changing facilities suitably sited, have sufficient space, and readily accessible?	☑	☐	☐	
3.12	Are the staff showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents?	☑	☐	☐	
3.13	Is there satisfactory provision of isolation facilities for infectious and potentially infectious patients?	☑	☐	☐	There is a hierarchical approach. Separate areas - Adult Ward, Elederly Ward, Palliative Care Wing. Clinical wash hand basin and emergency provision of DSR, to provide each Ward with DSR facilities.
3.14	Is there separation of dirty areas from clean areas to minimise the risk of HAI contamination?	☑	☐	☐	
3.15	Is there sufficient storage accommodation provided in each area of the healthcare facility for equipment which is mobile and not in continuous use?	☑	☐	☐	
3.16	Are there satisfactory facilities for storage of cleaning equipment e.g. Domestic Services room?	☑	☐	☐	

Development Stage 2: HAI-SCRIBE applied to planning and design stage of development

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
3.17	Is the service ducting for utilities etc, conceealed to ease routine cleaning surfaces?	☑	☐	☐	
3.18	Does the service ducting for utilities provide sufficient access for maintenance and pest control.	☑	☐	☐	
3.19	Are there sufficient and conveniently sited facilities provided for the cleaning of common equipment like trolleys, wheelchairs etc?	☑	☐	☐	
3.20.	Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety hygiene standards?	☑	☐	☐	No cooking within Building, regen kitchen and serveries for distrubution. Supply and extract provided.
3.21	Are waste management facilities and systems robust and fit for purpose? (this includes local and central storage, systems for movement of waste to central storage, systems for handling and compaction of waste, systems for separation and security of waste, especially healthcare clinical waste.)	☑	☐	☐	Segregated waste - domestic, clinical and recycle. Waste Policy in operation.
3.22	Is the water distribution system designed to discourage bacterial growth and to ensure delivery of hot and cold water to users at the appropriate temperatures?	☑	☐	☐	Design to comply with HTM 04-01.

Development Stage 2: HAI-SCRIBE applied to planning and design stage of development

Item No	Question	Yes	No	N/A	Comments
3.23	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?	☑	☐	☐	
3.24	Are there satisfactory arrangements for effective management of laundry? (This includes local and central storage, systems for movement of laundry to central storage, systems for handling laundry, systems for separation and security of laundry, espcially contaminated laundry.)	☑	☐	☐	Laundry cleaned off site. Operational Policy in place to deal with storage and movement of clean and dirty laundry within the facility.
3.25	Are there sufficient and suitably sited facilities for bed pan washing/disposal?	☑	☐	☐	Sluice Room provided. Disposable pans used.

HAI-Scribe Stage 2 & 3 Review Attendance Register
Thursday 12 June 2014

Name	Designation	Contact Details
Graham Quigley	Senior Infection Control Nurse - NHSGGC	Graham.Quigley@ggc.scot.nhs.uk
Ross Campbell	Site Maintenance Manager	Andrew.Campbell@ggc.scot.nhs.uk
Diane Fraser	Senior Project Manager - NHSGGC	diane.fraser@ggc.scot.nhs.uk
Campbell Halliday	Project Delivery Manager	Campbell.halliday@hubwestscotland.co.uk
John Boyle	SCN	John.boyle3@ggc.scot.nhs.uk
Elizabeth Lafferty	Admin Manager	Elizabeth.Lafferty@ggc.scot.nhs.uk
Sandra Bradley	Dep Site & Facilities Manager	Sandra.Bradley@ggc.scot.nhs.uk
Margaret Aitken	Clinical Governance	Margaret.Aitken@ggc.scot.nhs.uk
Peter Merrigan	M&E Consultant	peterm@hawthorneboyle.co.uk
Chris Collins	Project Architect	CCollins@archialnorr.com
Mark Palmer	Design Manager	Mark.Palmer@morgansindall.com
Thomas Ward	Structural / Civil Engineer	thomas.ward@halcrowyolles.com
Fraser Sim	Pre Construction Manager	Fraser.Sim@morgansindall.com
Derek Robinson	M&E Manager	derek.robinson@morgansindall.com

Development Stage 3: HAI-SCRIBE applied to the construction/redevelopment phase

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
4.1	Has the type and extent of construction and refurbishment or repair work been addressed in terms of infection risk?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.2	Has the likelihood of contaminating adjacent patient care areas, and those on levels immediately below and above been addressed?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.3	Has the impact of traffic and supply routes been addressed in terms of infection risk?	☑	☐	☐	Flow addressed at Design Stage.
4.4	Has the impact on sterile stock storage areas been addressed?	☑	☐	☐	
4.5	Has the impact of airflow patterns and ventilation sytems been addressed in terms of infection risk from construction and refurbishment or repair work?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.6	Has the extent of the dust, noise and infection risk from the construction and refurbishment or repair work been addressed?	☑	☐	☐	New Build, away from existing Hospital facilities. Nearby Residencies only, potentially affected.

Development Stage 3: HAI-SCRIBE applied to the construction/redevelopment phase

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
4.7	Have the hours of operation of the construction work and the impact of this in terms of infection risk been addressed?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.8	Have the areas of the healthcare facility most likely to be affected by the dust, noise and infection risk been identified and the infection risk addressed?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.9	Have the population groups most susceptible to infection been identified and the risk associated with noise, dust, and infection been addressed?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.10	Has the particular risk of fungal infection from demolition and refurbishment construction been identified and measures put in place for the infection risk to be managed effectively to minimise impact on patients and visitors?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.11	Have measures been designed in to eliminate or minimise the impact of the dust, noise and infection risk?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.12	Has the use of barrier structures to contain contamination been addressed in the following situations? -	☐	☐	☑	New Build, away from existing Hospital facilities.

Development Stage 3: HAI-SCRIBE applied to the construction/redevelopment phase

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
4.13	Demolition of walls, plaster, ceramic tiles, celings and ceiling tiles?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.14	Removal of flooring and carpeting, windows and doors?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.15	Work with sinks or plumbing which could give rise to aerosol water droplets in high risk areas?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.16	Exposure of ceiling spaces?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.17	Elevator shaft demolition and construction?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.18	Repairs to water damage?	☐	☐	☑	New Build, away from existing Hospital facilities.

Development Stage 3: HAI-SCRIBE applied to the construction/redevelopment phase

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
4.19	Has the type and extent of construction and refurbishment or repair work been addressed in terms of infection risk?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.20	Have measures to minimise risk of infection been investigated, including the following? -	☐	☐	☑	New Build, away from existing Hospital facilities.
4.21	Relocation of sceptible patients?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.22	Prevention of weather/water entry and protection of interior?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.23	Prevention of contamination by dust etc, with particular attention to air systems e.g. ducts, air handlers, coils, fans, grills by creation of temporary barrier structures or exhaust ventilation to isolate work areas?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.24	Has the discharge of exhaust air been arranged so as not to re-enter the building e.g. via outside air intakes, nor cause pollution to other areas?	☐	☐	☑	New Build, away from existing Hospital facilities.

Development Stage 3: HAI-SCRIBE applied to the construction/redevelopment phase

NHS Greater Glasgow and Clyde

Item No	Question	Yes	No	N/A	Comments
4.25	Maintenance of all internal building areas in a clean state?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.26	Sealing of all external walls, windows, doors, etc, prior to commencement of construction work?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.27	Prevention of insect and rodent entry to area during construction phase?	☐	☐	☑	New Build, away from existing Hospital facilities.
4.28	Separation of construction traffic and healthcare traffic during construction phase?	☑	☐	☐	
4.29	Thorough cleaning of area on completion of construction work, including surfaces, under floor and ducts? (Further guidance on cleaning can be found in the NHSScotland National Cleaning Services Specification produced by the HAI Task Force.)	☑	☐	☐	Builder's Clean by Contractor. Clinical Clean by NHSGGC Hotel Services.
4.30	Enforcement of control and reporting system to ensure compliance with above issues?	☑	☐	☐	Through Project Management

HAI-Scribe Stage 2 & 3 Review Attendance Register
Thursday 12 June 2014

Name	Designation	Contact Details
Graham Quigley	Senior Infection Control Nurse - NHSGGC	Graham.Quigley@ggc.scot.nhs.uk
Ross Campbell	Site Maintenance Manager	Andrew.Campbell@ggc.scot.nhs.uk
Diane Fraser	Senior Project Manager - NHSGGC	diane.fraser@ggc.scot.nhs.uk
Campbell Halliday	Project Delivery Manager	Campbell.halliday@hubwestscotland.co.uk
John Boyle	SCN	John.boyle3@ggc.scot.nhs.uk
Elizabeth Lafferty	Admin Manager	Elizabeth.Lafferty@ggc.scot.nhs.uk
Sandra Bradley	Dep Site & Facilities Manager	Sandra.Bradley@ggc.scot.nhs.uk
Margaret Aitken	Clinical Governance	Margaret.Aitken@ggc.scot.nhs.uk
Peter Merrigan	M&E Consultant	peterm@hawthorneboyle.co.uk
Chris Collins	Project Architect	CCollins@archialnorr.com
Mark Palmer	Design Manager	Mark.Palmer@morgansindall.com
Thomas Ward	Structural / Civil Engineer	thomas.ward@halcrowyolles.com
Fraser Sim	Pre Construction Manager	Fraser.Sim@morgansindall.com
Derek Robinson	M&E Manager	derek.robinson@morgansindall.com

HAI Scribe Risk Assessment

Name of establishment: _____

HAI Scribe Development Stage: _____

Person carrying out risk assessment: _____

Description of planned construction or refurbishment: _____

_____

Construction activity type: _____

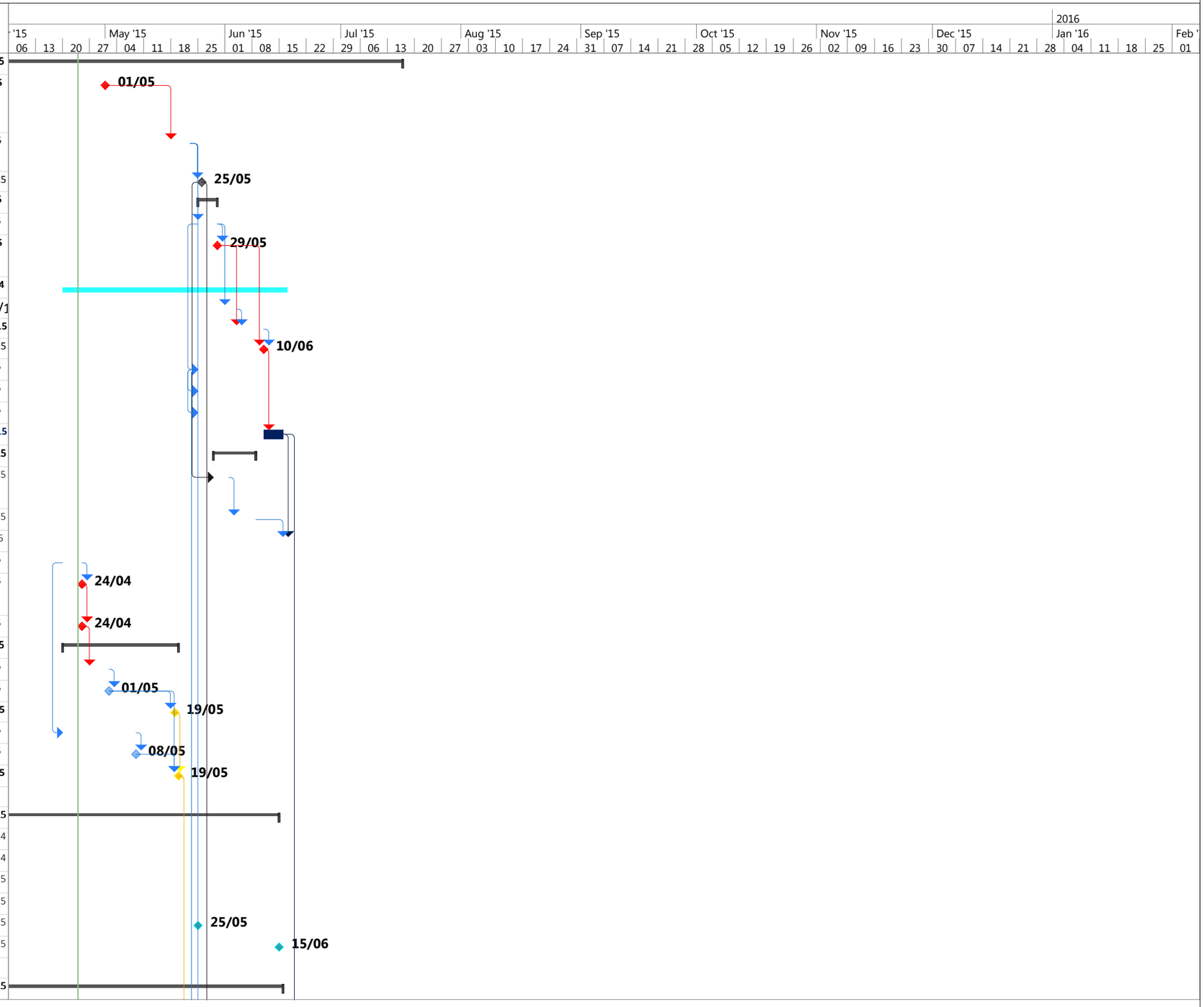
_____

What are the hazards?	Who might be harmed?	Risk to patients?	What action is necessary?	Action by whom?	Action by when?	Date Completed

APPENDIX I – PROGRAMME

INVERCLYDE NHS AOPCCB
STAGE 2 SUBMISSION - STANDALONE RE-ENGAGEMENT PROGRAMME TO FINANCIAL CLOSE

ID	Task Name	Duration	Start	Finish
1	**Inverclyde Draft Programme to Financial Clos**	**251 days?**	**Fri 18/07/14**	**Thu 16/07/15**
2	**SFT Clearance on ESA 10 to Allow Re-Engagement (Guestimate Date 20.04.15)**	**0 days**	**Fri 01/05/15**	**Fri 01/05/15**
3	Notice Period for Team Re-Engagement	5 days	Mon 18/05/15	Fri 22/05/15
4	Re-Engagement	0 days	Mon 25/05/15	Mon 25/05/15
5	**1 Update Stage 2 Final Price**	**5 days**	**Mon 25/05/15**	**Fri 29/05/15**
6	1.1 Market Testing Update	5 days	Mon 25/05/15	Fri 29/05/15
7	**1.2Primary Contractor Updated Final Price (80% Min. Competitive)**	**0 days**	**Fri 29/05/15**	**Fri 29/05/15**
8	**2 Update Stage 2 Submission**	**42 days**	**Fri 15/08/14**	**Tue 14/10/14**
9	Conclude Paymech	3 days	on 01/06/1	ed 03/06/1
10	**FM Life Cycle Update**	**5 days**	**Thu 04/06/15**	**Wed 10/06/15**
11	Updated Stage 2 Costs	0 days	Wed 10/06/15	Wed 10/06/15
12	Technical Update & Query Responses	10 days	Mon 25/05/15	Fri 05/06/15
13	Legal	10 days	Mon 25/05/15	Fri 05/06/15
14	Financial	10 days	Mon 25/05/15	Fri 05/06/15
15	**Update Financial Model**	**3 days**	**Thu 11/06/15**	**Mon 15/06/15**
16	**Subordinated Debt Process**	**7 days**	**Fri 29/05/15**	**Mon 08/06/15**
17	Prepare Subordinated Debt Request & Issue to Participants	2 days	Fri 29/05/15	Mon 01/06/15
18	Period for Participants to Respond	5 days	Tue 02/06/15	Mon 08/06/15
19	Update Stage 2 Funding Report	1 day	Tue 16/06/15	Tue 16/06/15
20	Stage 2 Final Addendum Prepared	5 days	Mon 20/04/15	Fri 24/04/15
21	Stage 2 Addendum Submitted to hWS Board & NHS Subject to Board Approval	0 days	Fri 24/04/15	Fri 24/04/15
22	hWS Board Meeting (SPECIAL)	0 days	Fri 24/04/15	Fri 24/04/15
23	**3 Participant Approval of Stage 2**	**22 days?**	**Mon 20/04/15**	**Tue 19/05/15**
24	NHS Preparation of FBC & Submit to CIG	5 days	Mon 27/04/15	Fri 01/05/15
25	Submission to SCIG & Q&P	0 days	Fri 01/05/15	Fri 01/05/15
26	**Q&P Committee**	**1 day?**	**Tue 19/05/15**	**Tue 19/05/15**
27	SFT KSR	15 days	Mon 20/04/15	Fri 08/05/15
28	SFT KSR Approval	0 days	Fri 08/05/15	Fri 08/05/15
29	**Approval of FBC at SCIG Meeting**	**0 days**	**Tue 19/05/15**	**Tue 19/05/15**
30				
31	**4 Legal Updates On Progress**	**131 days?**	**Mon 01/12/14**	**Mon 15/06/15**
32	Update Documents Schedule	0 days	Mon 01/12/14	Mon 01/12/14
33	Update Documents Schedule	0 days	Mon 15/12/14	Mon 15/12/14
34	Update Documents Schedule	0 days	Mon 05/01/15	Mon 05/01/15
35	Update Documents Schedule	0 days	Mon 19/01/15	Mon 19/01/15
36	Update Documents Schedule	0 days	Mon 25/05/15	Mon 25/05/15
37	Update Documents Schedule	0 days	Mon 15/06/15	Mon 15/06/15
38				
39	**5 DBFM**	**203 days**	**Fri 22/08/14**	**Mon 15/06/15**



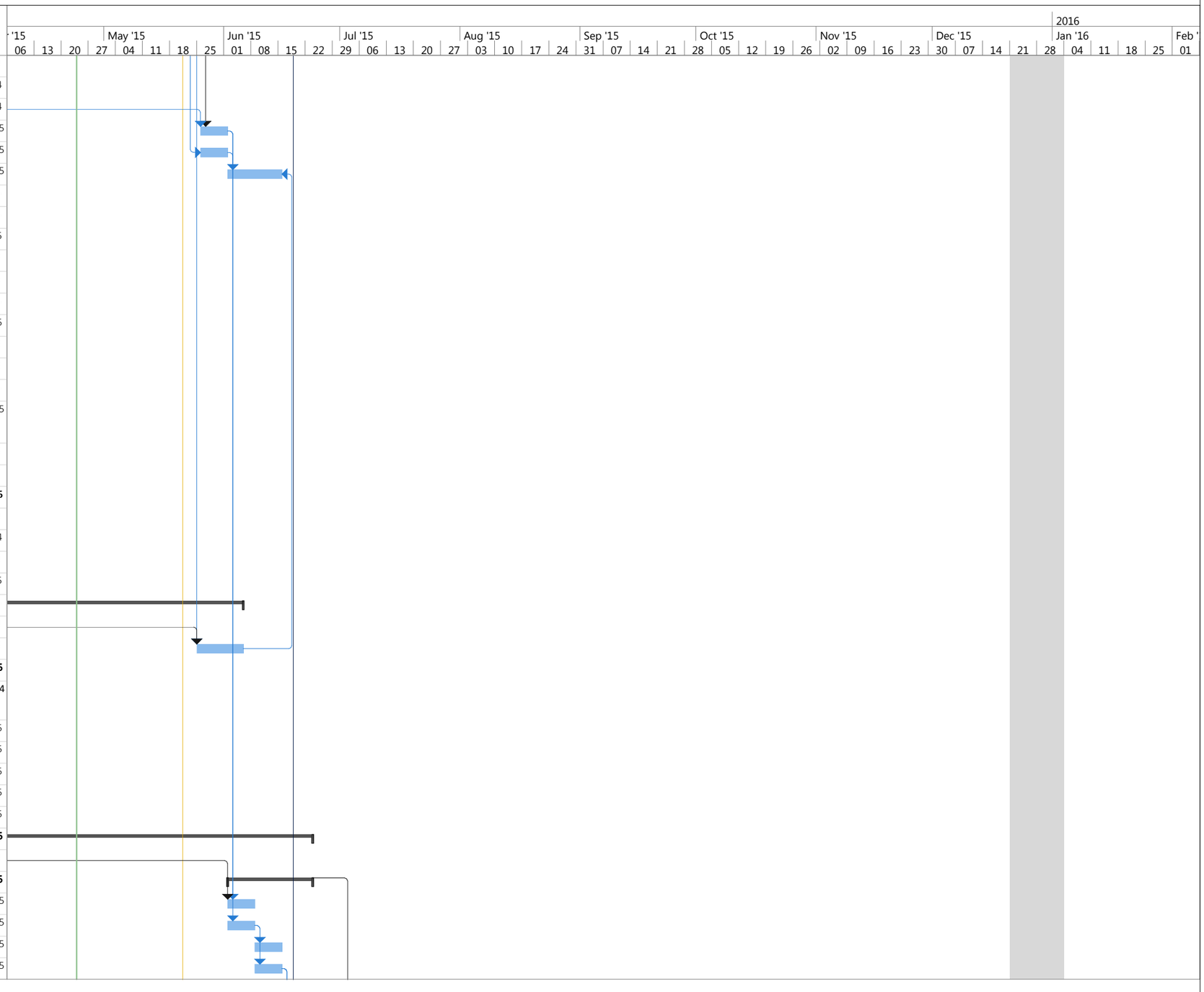
Project: Inverclyde Draft Progra
Date: Fri 24/04/15

Task	Project Summary	Manual Task	Start-only	Deadline	
Split	Inactive Task	Duration-only	Finish-only	Progress	
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress	
Summary	Inactive Summary	Manual Summary	External Milestone		

INVERCLYDE NHS AOPCCB

STAGE 2 SUBMISSION - STANDALONE RE-ENGAGEMENT PROGRAMME TO FINANCIAL CLOSE

ID	Task Name	Duration	Start	Finish
40	Issue DBFM	0 days	Fri 22/08/14	Fri 22/08/14
41	NHS Review DBFM (Initial)	13 days	Fri 22/08/14	Tue 09/09/14
42	Negotiate DBFM	65 days	Wed 10/09/14	Tue 09/12/14
43	Finalise DBFM	5 days	Tue 26/05/15	Mon 01/06/15
44	Draft DBFM Technical Schedules	5 days	Tue 26/05/15	Mon 01/06/15
45	Finalise DBFM & Schedules	10 days	Tue 02/06/15	Mon 15/06/15
46	**6 Sub-Contracts**	**33 days**	**Thu 11/12/14**	**Fri 06/02/15**
47	**Construction Sub-Contract**	**33 days**	**Thu 11/12/14**	**Fri 06/02/15**
48	Draft s/c and issue to Contractor	10 days	Thu 11/12/14	Tue 06/01/15
49	Finalise s/c & Agree	10 days	Mon 19/01/15	Fri 30/01/15
50	Funder Review	5 days	Mon 02/02/15	Fri 06/02/15
51	**Services Sub-Contract**	**31 days**	**Mon 15/12/14**	**Fri 06/02/15**
52	Draft s/c and issue to FM Provider	10 days	Mon 15/12/14	Thu 08/01/15
53	Finalise s/c & Agree	10 days	Mon 19/01/15	Fri 30/01/15
54	Funder Review	5 days	Mon 02/02/15	Fri 06/02/15
55	**Interface Agreement**	**29 days**	**Wed 17/12/14**	**Fri 06/02/15**
56	Draft IA and Issue to Contractor & FM Provider	10 days	Wed 17/12/14	Mon 12/01/15
57	Finalise & Agree	5 days	Mon 26/01/15	Fri 30/01/15
58	Funder Review	5 days	Mon 02/02/15	Fri 06/02/15
59	**7 Property**	**134 days**	**Fri 18/07/14**	**Tue 03/02/15**
60	NHS to issue title information	0 days	Fri 18/07/14	Fri 18/07/14
61	hubco to review title info and comment	5 days	Fri 18/07/14	Thu 24/07/14
62	Produce draft lease and sub-lease	5 days	Mon 01/12/14	Fri 05/12/14
63	Fianlise lease ansd sub-lease	15 days	Wed 14/01/15	Tue 03/02/15
64	**8 Insurance**	**201.5 days**	**Fri 15/08/14**	**Fri 05/06/15**
65	hWS appoint Insurance Advisor	0 days	Fri 15/08/14	Fri 15/08/14
66	Review Insurance and Agree	10 days	Mon 25/05/15	Fri 05/06/15
67	**9 Ancillary Documents**	**80 days?**	**Mon 29/09/14**	**Thu 29/01/15**
68	Draft Scope & Appointments Issue to NHSGGC Monitor	1 day?	Mon 01/12/14	Mon 01/12/14
69	Design Team Appointments	80 days	Mon 29/09/14	Thu 29/01/15
70	Warranties	80 days	Mon 29/09/14	Thu 29/01/15
71	Parent Company Guarantees	75 days	Mon 06/10/14	Thu 29/01/15
72	Bonds	75 days	Mon 06/10/14	Thu 29/01/15
73	MSA	75 days	Mon 06/10/14	Thu 29/01/15
74	**10 Funding & Finance**	**213.5 days?**	**Fri 15/08/14**	**Tue 23/06/15**
75	Appoint Due Diligence Team	0 days	Fri 15/08/14	Fri 15/08/14
76	**Legal Due Diligence**	**16 days?**	**Tue 02/06/15**	**Tue 23/06/15**
77	Funder Review of DBFM and Sub-Contr	5 days	Tue 02/06/15	Mon 08/06/15
78	Issue Draft Loan Agreement	5 days	Tue 02/06/15	Mon 08/06/15
79	Issue Ancillary Finance Documents	5 days	Tue 09/06/15	Mon 15/06/15
80	Finalise Loan Agreement	5 days	Tue 09/06/15	Mon 15/06/15

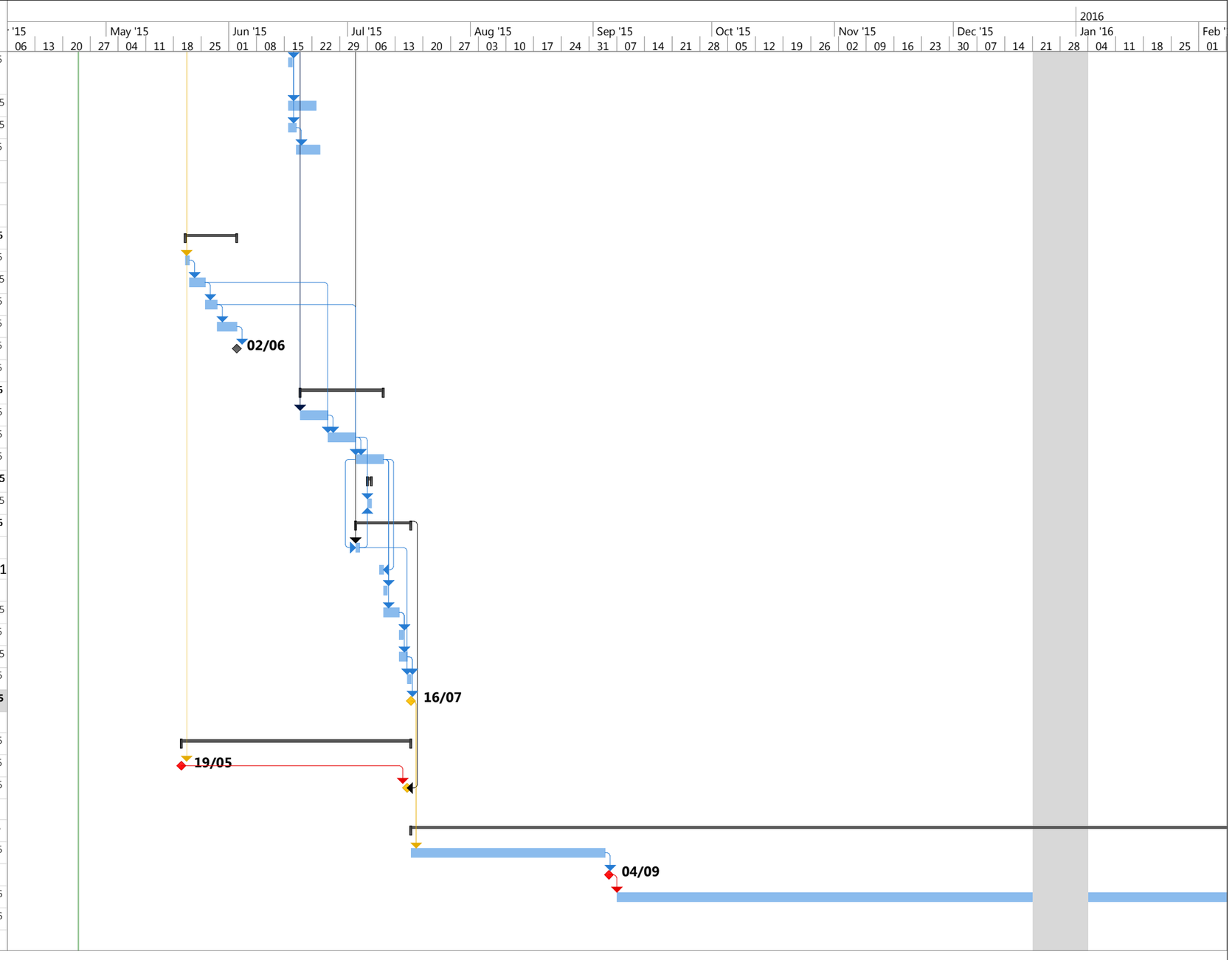


Project: Inverclyde Draft Progra
Date: Fri 24/04/15

Task	Project Summary	Manual Task	Start-only	Deadline
Split	Inactive Task	Duration-only	Finish-only	Progress
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress
Summary	Inactive Summary	Manual Summary	External Milestone

INVERCLYDE NHS AOPCCB
STAGE 2 SUBMISSION - STANDALONE RE-ENGAGEMENT PROGRAMME TO FINANCIAL CLOSE

ID	Task Name	Duration	Start	Finish
81	Incorporate Model Schedules in Loan Agreement	1 day?	Tue 16/06/15	Tue 16/06/15
82	Finalise Ancillary Finance Documents	5 days	Tue 16/06/15	Mon 22/06/15
83	Draft Subordinated Loan Agreement	2 days	Tue 16/06/15	Wed 17/06/15
84	Finalise Subordinated Loan Agreement	4 days	Thu 18/06/15	Tue 23/06/15
85	**Technical Due Diligence**	**76 days**	**Mon 22/09/14**	**Fri 16/01/15**
86	TA to Issue Requirments List	5 days	Mon 22/09/14	Fri 26/09/14
87	Provide TA Information & Finalise Repo	70 days	Tue 30/09/14	Fri 16/01/15
88	**Modelling**	**9 days**	**Thu 21/05/15**	**Tue 02/06/15**
89	Finalise Cost Plan	1 day	Thu 21/05/15	Thu 21/05/15
90	Update Financial Model	2 days	Fri 22/05/15	Mon 25/05/15
91	NHS Review Model & Agree	3 days	Tue 26/05/15	Thu 28/05/15
92	Model Audit - Q&A	3 days	Fri 29/05/15	Tue 02/06/15
93	Financial Model Audit Conclusion	0 days	Tue 02/06/15	Tue 02/06/15
94	Funder Valuation	15 days	Wed 04/02/15	Tue 24/02/15
95	**11 Investor Approvals**	**15 days**	**Fri 19/06/15**	**Thu 09/07/15**
96	Issue Draft Investment Report	5 days	Fri 19/06/15	Thu 25/06/15
97	Issue Final Investment Report	5 days	Fri 26/06/15	Thu 02/07/15
98	Shareholder Approval	5 days	Fri 03/07/15	Thu 09/07/15
99	**12 Sub-Hubco Approvals**	**1 day**	**Mon 06/07/15**	**Mon 06/07/15**
100	Board Approvals	1 day	Mon 06/07/15	Mon 06/07/15
101	**13 Financial Close Process**	**10 days**	**Fri 03/07/15**	**Thu 16/07/15**
102	Assemble Docs in Closing Room	1 day	Fri 03/07/15	Fri 03/07/15
103	Financial Close Dry Run	1 day	hu 09/07/1	hu 09/07/1
104	Place Insurances	1 day	Fri 10/07/15	Fri 10/07/15
105	Funder's Lawyers Confirm CP's Satisfied	2 days	Fri 10/07/15	Mon 13/07/15
106	Aviva Credit Committee	1 day	Tue 14/07/15	Tue 14/07/15
107	FC Model	2 days	Tue 14/07/15	Wed 15/07/15
108	Document Signing	1 day	Thu 16/07/15	Thu 16/07/15
109	**FINANCIAL CLOSE**	**0 days**	**Thu 16/07/15**	**Thu 16/07/15**
110				
111	14 Financial Close Period	42 days?	Tue 19/05/15	Thu 16/07/15
112	Start	0 days	Tue 19/05/15	Tue 19/05/15
113	Finish	1 day?	Thu 16/07/15	Thu 16/07/15
114				
115	**15 Construction Period Including Mobilisatior**	**361 days**	**Fri 17/07/15**	**Fri 16/12/16**
116	Mobilisation Period	35 days	Fri 17/07/15	Thu 03/09/15
117	Site Start Date	1 day	Fri 04/09/15	Fri 04/09/15
118	Construction Period	294 days	Mon 07/09/15	Thu 03/11/16
119	Practical Completion	0 days	Thu 03/11/16	Thu 03/11/16
120	**OCCUPATION**	1 day	Fri 16/12/16	Fri 16/12/16

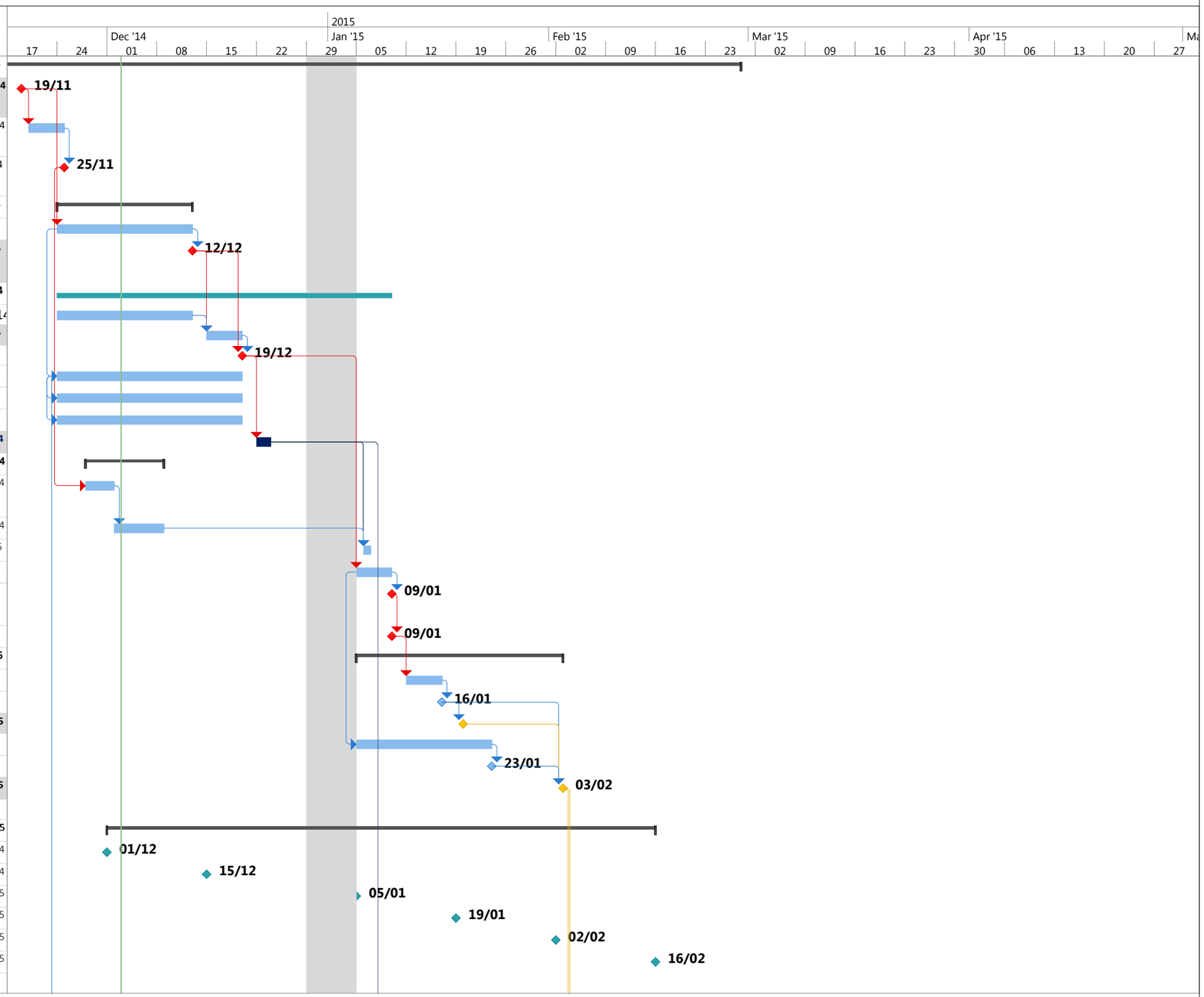


Project: Inverclyde Draft Progra
Date: Fri 24/04/15

Task	Project Summary	Manual Task	Start-only	Deadline
Split	Inactive Task	Duration-only	Finish-only	Progress
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress
Summary	Inactive Summary	Manual Summary	External Milestone

INVERCLYDE NHS AOPCCB
STAGE 2 SUBMISSION - STANDALONE PROGRAMME TO FINANCIAL CLOSE

ID	Task Name	Duration	Start	Finish
1	**Inverclyde Draft Programme to Financial Clos**	**152 days?**	**Fri 18/07/14**	**Fri 27/02/15**
2	**Legals Meeting 19.11.14**	**0 days**	**Wed 19/11/14**	**Wed 19/11/14**
3	Update Standalone Model (Following Legals Meeting 19.11.14)	3 days	Thu 20/11/14	Mon 24/11/14
4	Indicative Cost & Programme (Following Legals Meeting 19.11.14)	0 days	Tue 25/11/14	Tue 25/11/14
5	**1 Update Stage 2 Final Price**	**15 days**	**Mon 24/11/14**	**Fri 12/12/14**
6	1.1 Market Testing Update	15 days	Mon 24/11/14	Fri 12/12/14
7	**1.2Primary Contractor Updated Final Price (80% Min. Competitive)**	**0 days**	**Fri 12/12/14**	**Fri 12/12/14**
8	**2 Update Stage 2 Submission**	**42 days**	**Fri 15/08/14**	**Tue 14/10/14**
9	Conclude Paymech	15 days?	on 24/11/1	ri 12/12/1
10	**FM Life Cycle Update**	**5 days**	**Mon 15/12/14**	**Fri 19/12/14**
11	Updated Stage 2 Costs	0 days	Fri 19/12/14	Fri 19/12/14
12	Technical Update & Query Responses	20 days	Mon 24/11/14	Fri 19/12/14
13	Legal	20 days	Mon 24/11/14	Fri 19/12/14
14	Financial	20 days	Mon 24/11/14	Fri 19/12/14
15	**Update Financial Model**	**1 day**	**Mon 22/12/14**	**Tue 23/12/14**
16	**Subordinated Debt Process**	**7 days**	**Fri 28/11/14**	**Mon 08/12/14**
17	Prepare Subordinated Debt Request & Issue to Participants	2 days	Fri 28/11/14	Mon 01/12/14
18	Period for Participants to Respond	5 days	Tue 02/12/14	Mon 08/12/14
19	Update Stage 2 Funding Report	1 day	Tue 06/01/15	Tue 06/01/15
20	Stage 2 Final Prepared	5 days	Mon 05/01/15	Fri 09/01/15
21	Stage 2 Submitted to hWS Board & NHS Subject to Board Approval	0 days	Fri 09/01/15	Fri 09/01/15
22	hWS Board Meeting (SPECIAL)	0 days	Fri 09/01/15	Fri 09/01/15
23	**3 Participant Approval of Stage 2**	**21 days?**	**Mon 05/01/15**	**Tue 03/02/15**
24	NHS Preparation of FBC & Submit to CIG	5 days	Mon 12/01/15	Fri 16/01/15
25	Submission to SCIG & Q&P	0 days	Fri 16/01/15	Fri 16/01/15
26	**Q&P Committee**	**1 day?**	**Tue 20/01/15**	**Tue 20/01/15**
27	SFT KSR	15 days	Mon 05/01/15	Fri 23/01/15
28	SFT KSR Approval	0 days	Fri 23/01/15	Fri 23/01/15
29	**Approval of FBC at SCIG Meeting**	**0 days**	**Tue 03/02/15**	**Tue 03/02/15**
30				
31	**4 Legal Updates On Progress**	**46 days?**	**Mon 01/12/14**	**Mon 16/02/15**
32	Update Documents Schedule	0 days	Mon 01/12/14	Mon 01/12/14
33	Update Documents Schedule	0 days	Mon 15/12/14	Mon 15/12/14
34	Update Documents Schedule	0 days	Mon 05/01/15	Mon 05/01/15
35	Update Documents Schedule	0 days	Mon 19/01/15	Mon 19/01/15
36	Update Documents Schedule	0 days	Mon 02/02/15	Mon 02/02/15
37	Update Documents Schedule	0 days	Mon 16/02/15	Mon 16/02/15
38				

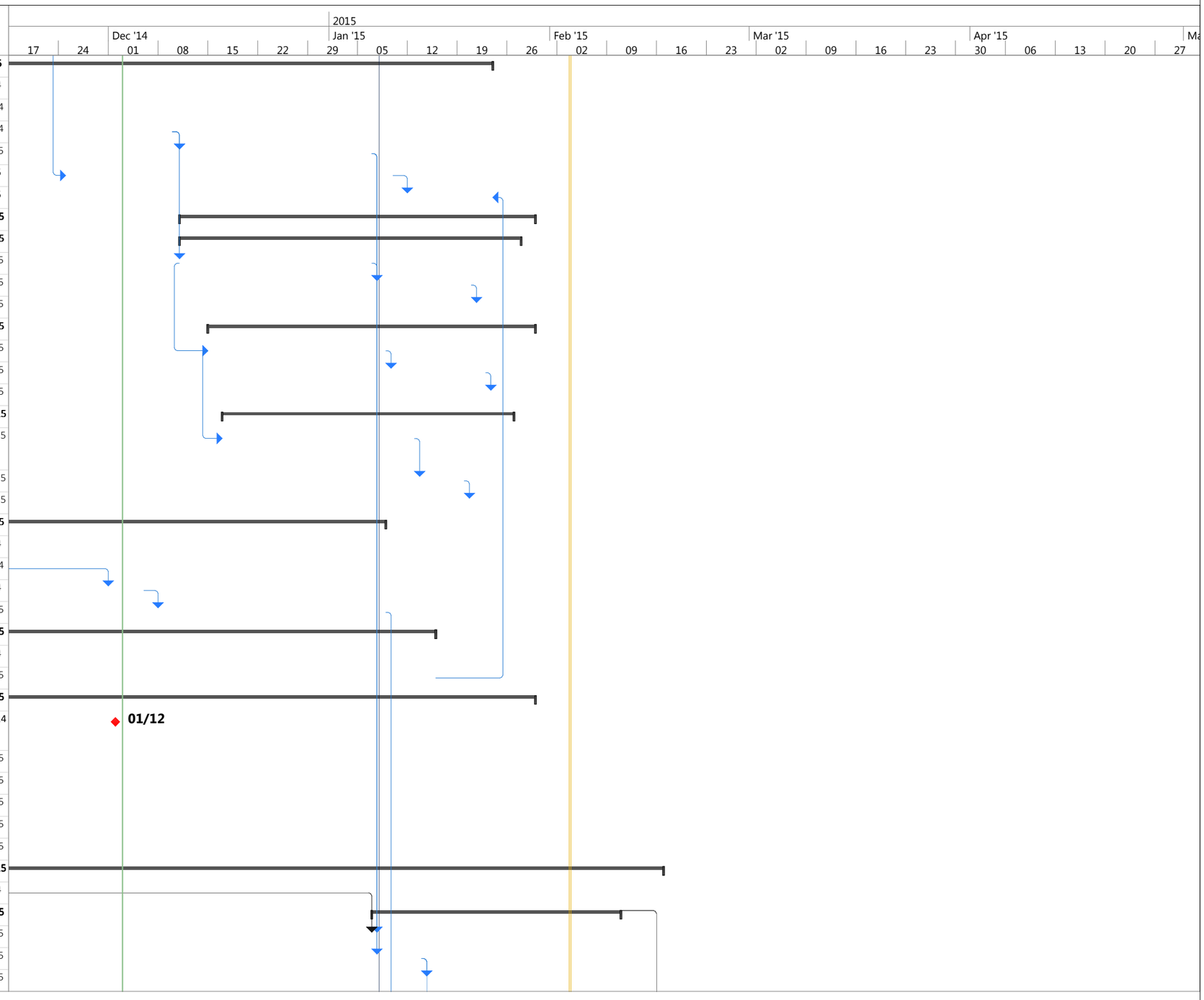


Project: Inverclyde Draft Progra
Date: Wed 03/12/14

Task	Project Summary	Manual Task	Start-only	Deadline
Split	Inactive Task	Duration-only	Finish-only	Progress
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress
Summary	Inactive Summary	Manual Summary	External Milestone

INVERCLYDE NHS AOPCCB
STAGE 2 SUBMISSION - STANDALONE PROGRAMME TO FINANCIAL CLOSE

ID	Task Name	Duration	Start	Finish
39	**5 DBFM**	**102 days**	**Fri 22/08/14**	**Fri 23/01/15**
40	Issue DBFM	0 days	Fri 22/08/14	Fri 22/08/14
41	NHS Review DBFM (Initial)	13 days	Fri 22/08/14	Tue 09/09/14
42	Negotiate DBFM	65 days	Wed 10/09/14	Tue 09/12/14
43	Finalise DBFM	10 days	Thu 11/12/14	Tue 06/01/15
44	Draft DBFM Technical Schedules	25 days	Tue 25/11/14	Fri 09/01/15
45	Finalise DBFM & Schedules	10 days	Mon 12/01/15	Fri 23/01/15
46	**6 Sub-Contracts**	**27 days**	**Thu 11/12/14**	**Thu 29/01/15**
47	**Construction Sub-Contract**	**25 days**	**Thu 11/12/14**	**Tue 27/01/15**
48	Draft s/c and issue to Contractor	10 days	Thu 11/12/14	Tue 06/01/15
49	Finalise s/c & Agree	10 days	Wed 07/01/15	Tue 20/01/15
50	Funder Review	5 days	Wed 21/01/15	Tue 27/01/15
51	**Services Sub-Contract**	**25 days**	**Mon 15/12/14**	**Thu 29/01/15**
52	Draft s/c and issue to FM Provider	10 days	Mon 15/12/14	Thu 08/01/15
53	Finalise s/c & Agree	10 days	Fri 09/01/15	Thu 22/01/15
54	Funder Review	5 days	Fri 23/01/15	Thu 29/01/15
55	**Interface Agreement**	**20 days**	**Wed 17/12/14**	**Mon 26/01/15**
56	Draft IA and Issue to Contractor & FM Provider	10 days	Wed 17/12/14	Mon 12/01/15
57	Finalise & Agree	5 days	Tue 13/01/15	Mon 19/01/15
58	Funder Review	5 days	Tue 20/01/15	Mon 26/01/15
59	**7 Property**	**116 days**	**Fri 18/07/14**	**Thu 08/01/15**
60	NHS to issue title information	0 days	Fri 18/07/14	Fri 18/07/14
61	hubco to review title info and comment	5 days	Fri 18/07/14	Thu 24/07/14
62	Produce draft lease and sub-lease	5 days	Mon 01/12/14	Fri 05/12/14
63	Fianlise lease ansd sub-lease	15 days	Mon 08/12/14	Thu 08/01/15
64	**8 Insurance**	**100.5 days**	**Fri 15/08/14**	**Thu 15/01/15**
65	hWS appoint Insurance Advisor	0 days	Fri 15/08/14	Fri 15/08/14
66	Review Insurance and Agree	100.5 days	Fri 15/08/14	Thu 15/01/15
67	**9 Ancillary Documents**	**80 days?**	**Mon 29/09/14**	**Thu 29/01/15**
68	Draft Scope & Appointments Issue to NHSGGC Monitor	1 day?	Mon 01/12/14	Mon 01/12/14
69	Design Team Appointments	80 days	Mon 29/09/14	Thu 29/01/15
70	Warranties	80 days	Mon 29/09/14	Thu 29/01/15
71	Parent Company Guarantees	75 days	Mon 06/10/14	Thu 29/01/15
72	Bonds	75 days	Mon 06/10/14	Thu 29/01/15
73	MSA	75 days	Mon 06/10/14	Thu 29/01/15
74	**10 Funding & Finance**	**122.5 days?**	**Fri 15/08/14**	**Mon 16/02/15**
75	Appoint Due Diligence Team	0 days	Fri 15/08/14	Fri 15/08/14
76	**Legal Due Diligence**	**25 days?**	**Wed 07/01/15**	**Tue 10/02/15**
77	Funder Review of DBFM and Sub-Contr	10 days	Wed 07/01/15	Tue 20/01/15
78	Issue Draft Loan Agreement	5 days	Wed 07/01/15	Tue 13/01/15
79	Issue Ancillary Finance Documents	5 days	Wed 14/01/15	Tue 20/01/15

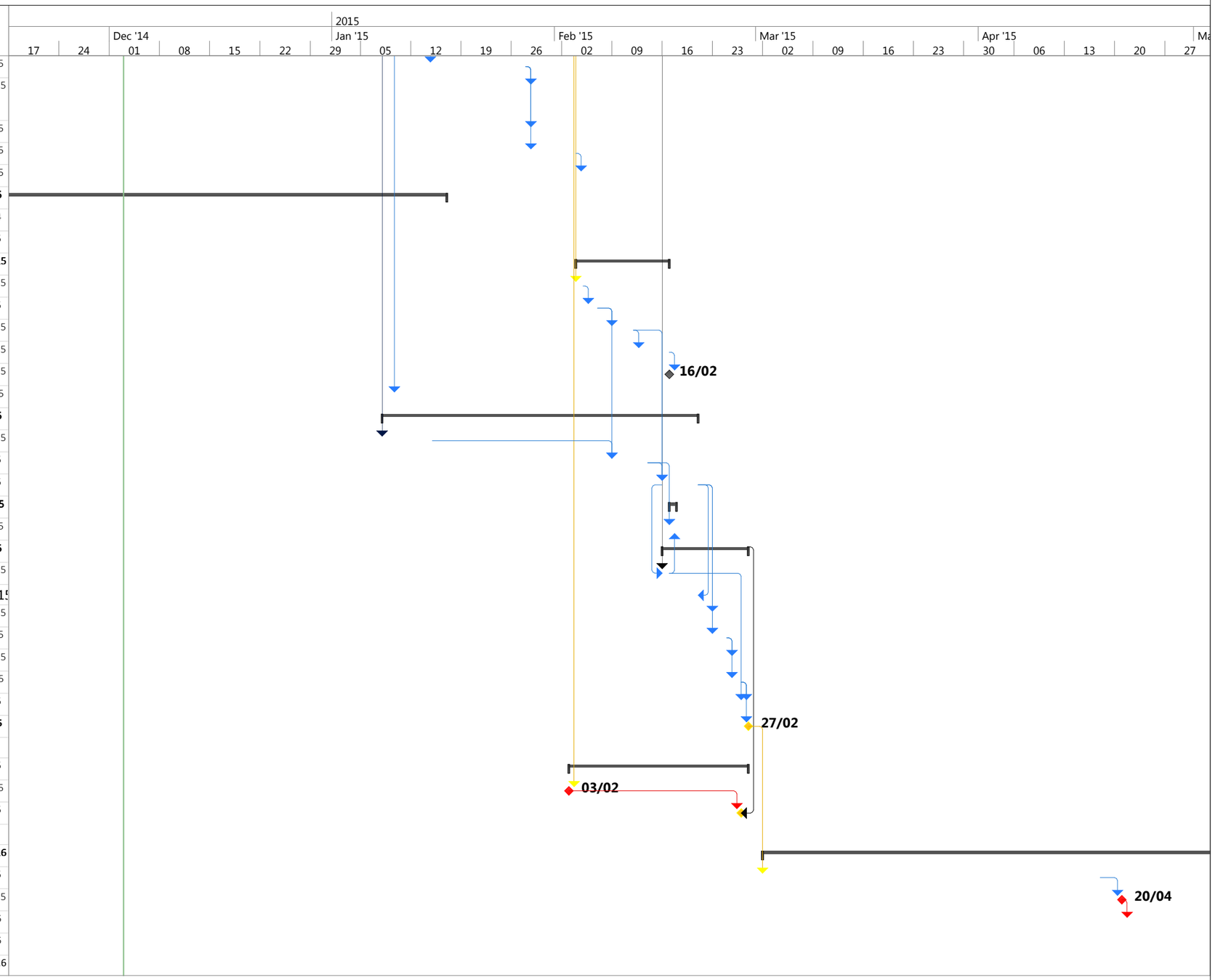


Project: Inverclyde Draft Progra
Date: Wed 03/12/14

Task	Project Summary	Manual Task	Start-only	Deadline	
Split	Inactive Task	Duration-only	Finish-only	Progress	
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress	
Summary	Inactive Summary	Manual Summary	External Milestone		

INVERCLYDE NHS AOPCCB
STAGE 2 SUBMISSION - STANDALONE PROGRAMME TO FINANCIAL CLOSE

ID	Task Name	Duration	Start	Finish
80	Finalise Loan Agreement	10 days	Wed 14/01/15	Tue 27/01/15
81	Incorporate Model Schedules in Loan Agreement	1 day?	Wed 28/01/15	Wed 28/01/15
82	Finalise Ancillary Finance Documents	10 days	Wed 28/01/15	Tue 10/02/15
83	Draft Subordinated Loan Agreement	5 days	Wed 28/01/15	Tue 03/02/15
84	Finalise Subordinated Loan Agreement	5 days	Wed 04/02/15	Tue 10/02/15
85	**Technical Due Diligence**	**76 days**	**Mon 22/09/14**	**Fri 16/01/15**
86	TA to Issue Requirments List	5 days	Mon 22/09/14	Fri 26/09/14
87	Provide TA Information & Finalise Repo	70 days	Tue 30/09/14	Fri 16/01/15
88	**Modelling**	**9 days**	**Wed 04/02/15**	**Mon 16/02/15**
89	Finalise Cost Plan	1 day	Wed 04/02/15	Wed 04/02/15
90	Update Financial Model	2 days	Thu 05/02/15	Fri 06/02/15
91	NHS Review Model & Agree	3 days	Mon 09/02/15	Wed 11/02/15
92	Model Audit - Q&A	3 days	Thu 12/02/15	Mon 16/02/15
93	Financial Model Audit Conclusion	0 days	Mon 16/02/15	Mon 16/02/15
94	Funder Valuation	15 days	Fri 09/01/15	Thu 29/01/15
95	**11 Investor Approvals**	**32 days**	**Thu 08/01/15**	**Fri 20/02/15**
96	Issue Draft Investment Report	5 days	Thu 08/01/15	Wed 14/01/15
97	Issue Final Investment Report	5 days	Mon 09/02/15	Fri 13/02/15
98	Shareholder Approval	5 days	Mon 16/02/15	Fri 20/02/15
99	**12 Sub-Hubco Approvals**	**1 day**	**Tue 17/02/15**	**Tue 17/02/15**
100	Board Approvals	1 day	Tue 17/02/15	Tue 17/02/15
101	**13 Financial Close Process**	**10 days**	**Mon 16/02/15**	**Fri 27/02/15**
102	Assemble Docs in Closing Room	1 day	Mon 16/02/15	Mon 16/02/15
103	Financial Close Dry Run	1 day	Fri 20/02/15	Fri 20/02/15
104	Place Insurances	1 day	Mon 23/02/15	Mon 23/02/15
105	Funder's Lawyers Confirm CP's Satisfied	2 days	Mon 23/02/15	Tue 24/02/15
106	Aviva Credit Committee	1 day	Wed 25/02/15	Wed 25/02/15
107	FC Model	2 days	Wed 25/02/15	Thu 26/02/15
108	Document Signing	1 day	Fri 27/02/15	Fri 27/02/15
109	**FINANCIAL CLOSE**	**0 days**	**Fri 27/02/15**	**Fri 27/02/15**
110				
111	14 Financial Close Period	19 days?	Tue 03/02/15	Fri 27/02/15
112	Start	0 days	Tue 03/02/15	Tue 03/02/15
113	Finish	1 day?	Fri 27/02/15	Fri 27/02/15
114				
115	**15 Construction Period Including Mobilisation**	**361 days**	**Mon 02/03/15**	**Mon 01/08/16**
116	Mobilisation Period	35 days	Mon 02/03/15	Fri 17/04/15
117	Site Start Date	1 day	Mon 20/04/15	Mon 20/04/15
118	Construction Period	294 days	Tue 21/04/15	Fri 17/06/16
119	Practical Completion	0 days	Fri 17/06/16	Fri 17/06/16
120	**OCCUPATION**	1 day	Mon 01/08/16	Mon 01/08/16



Project: Inverclyde Draft Progra
Date: Wed 03/12/14

Task	Project Summary	Manual Task	Start-only	Deadline	
Split	Inactive Task	Duration-only	Finish-only	Progress	
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress	
Summary	Inactive Summary	Manual Summary	External Milestone		

APPENDIX J – PEP

Project Execution Plan

Inverclyde NHS AOPCCB

Version Control

Version	Date	Issued by	Approved by	Status
1	6/06/13	C Halliday		
2	22/08/14	C Halliday		

Distribution Control

Version	Issued by	Distribution
1		
2		

Contents

Schedule of Appendices

Introduction

The purpose of this Project Execution Plan ("PEP") is to capture the key information about the East Inverclyde Adult & Older Persons Continuing Care Beds ("the Project") and provide the framework within which the project will be managed. As well as describing the project objectives and defining the roles and responsibilities of the key project Participants, it also clarifies lines of communication and specifies the control systems which are to be used to manage progress, cost and quality.

The PEP will not form part of the contract documents and does not seek to modify or detract in any way from any contractual responsibilities of the parties involved. It is not intended as a contractual or rigid rule book but rather a process, guideline and co-ordination document.

The PEP is intended to be a dynamic document and will be reviewed and updated as necessary throughout the project in order to address the changes in project strategy. Changes to these procedures can only be implemented with the consent of hub West Scotland ("hWS") and the Relevant Participant.

The PEP is not intended to be utilised as a Participant Brief, but gives guidelines only. It should however set out the strategy for success.

Review and Development of this document

The PEP and the associated procedures are subject to regular review by the Project Team. The purpose of this review is to ensure that the document remains current and continues to be suitable and effective in satisfying the obligations, expectations, and intentions of the project.
The PEP will be revised as necessary by hWS's Project Development Manager (PDM) who will ensure the correct administration of the document.

Important note

The level of information contained in the PEP is determined by the available project information and will be updated continuously through the New Project development stages.
Please refer to Appendix 1 for detailed Project Execution documentation.

1. Project Definition

1.1 Briefing

Background:

The project comprises the creation of a 2,600m^2 facility for Adult and Older Peoples Continuing Care Beds; sited against the Southern boundary, within the grounds of the Inverclyde Royal Hospital, separately accessed off Larkfield Road, Greenock.

NHS Greater Glasgow & Clyde took responsibility for delivering health services across Clyde in April 2006. Local joint health and local authority planning groups, involving service user representatives, worked with frontline staff to review the way existing mental health services are organised and developed a strategy to achieve service improvement and modernisation.

The review found that, although there are many examples of good quality mental health services in Clyde, historically there has been a lack of investment in community based services and an over reliance on care in hospital settings reflected in a high number of inpatient beds.

This meant that local people across Clyde who experienced mental health illness were more likely to be admitted to hospital for treatment, compared to other parts of the country.

It also meant that people living in Clyde were not able to access the same range and type of community based mental health services available to people living in Greater Glasgow. In addition, many local hospital services are currently based in older accommodation that is no longer fit for purpose and does not meet the needs of service users and staff.

Procurement:

The Project has its origins in a Public Procurement Process via OJEU in August 2011, which resulted in the preferred Operator (Quarriers) being selected to provide the Service; and the Building on a Site within the Inverclyde Royal Hospital grounds, directly accessed off Larkfield Road, Greenock. The proposal at the time also involved Inverclyde Council for a larger facility (4,249m^2) providing 74 Beds. This process concluded when the Operator withdrew in July 2012. Following which NHSGGC have sought to progress with Design and Cost information available from the Quarrier's Bid, in respect of their portion of the Building only, on the same Bid Site at Larkfield Road; though through the hub procurement route.

Design:

The essence of the Brief is to re-provide accommodation currently located at the Participant's Ravenscraig Site; in the form of a 24/7, 2,600m^2 facility with 42 Beds, composed of:

- 12 Adult Continuing Care Beds.
- 30 Older Peoples Continuing Care Beds.
- 6 Palliative Care Beds (included within the 30 Beds above).

As a starting point for the Design, a diagrammatic layout was produced by the Architect to demonstrate the Participant's intentions in respect of their Brief.

1.2 Project Overview

Site Address	Inverclyde Royal Hospital, Larkfield Road.
Participant(s)	NHS Greater Glasgow and Clyde John Donnelly t: 0141 211 3899 e:john.donnelly@ggc.scot.nhs.uk Diane Fraser t: 0141 211 3786 e: Diane.Fraser@gcc.cscot.nhs.uk
Contract	Design Build Finance and Mantain (DBFM)
Contractor	Morgan Sindall plc
Nature of project	Continuing Care Beds facility
Total project cost(s)	£6,456,959 (excluding Client Budget)
Site start	February 2015
Project completion	March 2016
NPR Project Affordability	£6,456,959
Service Payment Cap	£592,800 (228/m^2)
FM Cap	17 per m^2
Lifecycle Cap	21per m^2

The gateway review dates noted below will be augmented by other key dates consistent with the RIBA plan of work stages.

Inverclyde Adult & Older Peoples Continuing Care Beds	Milestone Dates
Stage 0 to Stage 1	February 13 - 03/09/13
Stage 1 to Stage 2	15/11/13 - 19/09/14
Stage 2 to financial close	23/09/14 - 25/11/14
Development	26/11/14 - 18/03/16

Post project evaluation	6 weeks Post PC

1.3 Sustainability

The level of sustainability that will be built into the project will be agreed with the Relevant Participant in line with the West Hub Participant(s) territorial aspirations for promoting a culture of sustainable design and environmentally responsible operation. The targets agreed will align with those in with the KPIs in the TPA KPI Schedule and forms part of the hWS philosophy for environmental management and will inform the development of sustainable design.

1.4 KPIs and CITs

hWS's contract with the Relevant Participant contains specific measurable performance standards and continuous improvement which operate from project inception to operation.
These are described in detail in the Performance Management section of the Ongoing Partnering Services Method Statement. The PDM must refer to this document when progressing this project and ensure that delivery to the agreed project specific KPIs are achieved.
Project specific KPIs and CITs are captured in the following table: This will be reviewed by the hWS (OSCD) when approving the PEP.

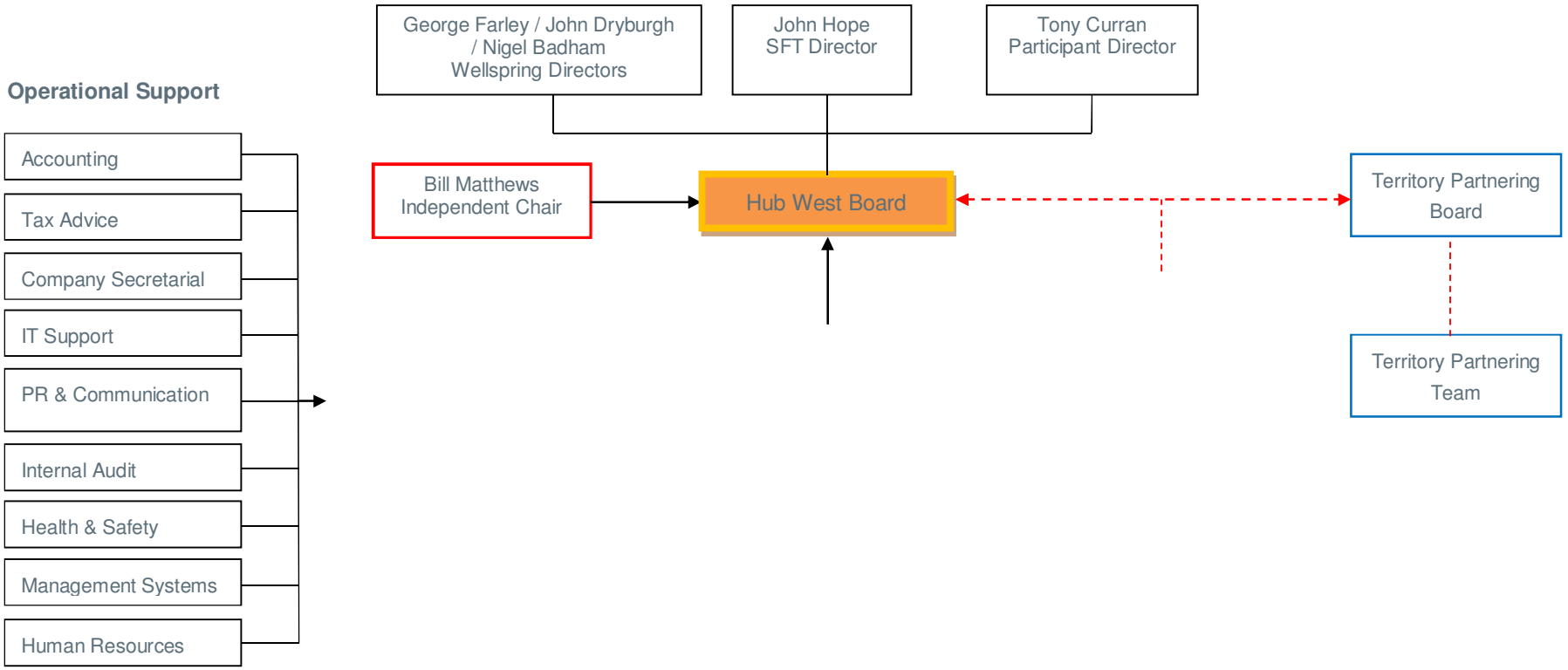
Project: Inverclyde Adult & Older Peoples Continuing Care Beds			
KPI Ref	**Link to main KPI Schedule**	**KPI Method Statement**	**KPI Owner**
ICCB01	5.1 Design	Design Quality	PDM
ICCB02	8.1 Community Benefit	Recruitment and Training	PDM

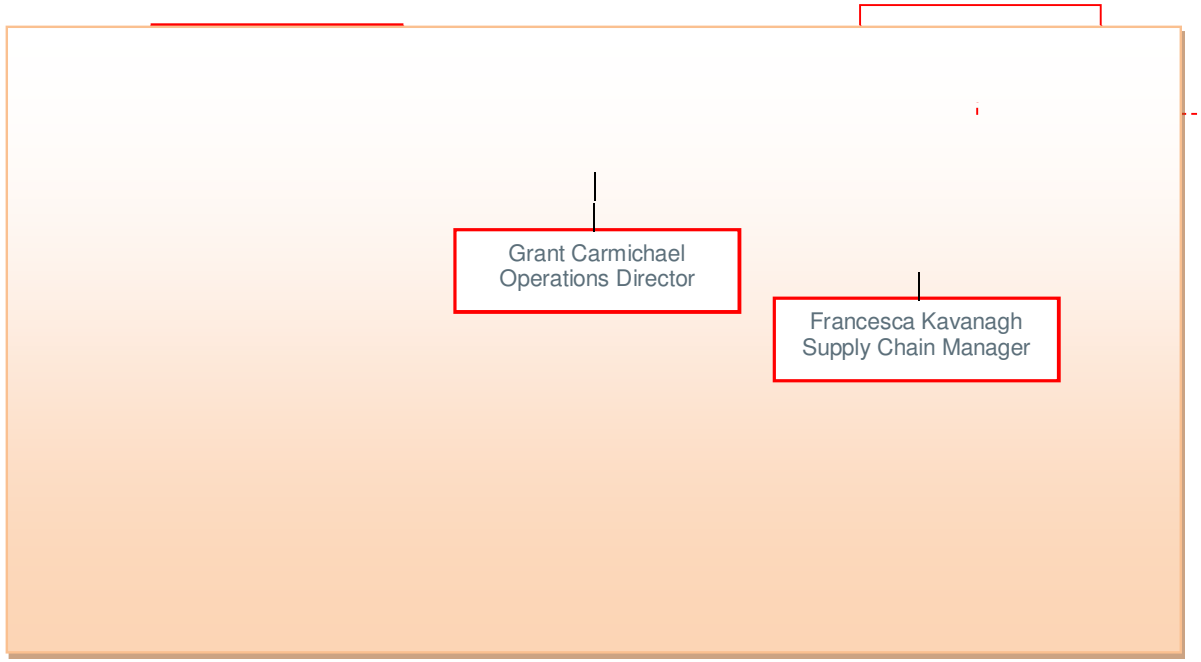
The Participant and hWS have agreed that the following KPI's are not appropriate to the Project:

KPi 4.4 Value for Money: This KPI measures sustained improvement in average elemental costs for comparable elements for Approved Projects measured only after hWS being in operation for three years.

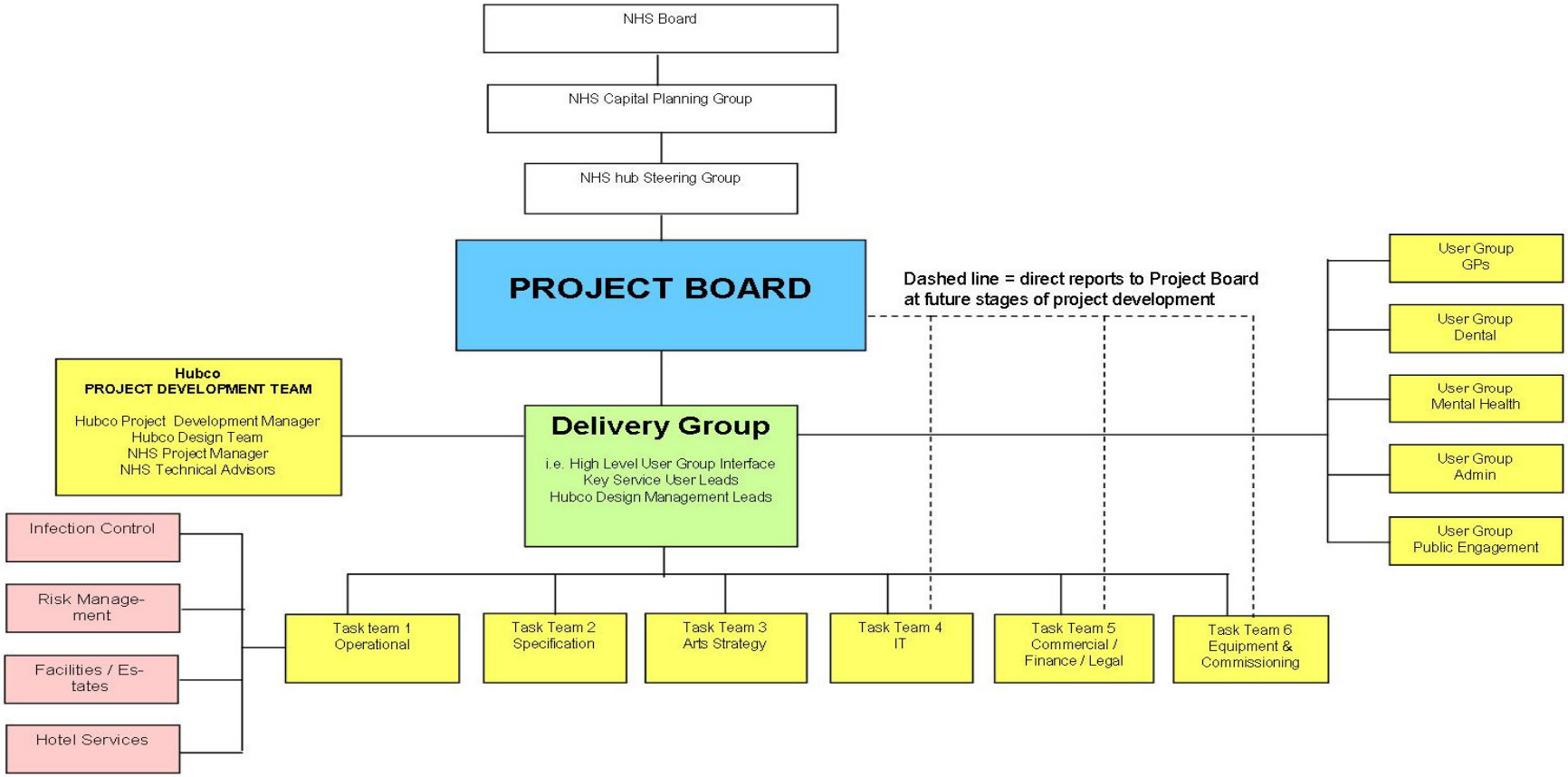
2. Project Organisation

2.1 hWS Structure

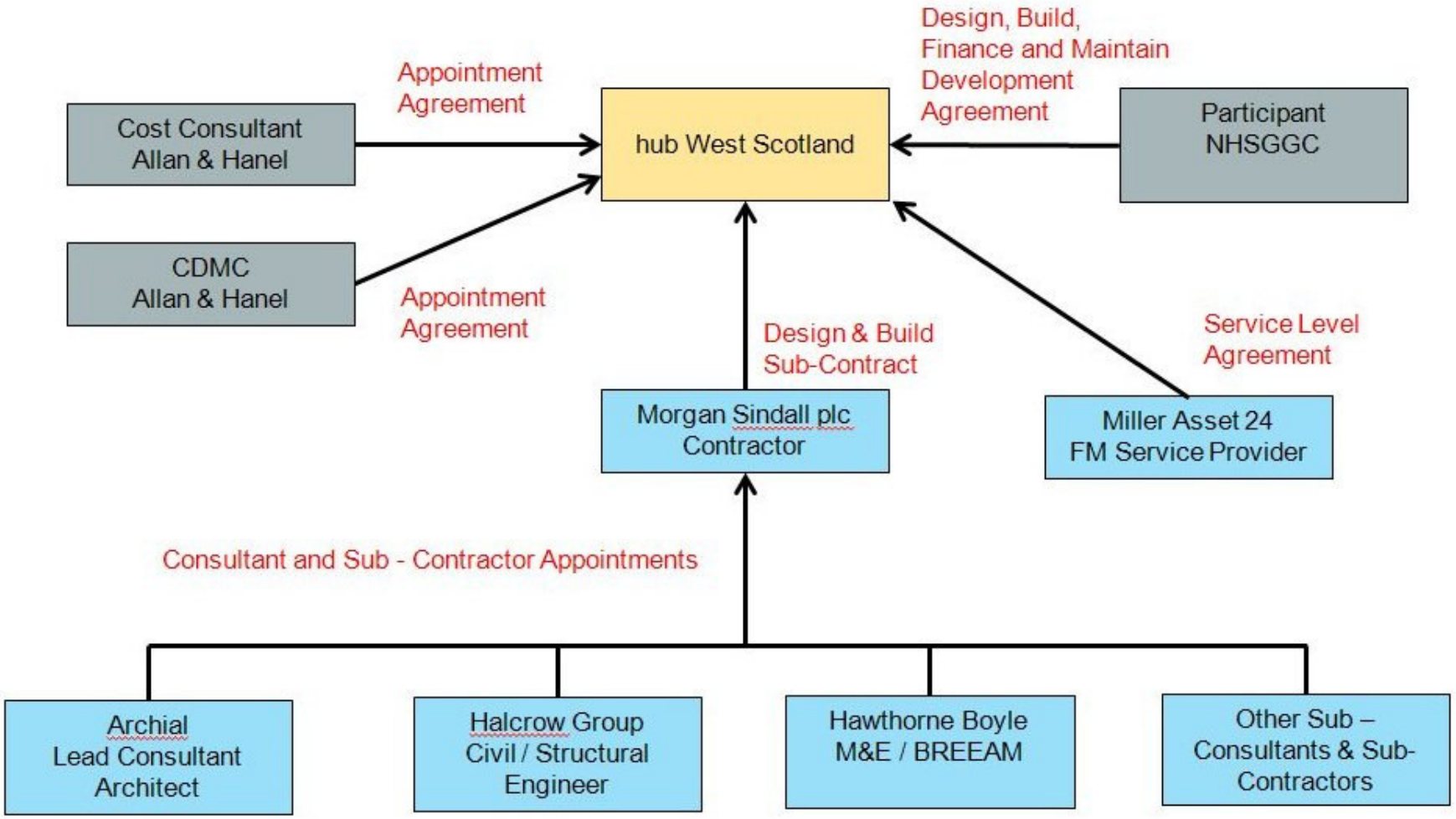




2.2 Project Structure


NHS Board
NHS Capital Planning Group
NHS hub Steering Group
PROJECT BOARD
Dashed line = direct reports to Project Board at future stages of project development
Hubco
PROJECT DEVELOPMENT TEAM
Hubco Project Development Manager
Hubco Design Team
NHS Project Manager
NHS Technical Advisors
Delivery Group
i.e. High Level User Group Interface
Key Service User Leads
Hubco Design Management Leads
User Group GPs
User Group Dental
User Group Mental Health
User Group Admin
User Group Public Engagement
Infection Control
Risk Manage-ment
Facilities / Es-tates
Hotel Services
Task team 1 Operational
Task Team 2 Specification
Task Team 3 Arts Strategy
Task Team 4 IT
Task Team 5 Commercial / Finance / Legal
Task Team 6 Equipment & Commissioning

2.3 hWS Project Development Team Structure



2.4 Roles and Responsibilities

The roles and responsibilities of the key staff are detailed below

2.4.1 Operations Director (OD)

- Support the Partnerships Director (PD) mobilise the project to gain entry into the TDP and the issue of a New Project Request (NPR)
- Manage and/or ensure Project Delivery from NPR through NPD (Stages 1+2) to Completion and Operation
- Provide timely ratification of all documents and reports
- Provide the key senior liaison between the Relevant Participants and hWS
- Champion partnership working between the Relevant Participants, hWS and the Supply Chain
- Manage the PDM

2.4.2 Supply Chain Manager (SCM)

- Appointment & Selection of Supply Chain members to Team.

2.4.3 Project Development Manager (PDM) – Campbell Halliday

- Responsibility for procurement of the project supply chain with support from the Commercial Manager
- Management of the design process through stages 1 & 2 of New Project Development
- Management of the construction delivery of the project to the Relevant Participants objectives.
- Planning and co-ordinating the activities of the project team and administration.
- Reports to the OD on all issues
- Identifying and managing risk
- Act as 'Employer's Agent' post contract award
- Responsibility for all contract administration and contract compliance.
- Process payment certificates and the final completion certificate (subject to approved Delegated Authority Levels) after Independent Verification.

A job description for the PDM is included in the hWS Business Plan and an outline scope of services is attached in Appendix 1 Section 2.2 Annex B.

2.4.4 Commercial Manager (CM) – David Lane

The CM is an experienced resource provided by hWS to ensure consistency and continuity across all projects delivered by hWS and its supply chain.

In summary, the CM will:

- Have overall responsibility for cost management and cost planning, cost reporting and cost control of the project
- Support the OD and PDM in selecting the project supply chain, and appointment at the appropriate time during the NPD process.
- Produce the New Project Pricing Report to ensure Stage 1 and 2 approval as defined in the TPA.
- Responsibility for all commercial terms of NPD.

The CM's job description is included in the hWS Business Plan and an outline scope of service is attached in Appendix 1 Section 2.2 Annex C.

2.4.5 Project RACI Matrix

The PDM will complete the RACI template included in Appendix 1 – Section 2.2 Annex F for the Project Execution Plan.

2.4.6 Design and Build Contractor ("D&B Contractor") – Morgan Sindall plc

Responsible for undertaking the detailed design and construction of the project in accordance with the Participants requirements and Contractors proposals

2.4.7 Architect – Archial

All architectural design matters, design co-ordination, agreed quality inspections in line with hWS's requirements and contractor site support.

An outline scope of service for the Architect is attached in Appendix 1 Section 2.2 Annex D

2.4.8 Civil and Structural Engineer – Halcrow Group

Responsibility for all civil and structural design aspects on the project including specification, full design and co-ordination with others

An outline scope of services for a design consultant is attached in Appendix 1 Section 2.2 Annex E. The following specific duties will be commissioned through Strategic Services

- Desktop survey
- Site Investigation
- Topographical Survey
- Flood risk assessment
- CCTV survey of existing sewer
- Ecology Survey
- Transport Survey
- Archaeology Survey

2.4.9 Service Engineers – Hawthorne Boyle

Subject to the specific form of contract, mechanical, electrical and associated design engineers (acoustic, fire etc) are responsible for all mechanical and electrical design aspects and associated activities on the project including specification, full design and coordination with others.

An outline scope of services for a design consultant is attached in Appendix 1 Section 2.2 Annex E.

2.4.10 Cost Consultant – Allan & Hanel

See Annex E

2.4.11 CDM Co-ordinator – Allan & Hanel

CDM co-ordinator for the works has defined legal responsibilities including advising and assisting Participants to comply with their duties under the regulations, project notification to the HSE, compliance with the legislation and regulations; refer to separate section in this report for full requirements.

An outline scope of services for a design consultant is attached in Appendix 1 Section 2.2 Annex E.

2.5 Project Directory

A project directory will be is included in Appendix 4.

3. Meetings and Project Reporting

3.1 Meeting Strategy

Meetings are an effective medium for ensuring that the team understand the project, their role and are performing in line to meet them for the project. The purpose, frequency, attendance, management and output of each meeting must be clearly and effectively defined and managed.

It is envisaged that at the commencement of the project a project launch day will be held to allow key personnel on the project to meet and get to know each other. The meeting will define and clarify the following:

- Project objectives;
- Roles and responsibilities;
- Levels of authority;
- Lines of communication;
- Control procedures; and
- Information required.

The following meetings will be held regularly:

Project Board Meetings

Purpose of meeting	High level strategic review and board reporting. Stage approvals
Frequency	6 weekly
Agenda, chair, minute	Community Health and Partnership
Attendance	hWS PDM, Relevant Participant team members, including community representation and members of the project team.

Participant Delivery Group Meetings

Purpose of meeting	Review of progress of task groups, design sign off, highlighting risks to be reported to Project Board
Frequency	Fortnightly
Agenda, chair, minute	Community Health and Care Partnership
Attendance	hWS PDM, Relevant Participant, Stakeholders, hWS Design Team as required, community reps

Project Design Team Meetings

Purpose of meeting	Review design development pre-construction, on site progress of design, construction and other programming aspects of the project including costs post contract award.
Frequency	Fortnightly
Agenda, chair, minute	PDM
Attendance	PDM, design team, CDM(C), contractor (post contract award), Participant Rep

A progress meeting agenda is attached as Appendix G.

Project Risk Review

Purpose of meeting	Review risk profile of project in line with risk management strategy
Frequency	6 weekly to quarterly
Agenda, chair, revise register	PDM
Attendance	HWS OSCD, Relevant participant project management team, design team, CDM(C), hWS CM.

3.1.1 Other meetings

It is not proposed that the above structure precludes ad hoc or one off meetings. As and when these are required each team member must take responsibility for calling the meeting, advising the necessary attendees including in all instances the PDM who will be given the opportunity to attend but must, in all cases be copied in on minutes, notes or resulting correspondence.

3.1.2 Public Participation

Engagement with the local community will be essential to the success of the project. During the development of the brief and design development opportunities will be given through the partnership representatives and community stakeholders to share the aspirations of the local community in the form of public consultations.

Refer to hubCo's Stakeholder and Community Engagement Plan in Appendix 1 section 3.0, appendix I which the PDM is required to complete for this project.

3.1.3 Project Team Building

The opportunity will be taken to organise workshops during Stage 1 and Stage 2 to reinforce the relationships established at the project launch meeting. These will be designed to encourage further team working and will include key members of the Participant team. These sessions may take place at 'neutral' venues to ensure that attendees focus fully on the project and are not distracted.

3.1.4 Project Partnering Charter

As part of the Project Team Building the PDM will facilitate the completion of a Project Partnering Charter for the project. A draft hWS Charter is included in Section 5.3.4.5 of the hWS Business Plan, this will form the template for the Project Team to develop on a project by project basis.

At agreed milestones during the project lifecycle the PDM will arrange appropriate team building events for the Project Team.

3.2 Reporting Strategy

Project Progress Reports will be tailored to the specific requirements of the project. Reports to the hWS CEO or OSCD will be comprehensive and will follow the structure below:

- Executive summary;
- Authorised rep./employer's agent statement;
- Programme and progress;
- Design team reports;
- Contractor report;
- Health and safety;
- Information required;
- Review of headline risks;
- Quality;
- Sustainability;
- Other site issues;
- Migration planning;
- Stakeholder/community engagement;

Project Reporting will be in accordance with the TPA, the form of contract for the project and the hWS Supply Chain Agreement.

The report will be issued monthly and is likely to be augmented by 1st and 2nd Stage approval reports. A detailed structure of the PDM's Report is attached as Appendix 1 Section 3.0 Annex H.
Separate high level reports will be provided to the Territory Partnering Board via the hWS CEO. These reports will be written in non-technical language to allow the widest distribution and understanding.

The Core Processes in Section 8.1.5.3 of the NPD Method Statement define the content of the New Project Pricing Report will be produced in accordance with TPA which will include allowances in the programme for review by the Participant.

3.3 General Approach to Risk Management

hWS's Risk Management Core Process forms part of the New Project Development and Delivery is a structured approach to dealing with the uncertainty and potential events that could adversely affect hWS's performance. hWS will adopt this structured approach to managing risk on this project.
The CEO supported by the OSCD is responsible for implementing the risk management core process and for mitigating risk as appropriate.

The PDM will manage the risk associated with the Project, in summary:

- Ensure that risk is managed in a consistent and proactive way through delivery and into operation;

- Accurately cost all risks;
- Ensure visibility and sharing of risk information across the company and between shareholders: and
- Safeguard the delivery of hWS's objectives.

3.4 Project Specific Risk Management

On each of the West Hub pipeline projects brought forward by the Participants, the Core Process Risk Management procedure will be formally adopted from the start of the Stage 1 development process.
The Partnerships Director (PD) will offer support to the Participants which will include risk management as part of an Ongoing Partnering Services at Stage 0.

Throughout the feasibility and RIBA Stage C development process that constitutes the Stage 1 development phase, the designers/consultants and main contractor(s) will be required to record all risks they identify associated with their respective elements of the process and the developing design.

All issues identified as constituting a risk to the project will be logged on a template project risk register template included in Appendix 2 of this PEP, by the PDM.

3.4.1 Inclusion in Stage 1 and 2 proposals

The completed priced risk log and the risk financial allowances that the project development team agree are required at Stage 1 of the project development process will be included in the hWS Stage 1 Submission.

Once these proposals are approved and the project moves into the Stage 2 development the risk log will be used as the primary risk management tool throughout the Stage 2 development process.
When the Stage 2 proposals are approved, the contract is awarded and the project moves into the preconstruction and subsequent construction phases the project risk register will continue to be utilised as the primary risk management tool on the project. At agreed intervals during the Stage 2 development process, a risk workshop will be held to update the risk register by the project development team.

The allowances for projects risks are capped at Stage 1 and 2.

4. Management of information

4.1 Lines of Communication

To enable appropriate direction of correspondence the following guidelines will be adopted and confirmed on the project RACI (see Appendix 1, Section 2.2, Annex F of the PEP):

- All correspondence/dialogue/meetings with the Relevant Participants and their project team (unless specifically requested otherwise) will be from or via the PDM;
- Design team members including the main contractor will communicate directly with each other and all significant correspondence to be copied to the PDM;
- Sub-contractors/suppliers/manufacturers will, unless specifically requested otherwise, communicate directly with or through the main contractor only;
- Communication with persons outside of the project for information should be channelled through the PDM.

All meetings should have minutes taken with appropriate distribution.

Contact with the hWS OSCD and the Relevant Participant regarding project matters must be via the PDM. Communication with persons outside the project team regarding project matters should again only occur via the PDM.

Communication with sub-contractors, suppliers, and manufacturers will be via the main contractor only. Design team communication between members is to be direct, with significant issues to be copied to the PDM.

Certain information may be sensitive or confidential. No information regarding the details of the project should be communicated to persons outside of the Relevant Participants' organisations or project team without the Relevant Participants' specific written approval.

4.2 Correspondence

All correspondence will be headed with the specific project title, reference number etc. Unless specifically exempted, all correspondence will be managed within the hWS information portal. Further details are contained within the Initial Management Systems method state statement which details hWS's QMS and also the PEP for Project Specific requirements.

Managing correspondence is a very important aspect of the management of the project. It is also an area that is independently audited for hWS's certification of ISO 9001 2000, therefore the Quality Management System Manual must be followed and applied to correspondence and filing respectively.

All correspondence, whether issued internally or externally, should clearly display the following on each page:

- Job number;
- Job name;
- Full file path;
- Date;
- Page number;
- hWS logo.

In brief:

- Letters received – date stamped, scanned and filed in date order;
- Documents received – should be date stamped and filed discretely in accordance with the project filing structure;
- Documents should be referenced with the purpose for which they have been used (e.g. for Cost Plan No. 2);
- Superseded documents (e.g. drawings) should be marked as such;
- Letters/documents issued – where it is considered appropriate to retain a hard copy of letters or documents issued, these should be stored in a secure location in accordance with the project filing structures;
- Documents should be stored with the relevant cover letter;
- For ease of identification, file copies of letters can be printed on yellow paper;
- Paper filing system should have an index at the front of each folder;

- All documents issued electronically must be issued in PDF format and stored within the project filing structure together with any accompanying letter of email transmission;
- All correspondence must have due regard to the issues of confidentiality.

4.3 Drawings

A drawing transmittal form or register should accompany each set of issued drawings. Drawings are to include the following information:

- Project title and drawing title;
- Participant name;
- Description of revision and date of revision;
- Status of drawings;
- Issuing party, including address and telephone number;
- Scale and date;
- Drawn by and checked by and authorised by;
- Drawing number, and revision.

Any information which is provisional in nature should be clearly identified.

The PDM should establish the recipient list for drawings, clarifying the number and format (i.e. electronic vs. paper copies) of drawings to meet the needs of the project.

4.4 Information Required

The TPA defines the procedure for generating, processing and responding to requests for information (RFIs).

The PDM will ensure that all RFIs received are logged, and dates for response noted. We shall notify the RFI generator by return if the response date is unachievable.

Each RFI will be tracked with a unique sequential number until it has been closed out by the required party.

The format of the RFI is attached as Appendix 1 – Section 4.0 Annex J.

4.5 hWS Portal

hWS is operating a web based information and collaboration portal to allow the storage and control of documents and the sharing of information across the hWS team and with Participants and the Territory. Details of the portal and hWS's associated Quality Management Systems are located in the On-going Partnering Services Method – Initial Management Systems.

5. Programme Control

5.1 Key Project Programme

The project programme will enable the planned control of all project related activities to be detailed against a timeline (please see the Template Programme in Appendix 3).

The following types of documents will be provided:

- Strategic programme;
- Supply chain selection programme
- Design programme;
- Contractor programmes;
- Detailed cost management programme;
- Commissioning and testing; and
- Migration planning.

The project programme will include details of high-level project activities from project inception to completion and should enable project partners to gain a complete view of the project at a strategic level. Key milestones will be highlighted together with critical decision dates. The strategic programme will be generated by the PDM in consultation with hWS and all Relevant Participants and stakeholders.

The design programme will act as a detailed plan of design-related activities, and align with the relevant activities within the strategic programme. The design programme will be generated by the lead design consultant, in consultation with the PDM. The design programme will include details of information being provided with dates, arrangements for design interface development within the design team and how the design information will be presented. We anticipate formal design reports being prepared to align with the Stage 1 and Stage 2 processes. Additional subsequent design reports maybe requested if there is a lack of clarity in the design development.

The contractor's programme also shows the milestone dates and activities that hWS will undertake to control all costs within the stated affordability envelop/tender sum, e.g. Stage 1 design freeze milestone for example.

The programme also identifies the detailed site-based construction activities required, and their interdependencies. This programme will enable stakeholders to review and monitor construction activities. The contractor's programme will be generated by the main contractor, in consultation with the PDM.

Commissioning and testing of building systems will be included within the contract programme and detailed discussions will be held to ensure adequate time is allowed for this activity including training for user groups.

The critical issue of migration planning will be considered early in consultation with partnership agencies and will be incorporated in the contract programme.

5.2 Progress Monitoring

A progress agenda item will be addressed at each site meeting with a report and if requested by the PDM, the contractor will update the network programme in order to demonstrate, where possible, how they intend to overcome any delays which may have occurred. The changes in logic and/or durations will be submitted to the hWS OSCD. In addition the design team will each report within their individual reports on matters relevant to progress within their control.

5.3 Statutory Approvals

Full planning consent will be progressed in line with the requirements of the master programme. A series of pre-application meetings will be held with planning officials prior to a formal public consultation taking place. This all must take place ahead of the formal submission being made and this may have implications for the master programme.
The building warrant process will be programmed and it will be agreed with the design team and the contractor how best to progress this whether by a single stage application or a multi-stage application.

5.4 Surveys

A number of surveys have been commissioned at stage 1 and they are listed below.

- Desktop survey
- Topographical Survey

Refer to Appendix 1 Section 1.1 Annex A – for details of survey data received as part of the PIP.

hWS's PDM will review the project data provided by the Relevant Participant(s) to assess the extent to which surveys are required. Where possible, this will be delivered during Stage 1 but certain activities requiring more detailed analysis may only be committed after Stage 1 approval.

6. Change control

6.1 Procedure

The control of changes (or variations) within the project is vital in order to enable suitable control of the project scope and budget.

- Any change to the design/specification/product type/drawing revision etc. with a cost or programme impact must be raised on a change request form. Change order request form is attached in Appendix 1 Section 6.0 Annex J. A diagram showing the Change Control Sequence is included in Appendix 1 Section 6.0 Annex K. During the design process a design development control sheet will be generated (refer to Appendix 1 Section 6.0 Annex L) to allow brief changes to be monitored and an audit trail created;
- Any project member organisation may issue a change request form. It is vital that the proposed change be fully detailed, clearly stating the reason why the change is required. The change form should also note the resulting effect to the building if the change is not to be accepted;
- The change request should be sent to the CM and copied to the PDM, architect and the contractor;
- The CM will assess the change, present/ratify any cost estimate, then review with the hWS PDM. It is recommended that the CM apply a sequential numbering system to those forms received, as they may originate from a variety of sources;

- If approved, the PDM will issue a contract instruction to the contractor noting the change. The contractor will confirm costs;
- The CM is to update the cost plan accordingly.

7. Health and Safety

The PDM is to check the New Project Request in order to establish the identity of the "Participant" under the regulations in accordance with the requirements of the TPA (1.3.1(b)) (7).

The Participant has a legal responsibility under the CDM Regulations to ensure that "work carried out for them is conducted with proper regard to the health and safety of workers and others" and must "select competent people, provide relevant information and ensure that there are adequate resources, including time, for each stage of the work."

Participants must make sure that:

- Designers and contractors and other team members that they propose to engage are competent, are adequately resources and appointed early enough for the work they have to do;
- They allow sufficient time for each stage of the project, from concept onwards;
- They co-operate with others concerned in the project as is necessary to allow other duty holders to comply with their duties;
- They co-ordinate their work with others involved with the project to be able to comply with their duties;
- There are reasonable management arrangements in place throughout the project to ensure the that the construction work can be carried out ,so far as is reasonably practicable, safely and without risk to health;
- Contractors have made arrangements for the suitable welfare facilities to be provided from the start and throughout the construction phase;
- Any fixed workplaces which are to be constructed will comply, in respect of their design and the materials used, with any requirements of the Workplace, Safety and Welfare regulations 1992;
- All relevant information likely to be needed by designers, contractors or others to plan and execute the works safely is passed onto them in order to comply with the regulations.

The Construction (Design and Management) Coordinator (CDMC) should assist the Participant with the development of the management arrangements.

The CDMC shall co-ordinate the health and safety aspects of project design and the initial planning to ensure as much as they can that:

- They advise the Participant of his duties;
- The project is notified to the Health and Safety Executive;
- They advise the Participant on the prepared relevant information about the site to be passed on to the designers and contractors;
- They shall advise the Participant on the risks, in respects of health and safety during the project;
- They ensure the designers shall co-operate with each other for the purposes of health and safety and welfare of all persons involved with the construction, occupation, maintenance and finally demolition of the structure;
- They advise the Participant on the surveys and information that is not present but is required;
- They prepare and issue an information pack and issue the pack to all relevant parties including the principal contractor at the construction stage;

- They are able to give advice, if requested, to the Participant on the competence and allocation of resources by designers and all contractors; advise contractors appointing designers; and also advise the Participant on development of the health and safety plan before the construction phase starts;
- The construction phase health and safety plan from the contractor is properly prepared for the initial works;
- They shall monitor the design changes during the construction stage;
- The health and safety file is prepared and delivered to the Participant.

Note: Revised as per CDM2007

The design team will:

- Make sure that they are competent and adequately resourced to address health and safety issues;
- Make sure that design work doesn't start without a competent CDMC being appointed;
- Check Participants are aware of their duties;
- When carrying out design work, avoid foreseeable risks to those involved in construction and future use of the structure, and in doing so they should eliminate hazards and reduce risks associated with the design;
- Co-ordinate their work with other designers;
- Take into account how the structure can be built safely;
- Consider how cleaning and maintenance can be achieved safely;
- Consider how the construction can be affected by such work for example customers, and or the general public;
- Consider the welfare of the users of the building.

The main contractor will take over and develop the health and safety plan and co-ordinate the activities of all contractors so that they comply with health and safety law. The principal contractor's key duties are to:

- Develop and implement the health and safety plan;
- Arrange for competent and adequately resourced contractors to carry out the work where it is subcontracted;
- Ensure the co-ordination and co-operation of contractors;
- Obtain from contractors the main findings of their risk assessments and details of how they intend to carry out high risk operations;
- Ensure that contractors have information about risks on site;
- Ensure that workers on site have been given adequate training;
- Ensure that contractors and workers comply with any site rules which may have been set out in the health and safety plan;
- Monitor health and safety performance;
- Ensure that all workers are properly informed and consulted;
- Make sure only authorised people are allowed onto the site;
- Display the notification of the project to HSE;
- Pass information to the CDM co-ordinator for the health and safety file.

Notwithstanding the above, the project team members will ensure that they carry out all of their obligations as required by the CDM Regulations and current health and safety legislation.

All project team members have responsibility to ensure that all works are carried out safely and in accordance with current legislation. They should be proactive and immediately bring to the attention of the principal contractor, PDM and CDMc any practices they observe which they consider to be unsafe.

8 Affordability, New Project Pricing Report, Valuation and Payment

8.1 Project Affordability Cap

The project affordability cap is agreed with the Participant and set out in the NPACR.

The hWS Commercial Manager (CM) is responsible for all financial and commercial information in relation to this project and ensuring hWS deliver VFM during the delivery of the Partnering Services and projects.

8.2 New Project Pricing Report Procedure

Completion of the New Project Pricing Report for Stage 1& 2 of the NPD Process is detailed in the Method Statement Part (b) Project Development Partnering Services (i) New Project Development. This is the responsibility of the hWS CM. The New Project Pricing Report is contained in section 5 of the Project Development Partnering Services Method Statement.

8.3 Valuation and Payment Certificates

The procedure for the valuation of contract sums will be agreed with the Participant following confirmation of the project procurement route. The PDM supported by the CM will confirm the payment of contractor valuations on behalf of the hWS.

The CM will prepare a detailed payment schedule for the PDM for approval by the OSCD and the Relevant Participant.

9 Completion and Handover

9.1 Procedure

The PDM will ensure that a comprehensive and accurate handover procedure is established and detailed below, that has buy-in from all project stakeholders. The procedure should be communicated to project team members well in advance of handover to ensure adequate preparation time.

A Handover Completion agenda and Handover Checklist is attached in Appendix 1 Section 9.0 Annex M.

9.2 Completion Certificates

Certificates of completion/non completion and final certificates will be issued by the employer's agent subject to the following procedure being satisfactorily completed:

- On receipt of notification from the contractor that the works are complete and available for inspection, each member of the design team will conduct a full inspection and complete a list of defects requiring remedial action and forward these to the PDM and contractor;

- Each member of the design team will notify the PDM as to the status of these lists on re-inspection, and when all works are complete, the contract administrator, will issue a practical completion certificate.

9.3 O&M Manuals

At the project 'Launch Meeting' the hWS's PDM will agree with the Participant(s) the initial procedures for the completion and handover of the Project. As the project progresses through stages 1 and 2 the PDM will update the PEP accordingly for the Project.

[The Employer's Agent describes here the required procedure and responsibilities for collating and issuing operation and maintenance manuals.]

9.4 Migration Planning

The migration from the existing facilities into the new facility will be dealt with directly by the Participant.

9.5 Post Project Evaluation

The PDM with assistance from the hWS Support Co-ordinator shall prepare all performance management reports in accordance with the requirements of the KPI 5 – contained in the KPI Schedule to the TPA.

Post completion a post project review will be carried out. The format of the review will be discussed and agreed between hWS PDM and the Relevant Participants.

The scope of the study could cover the following topics and will be created using a Design Quality Method of assessment.

- Architecture;
- Environmental engineering;
- User comfort;
- Whole life costing;
- Detailed design;
- User satisfaction.

The data above will be supplemented by feedback from occupant questionnaires and focus groups on the operational effectiveness of the facility.

Schedule of Appendices

Appendix 1	**Project Execution Documentation**	
Section 1.1	Annex A	Project Information Pack (PIP)
Section 2.2	Roles and Responsibilities	
	Annex B	Project Development Manager (PDM) – Outline Scope of Services
	Annex C	Commercial Manager (CM) – Outline Scope of Services
	Annex D	Architect – Outline Scope of Services
	Annex E	Design Consultants – Outline Scope of Services
	Annex F	Template RACI Matrix
Section 3.0	Meetings and Reporting	
	Annex G	Project Progress Meeting Agenda
	Annex H	PDM's Report Structure
	Annex I #1	Stakeholder Communication Plan
	Annex I #2	Stakeholder Communication Checklist
Section 4.0	Information Required	
	Annex J	RFI Pro Forma and Information Required Form
Section 5.0	Change Control	
	Annex K	Section 6.1.1 Change Order Request Form /Sequence
	Annex L	Design Development Control Sheet
Section 6.0	Handover	
	Annex M	Section 9.2 Handover Meeting Agenda and Handover Checklist
Appendix 2	**Risk Register Template**	
Appendix 3	**Project Programme Template**	
Appendix 4	**Project Directory**	

Appendix 1 **Project Execution Documentation**
Section 1.1 **Briefing**
Annex A **Project Information Pack (PIP)**

Appendix 1 **Project Execution Documentation**
Section 2.2 **Roles and Responsibilities**
Annex B **Project Development Manager - Outline Scope of Services**

Appendix 1 **Project Execution Documentation**
Section 2.2 **Roles and Responsibilities**
Annex C **Commercial Manager – Outline Scope of Services**

Appendix 1 **Project Execution Documentation**
Section 2.2 **Roles and Responsibilities**
Annex D **Architect – Outline Scope of Service**

Appendix 1 **Project Execution Documentation**
Section 2.2 **Roles and Responsibilities**
Annex E **Design Consultant – Outline Scope of Service**

Appendix 1 **Project Execution Documentation**
Section 2.2 **Roles and Responsibilities**
Annex F **RACI Matrix**

Appendix 1	**Project Execution Documentation**
Section 3.0	**Meetings and Reporting**
Annex G	**Project Progress Meeting Agenda**

Appendix 1 **Project Execution Documentation**
Section 3.0 **Meetings and Reporting**
Annex H **PDM's Report Structure**

Appendix 1 **Project Execution Documentation**
Section 4.0 **Information Required**
Annex I **Stakeholder Engagement**

Appendix 1 **Project Execution Documentation**
Section 4.0 **Information Required**
Annex J **RFI Standard Format/Log**

Appendix 1 **Project Execution Documentation**
Section 6.0 **Change Control**
Annex K **Change Order Request Form/ Sequence**

Appendix 1 **Project Execution Documentation**
Section 6.0 **Change Control**
Annex L **Design Development Control Sheet**

Appendix 1	**Project Execution Documentation**
Section 9.0	**Handover**
Annex M	**Section 9.2 Handover Meeting Agenda and Checklist**

Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

Appendix 4 Project Directory

APPENDIX K – COMMUNICATION PLAN

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACILITY PROJECT COMMUNICATION PLAN

Reviewed by: Cammy Halliday / Lindsey McNaughtan
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Jan '13				Feb '13			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once			NPR Completion - 2/04/13	Complete				
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Jan '13				Feb '13			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**									
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Mar '13				Apr '13				May '13			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once												
2	Approval of Stage 1	Once												
3	Planning Approval Granted	Once												
4	Approval of Stage 2	Once												
5	Financial Close Achieved	Once												
6	Site Start/ Sod Cutting	Once												
7	Hoarding Artwork Installed	Once												
8	Contractor Quaterly Newsletters	Once												
9	Building Frame Erected	Once												
10	Topping Out Ceremony	Once												
11	Confirmation of Completion Date	Once												
12	Site Completion	Once												
13	Participant Facilities Management Training	Once												
14	Building Occupied	Once												
15	Official Opening	Once												

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Mar '13				Apr '13				May '13			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	Who														
1.1	Stakeholders														
1.2	Community Groups														
1.3	Community Councils / Councillors	Ad-hoc	4												
1.4	Public / Residents	Ad-hoc	2												
1.5	Service Users	Monthly													
1.6	Participant														
1.7	Business Community	Ad-hoc	1												
2	Community Benefit Activities														
2.1	Apprentice														
2.2	Employment Opportunities														
2.3	Work Placements														
2.4	Education Support														
2.5	Other														

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Jun '13				Jul ' 13				Aug '13			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once			Stage 1 Completion - 5/09/13	Complete								
2	Approval of Stage 1	Once												
3	Planning Approval Granted	Once												
4	Approval of Stage 2	Once												
5	Financial Close Achieved	Once												
6	Site Start/ Sod Cutting	Once												
7	Hoarding Artwork Installed	Once												
8	Contractor Quaterly Newsletters	Once												
9	Building Frame Erected	Once												
10	Topping Out Ceremony	Once												
11	Confirmation of Completion Date	Once												
12	Site Completion	Once												
13	Participant Facilities Management Training	Once												
14	Building Occupied	Once												
15	Official Opening	Once												

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Jun '13				Jul ' 13				Aug '13			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**														
1.1	**Stakeholders**														
1.2	**Community Groups**														
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**												
1.4	**Public / Residents**	**Ad-hoc**	**2**												
1.5	**Service Users**	**Monthly**						*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete	*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete
1.6	**Participant**														
1.7	**Business Community**	**Ad-hoc**	**1**												
2	**Community Benefit Activities**														
2.1	**Apprentice**														
2.2	**Employment Opportunities**														
2.3	**Work Placements**														
2.4	**Education Support**														
2.5	**Other**														

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Sept '13				Oct '13			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Sept '13				Oct '13			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**		*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete	*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Nov '13				Dec '13			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once							Stage 1 Approval - 28/03/14	Complete
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Nov '13				Dec '13			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**		*Meeting*	*Participant*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete				
				Working Group	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete	*Working Group*	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Jan '14				Feb '14			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once			Granted - 14/04/14, subject to 13nr. Conditions	Complete				
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Jan '14				Feb '14			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**					*Information Event*	*Participant*	*Information / Drop In Sessions (4) Participant led and facilitated drop in for public to find about project progress.*	
1.5	**Service Users**	**Monthly**		*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete	*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete
				Working Group	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete	*Working Group*	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Mar '14				Apr '14			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once							Programmed Stage 2 - 1/07/14	Ongoing
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Mar '14				Apr '14			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**		*Meeting*	*Participant / Working Group*	*YOURVOICE Service User Fourm/Group- project attends monthly meetings to engage and provide information on project design and progress.*	Complete	*Working Group*	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete
				Working Group	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete	*Newsletter*	*CHP*	*Project Newsletter was created by Inverclyde CHP with input from representatives across the engagement and communications working group. Newsletter distributed via all working group partners.*	
				Working Group	*Participant*	*Engagement & Communications Working Group established - members include service user reps, staff and hWS. Meeting to discuss engaging/communicating project information with services users/public etc.*	Complete	*Working Group*	*Participant*	*Engagement & Communications Working Group established - members include service user reps, staff and hWS. Meeting to discuss engaging/communicating project information with services users/public etc.*	Complete
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**	*Information Event*	*hWS*	*Meet the Buyer Event arranged for the business community to engage with Primary Contractor.*	Complete				
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			May '14				Jun '14			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once			Programmed - 27/08/14	Ongoing				
5	Financial Close Achieved	Once							Programmed - 24/09/14	Ongoing
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				May '14				Jun '14			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**		*Working Group*	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete	*Working Group*	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete
				Working Group	*Participant*	*Engagement & Communications Working Group established - members include service user reps, staff and hWS. Meeting to discuss engaging/communicating project information with services users/public etc.*	Complete	*Working Group*	*Participant*	*Engagement & Communications Working Group established - members include service user reps, staff and hWS. Meeting to discuss engaging/communicating project information with services users/public etc.*	Complete
				Working Group	*Participant*	*Engagement & Communications Working Group established - members include service user reps, staff and hWS. Meeting to discuss engaging/communicating project information with services users/public etc.*	Complete				
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Jul '14				Aug '14			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once			Site Start Programmed - 13/10/14.	Ongoing			Subject to Contractor's Stage 2.	
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once							Subject to Contractor's Stage 2 Programme, assumed mid 2015.	
10	Topping Out Ceremony	Once							Subject to Contractor's Stage 2 Programme, assumed mid 2015.	
11	Confirmation of Completion Date	Once							Subject to Contractor's Stage 2 Programme.	
12	Site Completion	Once							Subject to Contractor's Stage 2 Programme.	
13	Participant Facilities Management Training	Once							Subject to Contractor's Stage 2 Programme; TBA by Participant.	
14	Building Occupied	Once							Subject to Contractor's Stage 2 Programme; TBA by Participant.	
15	Official Opening	Once							Subject to Contractor's Stage 2 Programme; TBA by Participant.	

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Jul '14				Aug '14			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**		*Written Correspondance*	*Working Group*	*YOUR VOICE compiled report on community engagement with service users, carers and the community. Report/Findings shared with Project Team.*	Complete	*Working Group*	*Participant*	*Art Strategy Working Group - members inc. participant, staff and represntatives from service user groups. Discuss and participate in forming art strategy for project.*	Complete
								Working Group	*Participant*	*Engagement & Communications Working Group established - members include service user reps, staff and hWS. Meeting to discuss engaging/communicating project information with services users/public etc.*	Complete
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Sept '14				Oct '14			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Sept '14				Oct '14			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**					*Information Event*	*Comms Group*	*Event to provide updated images/progress of project*	Ongoing
1.5	**Service Users**	**Monthly**									
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Nov '14				Dec '14			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Nov '14				Dec '14			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	Ad-hoc	4								
1.4	**Public / Residents**	Ad-hoc	2								
1.5	**Service Users**	Monthly									
1.6	**Participant**										
1.7	**Business Community**	Ad-hoc	1								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Jan '15				Feb '15			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Jan '15				Feb '15			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**									
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			Mar '15				Apr '15			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once								
2	Approval of Stage 1	Once								
3	Planning Approval Granted	Once								
4	Approval of Stage 2	Once								
5	Financial Close Achieved	Once								
6	Site Start/ Sod Cutting	Once								
7	Hoarding Artwork Installed	Once								
8	Contractor Quaterly Newsletters	Once								
9	Building Frame Erected	Once								
10	Topping Out Ceremony	Once								
11	Confirmation of Completion Date	Once								
12	Site Completion	Once								
13	Participant Facilities Management Training	Once								
14	Building Occupied	Once								
15	Official Opening	Once								

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				Mar '15				Apr '15			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	**Who**										
1.1	**Stakeholders**										
1.2	**Community Groups**										
1.3	**Community Councils / Councillors**	**Ad-hoc**	**4**								
1.4	**Public / Residents**	**Ad-hoc**	**2**								
1.5	**Service Users**	**Monthly**									
1.6	**Participant**										
1.7	**Business Community**	**Ad-hoc**	**1**								
2	**Community Benefit Activities**										
2.1	**Apprentice**										
2.2	**Employment Opportunities**										
2.3	**Work Placements**										
2.4	**Education Support**										
2.5	**Other**										

INVERCLYDE ADULT & OLDER PEOPLES CONTINUING CARE FACI

Reviewed by: Cammy Halliday / Lindsey McNauç
Date: June 2014

Participant: NHS
Main Contractor: Morgan Sindall

PROJECT DEVELOPMENT MILESTONES			May '15				Jun '15				Jul '15			
Item	Activity	Frequency of Engagement	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status	Method of Engagement	Lead	Detail	Status
1	Project Approved by hWS Board	Once												
2	Approval of Stage 1	Once												
3	Planning Approval Granted	Once												
4	Approval of Stage 2	Once												
5	Financial Close Achieved	Once												
6	Site Start/ Sod Cutting	Once												
7	Hoarding Artwork Installed	Once												
8	Contractor Quaterly Newsletters	Once												
9	Building Frame Erected	Once												
10	Topping Out Ceremony	Once												
11	Confirmation of Completion Date	Once												
12	Site Completion	Once												
13	Participant Facilities Management Training	Once												
14	Building Occupied	Once												
15	Official Opening	Once												

STAKEHOLDER & COMMUNITY ENGAGEMENT PLAN				May '15				Jun '15				Jul '15			
Item	Stakeholder & Community	Frequency of Engagement	Target No. Engagement Activities	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status	Method of Engagement	Lead	Detail (Who, What, Where, When)	Status
1	Who														
1.1	Stakeholders														
1.2	Community Groups														
1.3	Community Councils / Councillors	Ad-hoc	4												
1.4	Public / Residents	Ad-hoc	2												
1.5	Service Users	Monthly													
1.6	Participant														
1.7	Business Community	Ad-hoc	1												
2	Community Benefit Activities														
2.1	Apprentice														
2.2	Employment Opportunities														
2.3	Work Placements														
2.4	Education Support														
2.5	Other														