

NHS Greater Glasgow & Clyde



Maryhill Health Centre



**Full Business Case
V9 Final- 25 September 2014**

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Issue and Revision Record

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1 Executive Summary

1.1 Introduction

This document is presented on behalf of NHS Greater Glasgow and Clyde (NHS GGC) who seek approval for funding to provide a new Maryhill Health Centre. The purpose of the project is much more than the simple replacement of the existing facilities. This is an opportunity to enable and facilitate fundamental change in the way in which health is delivered to the people of Maryhill. The underlying aim is to reshape services from a patient's point of view. Health care services will be shaped around the needs of patients and clients through the development of partnerships and co-operation between patients, their carers and families and NHS staff; between the local health and social care services; between the public sector, voluntary organisations and other providers to ensure a patient-centred service.

1.2 Full Business Case for Maryhill Health Centre

NHS Greater Glasgow and Clyde presented an Initial Agreement document, 'Replacement Maryhill Health Centre', to the Scottish Government Capital Investment Group (CIG) in June 2012. It received approval on 9th November 2012. Subsequently the Outline Business Case (OBC) received approval on 13th August 2013.

Planning permission was submitted to Glasgow City Council planning department on 10th July 2013 and received approval on 28th October 2013 (Appendix A).

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

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

This FBC has been prepared in accordance with the requirements of the current Scottish Capital Investment Manual (SCIM) Business Case Guide, June 2010.

1.3 Strategic Case

1.3.1 Overview

Maryhill, where Maryhill Health Centre 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. This has resulted in Maryhill being designated as one of 6 regeneration areas in Glasgow city where the local authority seeks to target investment in social and physical regeneration.

54% of patients using Maryhill Health Centre live in a SIMD 1 area. The majority of patients using Maryhill Health Centre live in areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities

Section 3 provides a summary of some headline health statistics (from the Health and Well-Being Profiles 2010), which illustrates the challenges faced in improving health in Maryhill. On all these measures, performance is amongst the worst in Scotland.

1.3.2 National context

The national strategies and recently published guidance which have influenced the development of local plans 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.

1.3.3 Local context

NHS Greater Glasgow and Clyde's purpose, as set out in its 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." There 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.

HEAT targets

The following HEAT targets and standards (issued in December 2012) are areas of activity where the provision of a new purpose built health centre will make a significant contribution:

Table 1 – HEAT Targets

HEAT Target	How the new centre will contribute to achievement of target
To increase proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15	Less affluent population groups such as those in Maryhill are particularly affected by late diagnosis and survival deficit – the new centre will improve access to services and earlier treatment.
At least 80% pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvement in breastfeeding rates and other important health behaviours.	The provision of a new health centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.
At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	Community dental health services will be based in the new health centre. Additional space will provide opportunities to promote dental health and well-being (e.g. displays etc to promote understanding of benefits of fluoride)
To achieve 12,910 completed child weight interventions over the 3 years ending March 2014	Location of new health centre in same street as Maryhill Leisure Centre and Maryhill Burgh Halls will support better working partnership between Glasgow Life and GP and community health services
NHS to deliver universal smoking cessation services to achieve at least 80000 successful quits, including 48,000 in the 40% most deprived SIMD areas	Current smoking cessation activity is curtailed by lack of suitable accommodation in the current health centre. The new health centre includes a suite of bookable space for individual and group activity.
Reduce suicide rate between 2002 and 2013 by 20%	The new health centre will include a base for mental health services in a modern, welcoming and non-stigmatising environment. The suite of bookable space can be used by local community organisations that support good mental health and well-being. The improvement in the local physical, social and economic environment arising from the building of the new centre will contribute to better mental health in the Maryhill area.
NHS Scotland to reduce energy –based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction target set in the Climate Change (Scotland) Act 2009.	The current health centre is one of the least energy-efficient buildings in the CHP's property portfolio. The new health centre will achieve BREAAAM excellent.
Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS) services from 2013, reducing to 18 weeks from December 2014 and 18 weeks referral to treatment for Psychological Therapies from December 2014.	CAMHS will increase local access to their services by providing sessions in the new centre. The building of the new centre supports a redesign of specialist children's services that seeks to provide more services within local facilities rather than all services being in dedicated specialist children's centres as at present.

HEAT Target	How the new centre will contribute to achievement of target
Reduce rate of emergency inpatient days for people aged 75 and over	Design of the new health centre will support better anticipatory care and more integrated working between community health, social work and GP practices.
From April 2015, no people will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete.	Local carer's centres will have access to space in the health centre to run information/ training/advice sessions for carers.
All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker including the building of a person-centred plan	Providing space for carers services will improve co-ordination of support to all carers, including those looking after someone with dementia
Further reduce health care associated infections	New health centre will be designed to high standards of infection control.
Provide 48 hour access or advance booking to an appropriate member of the GP practice team	Design of building will allow extended/ out of hours activity in GP practices if required to allow greater flexibility for appointments. Current building has limited out of hours use due to security difficulties.
90% of patients will wait no longer than 3 weeks from referral received to appropriate drugs or alcohol treatment that supports their recovery	The new building will include space for addictions service to run sessions in Maryhill, and design of building allows both individual and group therapy to be employed. There will also be opportunity to encourage local voluntary organisations to run sessions in the health centre.
NHS Boards to achieve a sickness absence rate of 4%	The new health centre will provide a much improved working environment that will support better staff health and well-being (leading to reduced absenteeism).
NHS Boards and Alcohol and Drug Partnerships (ADPS) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, ante-natal).	Design of building will promote more holistic, better integrated anticipatory care (including ABIs)

1.4 Investment Objectives

During the development the Outline Business Case, benefits criteria were agreed against each investment objective with stakeholder groups. These were used to appraise options and select the preferred option. These criteria have been reviewed as part of the preparation of the Full Business Case and confirmed as valid.

These benefits criteria relate to the investment objectives as evidenced in the benefits realisation plan for the project (Appendix B). The plan demonstrates how these objectives will be achieved and measured to assure the validity of the project

1.5 Case for Change

The aim of the project is to both overcome the shortcomings of the current environment and facilitate and enable changes in service provision to meet the specific needs of the local population. At the same time this will also improve the working environment of the staff and GPs.

Local and national drivers were reviewed to ensure these were appropriately identified and addressed where possible. The work on this aspect of the project was based on understanding the implications of four major drivers for change:

- The Health Policy Agenda: which requires quicker, more flexible access to treatment, a greater emphasis on anticipatory care, ill health prevention, health promotion, integration of health and social care and changing roles of healthcare professionals.
- New technologies; changing clinical practice, internet, telecommunication and IT advances.
- Changes in society; meeting the demographic changes including the ageing population.
- The future patient; what does the patient need, want and expect.
 - Quicker and more flexible access to treatment.
 - Good quality relationships with health professionals.
 - Better and more information about treatments, choice etc.

1.6 Scope of project

The scope of this project is to provide:

- GP rooms and associated facilities
- Office accommodation for administration, and community support and clinical services
- Accommodation for adult mental health, physiotherapy, speech and language therapy, podiatry and dental services
- Pharmacy (shell fit out)
- Staff rest rooms
- Car and bicycle parking

The project scope has been confirmed during the development of the Full Business Case and is reflected in the design of the building, thereby negating the risk of 'scope creep'.

1.6.1 Changes since OBC

The changes since OBC are limited and within tolerances and can be summarised as follows:

Total area of the building confirmed at 4,612sqm based upon the agreed schedule of accommodation (4,374sqm at OBC stage). This increase of 238sqm has resulted from; inclusion of sub station (25sqm), external refuse store (16sqm), plant room (30sqm). The re-designation of plant areas which were previously deemed to be ceiling void area (186sqm). This total increase has been offset by a reduction in a number of areas. The location of Podiatry and Community Dental was swapped with Physiotherapy, to allow closer links to the Physiotherapy Gym.

1.7 Economic Case

1.7.1 Short listed Options

There were 9 long list options at OBC stage and through a process of ranking the options against the agreed benefits criteria a short-list of 3 options was agreed. The scored short list of options for the project is summarised as follows:

Table 2 – Non financial appraisal summary

25 year Life Cycle	Option 1a - Do Minimum	Option 2a - Build new Maryhill Health centre at Maryhill Road/Skaethorn Road	Option 2b - Build new Maryhill Health centre at Gairbraid Avenue
Appraisal Element	Option 1a	Option 2a	Option 2b
Benefit Score	24.3%	59.1%	90.9%
Rank	3	2	1

1.7.2 VFM and Affordability

Table 3 – Cost/ benefit appraisal

The results of the economic and financial analysis consolidate the position of Option 2b as the preferred option.

1.8 The Preferred Option

The preferred option is Option 2b – build a new Maryhill Health Centre at Gairbraid Avenue.

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 Maryhill and to contribute to the regeneration of Maryhill town centre.

<i>25 year Life Cycle</i>	<i>Do Minimum</i>	<i>Build new Maryhill Health centre at Maryhill Rd/Skaethorn Road</i>	<i>Build new Maryhill Health centre at Gairbraid Avenue</i>
<i>Appraisal Element</i>	<i>Option 1a</i>	<i>Option 2a</i>	<i>Option 2b</i>
<i>Benefit Score</i> <i>a</i>	24.3%	59.1%	90.9%
<i>Rank</i>	3	2	1
<i>Net Present Cost – Includes risk</i> <i>b</i>	£11,484,113	£19,236,884	£19,465,174
<i>Cost per benefit point</i> <i>b/a</i>	£472,597.24	£325,497.19	£214,138.32
<i>Appraisal Element</i>	<i>Option 1a</i>	<i>Option 2a</i>	<i>Option 2b</i>

1.9 Commercial Case

1.9.1 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.

Maryhill Health Centre is located within the West Territory. A Territory Partnering Agreement (TPA) was signed in 2012 to establish a framework for delivery of this

programme and these benefits within the West Territory. The TPA was signed by a joint venture company, hub West Scotland Limited (hubco), local public sector Participants (including NHS Greater Glasgow and Clyde), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The Maryhill Health Centre project will be bundled with the new Eastwood Health and Care Centre - the purpose of this approach and the benefits are outlined in the stand-alone paper which accompanies this and Eastwood Health Centre Full Business Cases.

1.9.2 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 £103,501 was included within the GMP.

1.9.3 Agreed contractual arrangements and charging mechanisms

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

NHS Greater Glasgow and Clyde will pay for the services in the form of an Annual Service Payment.

1.9.4 Agreed Personnel Implications

As the management of soft facilities management services will continue to be provided by NHS Greater Glasgow and Clyde there are no anticipated personnel implications for the DBFM Agreement.

1.9.5 Agreed Accountancy Treatment

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

1.10 Financial case

1.10.1 Capital and Revenue Costs

The capital cost for the preferred option is £12,403,944 as outlined in the stage 2 report and includes Prelims (10.81%), Overheads & Profit (4%), New Project Development Fee (6.54%), Additional Management Costs (2.19%), DBFM Fees (1.93%), Hubco portion (1.83%).

1.10.2 Revenue Costs and Funding

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

Summary of Revenue position	£'000
SGHD Unitary Charge support	1,142.5
NHSGG&C recurring funding per above	984.5
Total Recurring Revenue Funding	2,127.0

Recurring Revenue Costs	£,000
Total Unitary charge(service payments)	1,259.8
Depreciation on Equipment	70.0
Facility running costs	301.0
IFRS - Depreciation	496.2
Total Recurring Revenue Costs	2,127.0

1.10.3 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:

	Maryhill
Senior Debt (£000)	12,096
Sub debt (£000)	1,244
Equity (£000)	0.01
Total Funding	13,340

The value of the required subdebt investment is as follows:

	NHS GG&C	SFT	hubco	Total
Proportion of subdebt	30%	10%	60%	100%
£ subdebt	373,070	124,356	746,139	1,243,565

1.10.4 Financial Model

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

Table 4 Key inputs and outputs of Financial model

Output	Maryhill
Capital Expenditure (capex & development costs)	£12,404k
Total Annual Service Payment	£20,029k
Nominal project return	6.82%
Nominal blended equity return	10.50%
Gearing	90.61%
All-in cost of debt (including 0.5% buffer)	5.85%
Minimum ADSCR¹	1.150

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

Minimum LLCR²	1.167
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1.11 Management Case

1.11.1 Project Programme

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

Table 5 - Project programme

CIG Meeting for FBC	11 March 2014
Financial Close	30 September 2014
Site Start	24 November 2014
Completion date	11 March 2016
Services Commencement	11 March 2016

1.11.2 Project Management Arrangements

A Maryhill Health Centre Project Board has been established to oversee the project, chaired by the Head of Mental Health, North West Sector. Membership of the group includes representation from:

- CHP: Planning, Management, Clinical Director
- Public Partnership Forum
- NHS Contractors
- NHSGGC: Capital Planning, Property, Facilities, Capital Accounts
- West Hub Territory
- Hubco.

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

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

1.11.3 Consultation with Stakeholders and the Public

Consultation has taken place within NHS Greater Glasgow and with both health and social care staff via the user group sessions, delivery group meetings and their comments incorporated in to the final design as part of the Full Business Case.

Consultation has taken place with GP, health and social care staff via user group sessions, delivery group meetings, programmes wide consultation meetings, and individual service area meetings and their comments incorporated in to the final design as part of the Full Business Case.

NHS GG&C and the Private Sector Delivery Partner for this project, hub West Scotland Limited (hubco) have held a series of public meetings, met Community Councils and local residents groups on site security, car parking and traffic management on a regular basis. Public Partnership Forum and Third Sector Interface representatives have attended delivery group and meetings with architects. Local issues that have been addressed included scale and massing,

1.11.4 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 which 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.

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. 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 evaluation will be undertaken by senior member of the Glasgow City CHP project board with assistance as necessary from the PSDP Project Managers.

The following strategy and timescales will be adopted:

- A post project evaluation will be undertaken within 6 months after occupation.
- The benefit realisation register will be used to assess project achievements.
- Clinical benefits through patient and carer surveys will be carried out and trends will be assessed.
- The report will also incorporate the views of user groups and stakeholders generally.

2 Introduction

2.1 Background

This Full Business Case has been prepared by NHS Greater Glasgow and Clyde on behalf of the Glasgow City Community Health Partnership (CHP).

There are 6 Community Health Partnerships (CHP)/ Community Health and Care Partnership (CHCP) in the area covered by NHS Greater Glasgow and Clyde – each coterminous with their respective local authority area. Each CHP / CHCP is responsible for their contribution to the NHS Greater Glasgow and Clyde fulfilment of the commitments made in its Local Delivery Plan and the achievement of HEAT targets and standards.

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

2.2 Bundled Projects

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

A standalone paper on the bundling approach sets out the benefits in more detail and accompanies this and the Eastwood Health and Care Centre Full Business Cases.

2.3 FBC Purpose and Compliance

The overall purpose of this Full Business Case is to justify and demonstrate the proposals for the development of the new Maryhill Health Centre. Specifically the purpose of the 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 deal.
- Demonstrate that the project is affordable
- Establish detailed management arrangements for the successful delivery of the project.

2.4 FBC Structure

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

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

Table 6 – FBC Structure

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

2.5 Further Information

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

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3 Strategic Case

3.1 Introduction

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

3.2 Strategic Overview

NHS Greater Glasgow and Clyde provides strategic leadership and direction for all NHS services in the Glasgow and Clyde area. It works with partners to improve the health of local people and the services they receive. The Glasgow City CHP covers the geographical area of Glasgow City Council, a population of 588,470 and includes:

- 154 GP practices,
- 135 dental practices,
- 186 pharmacies and
- 85 optometry practices.

Services within the Glasgow City CHP are delivered in 3 geographical sectors:

- North West Glasgow with a population of 190,332
- North East Glasgow with a population of 177,649
- South Glasgow with a population of 220,489

Glasgow is a city that has significant challenges in terms of social and health inequalities with 43% of Glasgow data zones are in the 15% most deprived category and 244,587 Glaswegians living in a deprived area (approximately 42% of the city's population). In addition, 147 of Glasgow's data zones are in the bottom 5% - this accounts for almost half the Scottish total (45%). From 2001 Glasgow's Black and Minority Ethnic (BME) population has risen from 3.24% to 11.45% of the city's population.

3.2.1 Profile of Maryhill

Maryhill, where Maryhill Health Centre 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. This has resulted in Maryhill being designated as one of 6 regeneration areas in Glasgow city where the local authority seeks to target investment in social and physical regeneration.

The existing facility serves a GP population of 27,083 and 54% of patients (14,625) using Maryhill Health Centre live in a Scottish Index of Multiple Deprivation SIMD 1 area. The majority of patients using Maryhill Health Centre live in the surrounding area – the 3 neighbourhoods of Maryhill East, Maryhill West and Wynford.

These three areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities.

There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.

The development of a new health centre would demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in an area of deprivation.

Below is a summary of some of the headline health statistics (from the Health and Well-Being Profiles 2010) which illustrates the challenges faced in improving health in Maryhill. On all these measures, performance is amongst the worst in Scotland.

Life Expectancy - The average male life expectancy in Maryhill East, Maryhill West and Wynford (67.1) is more than 7 years below the national average, and female life expectancy (74.3) is more than 5 years below the national average

Alcohol and Drugs - The average rate of alcohol-related hospital admissions is 1790, 65% above the national average and the average rate of drugs-related hospital admissions is 185.1, more than twice the Scottish average.

Mental Health - There is a high incidence of mental illness, as illustrated by the high level of prescribing of anti-depressants (31% above the Scottish average) and psychiatric hospital admissions (which in Maryhill and Wynford are more than twice the Scottish average).

Older People and Long Term Conditions - Hospital admissions are significantly above the national average.

Child Health - There are high rates of teenage pregnancies and smoking in pregnancy (both indicators record more than twice the Scottish average) and low rates of breastfeeding (less than half the Scottish average).

3.2.2 National Context

The planned investment to re-design healthcare services in the Maryhill 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 Maryhill 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 strategies strongly support the principle of providing access to local primary care services that are fully integrated and remove the traditional boundaries between health and social care and primary and secondary care. They also emphasise the need to give greater focus to prevention, early intervention and support to help patients self-manage their care.

The national strategies and recently published guidance which have influenced the development of local plans are:

- The five Strategic Outcomes of the Scottish Government. (Wealthier and Fairer; Smarter; Healthier; Safer and Stronger, and Greener)
- Local Delivery Plan targets (HEAT) 2013/14
- Renewing Scotland's Public Services (2011)
- Delivering Quality in Primary Care National Action Plan: implementing the Healthcare Quality Strategy for NHS Scotland. (2010)
- Better Health, Better Care (2007) – Action Plan.

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. The HEAT targets in the following section, therefore support the transformational change in healthcare that is necessary to achieve the 20:20 vision.

3.2.3 Local Context

Corporate Plan

A number of themes embedded in the national strategies (described 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 through the NHS GCC Corporate Plan 2013 - 16 and Local Delivery Plan 2013/14.

The Glasgow City CHP Development Plan 2013 - 16 sets out how Glasgow City CHP will contribute to the achievement of the outcomes set out in NHS Greater Glasgow and Clyde's corporate plan and the targets agreed in the Local Delivery Plan. The achievement of these targets is dependant upon developing new ways of working, with primary care playing a key role supporting the necessary change.

HEAT Targets

NHS Greater Glasgow and Clyde's Local Delivery Plan 2013/14, has been developed to include the 2013/14 HEAT targets. Performance against the HEAT targets will be monitored and reported through the NHS Greater Glasgow and Clyde OPR (Organisational Performance Review) process.

In terms of the Maryhill area, it is clear that the proposed primary care improvements within this FBC will make a significant contribution to the achievement of HEAT targets. In particular the following quality outcomes and HEAT targets are highlighted. Improvements to the Maryhill Health Centre will make achieving these outcomes and targets more feasible.

Table 7 – HEAT Targets

HEAT Target	How the new centre will contribute to achievement of target
To increase proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15	Less affluent population groups such as those in Maryhill are particularly affected by late diagnosis and survival deficit – the new centre will improve access to services and earlier treatment.
At least 80% pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvement in breastfeeding rates and other important health behaviours.	The provision of a new health centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.
At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	Community dental health services will be based in the new health centre. Additional space will provide opportunities to promote dental health and well-being (e.g. displays etc to promote understanding of benefits of fluoride)
To achieve 12,910 completed child weight interventions over the 3 years ending March 2014	Location of new health centre in same street as Maryhill Leisure Centre and Maryhill Burgh Halls will support better working partnership between Glasgow Life and GP and community health services
NHS to deliver universal smoking cessation services to achieve at least 80000 successful quits, including 48,000 in the 40% most deprived SIMD areas	Current smoking cessation activity is curtailed by lack of suitable accommodation in the current health centre. The new health centre includes a suite of bookable space for individual and group activity.
Reduce suicide rate between 2002 and 2013 by 20%	The new health centre will include a base for mental health services in a modern, welcoming and non-stigmatising environment. The suite of bookable space can be used by local community organisations that support good mental health and well-being. The improvement in the local physical, social and economic environment arising from the building of the new centre will contribute to better mental health in the Maryhill area.
NHS Scotland to reduce energy –based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction target set in the Climate Change (Scotland) Act 2009.	The current health centre is one of the least energy-efficient buildings in the CHP's property portfolio. The new health centre will achieve BREAAAM excellent.
Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS) services from 2013, reducing to 18 weeks from December 2014 and 18 weeks referral to treatment for Psychological Therapies from December 2014.	CAMHs will increase local access to their services by providing sessions in the new centre. The building of the new centre supports a redesign of specialist children's services that seeks to provide more services within local facilities rather than all services being in dedicated specialist children's centres as at present.

HEAT Target	How the new centre will contribute to achievement of target
Reduce rate of emergency inpatient days for people aged 75 and over	Design of the new health centre will support better anticipatory care and more integrated working between community health, social work and GP practices.
From April 2015, no people will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete.	Local carer's centres will have access to space in the health centre to run information/ training/advice sessions for carers.
All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker including the building of a person-centred plan	Providing space for carers services will improve co-ordination of support to all carers, including those looking after someone with dementia
Further reduce health care associated infections	New health centre will be designed to high standards of infection control.
Provide 48 hour access or advance booking to an appropriate member of the GP practice team	Design of building will allow extended/ out of hours activity in GP practices if required to allow greater flexibility for appointments. Current building has limited out of hours use due to security difficulties.
90% of patients will wait no longer than 3 weeks from referral received to appropriate drugs or alcohol treatment that supports their recovery	The new building will include space for addictions service to run sessions in Maryhill, and design of building allows both individual and group therapy to be employed. There will also be opportunity to encourage local voluntary organisations to run sessions in the health centre.
NHS Boards to achieve a sickness absence rate of 4%	The new health centre will provide a much improved working environment that will support better staff health and well-being (leading to reduced absenteeism).
NHS Boards and Alcohol and Drug Partnerships (ADPS) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, ante-natal).	Design of building will promote more holistic, better integrated anticipatory care (including ABIs)

3.3 Business Strategy & Aims

3.3.1 Strategic priorities

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

NHS Greater Glasgow and Clyde's purpose, as set out in its 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.

3.3.2 Agile Working

The way NHS Greater Glasgow and Clyde work and delivers services, is changing. In the current challenging financial climate, organisations must look closely at what they do and how they do it. Becoming a more flexible and agile workforce can assist in transforming and streamlining the organisation. Agile working is about modernising working practices and is broadly based on the following principles:

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

- Work has less impact on the environment.

The positive impact of agile working can benefit the business, the individual and the environment.

New technologies can enable much of the work that NHS GG&C do to be carried out from many locations other than offices. Agile working is a strategic approach to implementing:

- A range of flexible working options
- Environments that enable flexibility
- Technologies that support the practice of agile working
- New forms of collaboration that reduce the need for physical meetings and travel
- Culture change to enable greater organisational agility

Underlying agile working is a commitment to modernise working practices, doing more with less, working wherever and however is most appropriate to get the job done. It is also about working smarter to de-clutter offices and reduce the dependency on paper documents and physical resources. While there are some statutory obligations to retain paper documents, the reasons for using and generating paper are becoming less compelling.

3.4 Strategic Needs

3.4.1 Investment objectives

The investment objectives as set out in the Outline Business Case (and their weightings) have been reviewed and remain valid. These are:

1. Improve access (20%)
 - Good pedestrian access
 - Sufficient car parking
 - Fully DDA compliant
2. Improve patient experience/ good working environment for staff (30%)
 - Welcoming building
 - Easy arrival and pickup

- Easy to navigate
 - Improve patient pathway/ more effective services
 - Improve patient (and staff) safety
3. Promote joint service delivery (20%)
- Promote team working
 - Capacity for social work and other partners
 - Capacity for other organisations to use space
 - Adjacent to other public facilities
 - Design allows out of hours use of building
4. Sustainability (15%)
- Energy efficient
 - Reduce carbon footprint
 - Reduce running costs
5. Contribution to regeneration of Maryhill (15%)
- Clear signal of investment
 - Catalyst for improvement
 - Support to local businesses
 - Attract other investors
 - Consistent with Town Planning objectives
 - Supports Maryhill Town Centre regeneration plan

3.4.2 Benefits Criteria

During the development the Outline Business Case, benefits criteria were agreed against each investment objective with stakeholder groups. These were reviewed as part of the preparation of the Full Business Case and confirmed as valid.

Table 8 - Benefits Criteria

Benefit No.	Success Factors (The Benefit)	Review Questions/Methods (Measuring the Benefit)	Results (Proving the Benefit)
1	Enable speedy access to modernised and integrated Community Health & Social Care Services that achieve national standards	Monitor quarterly figures for access to services including AHP waiting times (dietetics, physio, podiatry) Cancer – referral to treatment Addictions – referral to treatment GP access measured through national survey Monitor use of treatment rooms Monitor effectiveness of rehab teams through team performance framework	Reduced waiting times/ increased productivity for services provided in health centre More productive use of treatment rooms Improvement GP access target (48hour and advance booking) Reductions in bed days, prevention of delayed discharges, prevention of readmissions
2	Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care	Participation of GPs in new LES as Keep Well is mainstreamed Participation of GPs in other LES services (diabetes, stroke, CHD, COPD) Hospital admissions for LTCs Monitor emergency admissions Monitor emergency admissions 65+ Monitor referrals from GPs to other health improvement services (smoking cessation, healthy eating, stress management, employability, money advice) Monitor referrals from GP practices to local carers team (number of referrals and number of carers assessments) Monitor cervical cancer screening and immunisation Engage with Deep End practices regularly to support best practice	Numbers of GPs participating in each LES Better management of LTCs - reduction in number of admissions and bed days Prevent inappropriate use of hospital services, better management of illness within primary care, Shift in balance of care - more patients looked after through primary care and less use of acute services Improvements in cervical screening rate and childhood immunisation rates Positive support to GP practices in deprived areas to tackle health inequalities GP practices in the area together provide community-oriented primary care
3	Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.	Survey of staff and users/patients regarding how accessible they find the facility. Keep Well health checks to be carried out on eligible patients Compare DNA rates with current rates Monitor use of community dental facility	Uplift in satisfaction LES targets to be met Reduction in DNA rates Reduction in children treated at dental hospital.

4	Develop more integrated services in primary care, with focus on prevention and early intervention	<p>Monitor referrals from GP practices to local health improvement services (smoking cessation, healthy eating, employability, money advice, stress management, alcohol counselling)</p> <p>Monitor referrals to local Social Work carers team</p> <p>Improved working between NHS and SW staff to support older people – measured through performance framework for Rehab Teams</p> <p>Improved working between NHS and SW children's teams - increased IAF and joint case review etc.</p>	<p>Increased referrals to these services from GPs</p> <p>Increase in referrals and increase in carers assessments</p> <p>Shift in balance of care – more older people supported at home, reduction in bed days</p> <p>Less children in need of residential care</p>
5	Deliver NHS GGC wide planning goals and support service strategies	<p>Shift balance of care – monitor delivery in acute/ primary care</p> <p>Bed days/emergency admissions/ multiple admissions 65+, admissions from LTCs</p> <p>Reshaping care for older people – monitor delayed discharges, admissions, numbers supported in community</p> <p>Tackling inequalities – Inequalities sensitive practice in primary care – best practice shared and rolled out , GP access</p> <p>Use of outreach and other methods to engage with vulnerable patients</p> <p>Keep Well LES activity</p> <p>Active locality groups – engagement of GPs, buddying arrangements for contingencies, shared good practice</p>	<p>More care in community and less in acute hospitals</p> <p>Increase numbers of older people supported in the community and reduce use of residential accommodation and hospitals</p> <p>Inequalities sensitive practice part of core business for staff operating in the health centre</p> <p>Health centre a hub for health in the area</p>
6	Deliver a more energy efficient building within the NHS GGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs through achievement of BREEAM healthcare rating of excellent	Contribute to North West sector's shared of CHP target for reduced carbon emissions	Target met
7	Improve and maintain retention and recruitment of staff.	<p>Staff satisfaction survey at end of year 1.</p> <p>Monitor absence records and contrast to previous.</p> <p>Monitor staff turnover rates</p>	<p>Uplift in satisfaction</p> <p>Decrease in absence rates</p> <p>Decrease in staff turnover</p>

8	<p>Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.</p> <p>Creation of an environment people want to come to, work in and feel safe in</p>	<p>Use of quality design and materials to create a pleasant environment for patients and staff</p> <p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to improvement of Maryhill area - supports development of new civic hub in Gairbraid Avenue (complementing Maryhill Burgh halls and Maryhill Leisure Centre)</p>	<p>Provide a clinical environment that is safe and minimises any HAI risks</p> <p>Building makes a positive contribution to health</p>
9	<p>Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA</p>	<p>Carry out DDA audit and EQIA of building.</p> <p>Involvement of BATH (Better Access to Health) Group in checking building works for people with different types of disability</p> <p>Engagement with local people to ensure building is welcoming – PPF to carry out survey of users</p>	<p>Building accessible to all</p> <p>Positive response from users of the building</p>
10	<p>Contribution to the physical and social regeneration of the whole area</p>	<p>Building contributes to improvement of Maryhill town centre area</p> <p>Engagement of local people in developing art work and landscaping for the centre.</p>	<p>New health centre helps create new civic hub for Maryhill</p> <p>Health centre is 'owned' by local people</p> <p>The building of the centre presents an opportunity to engage people in health improving activity , building self esteem and community capacity</p>
11	<p>Potential achievability for long and short term within realistic timescale and future flexibility</p>	<p>Centre up and running within timescale and within budget</p>	<p>New centre built and space maximised for use by a range of different services.</p>

Appendix B - Benefits Realisation Plan demonstrates how these Specific Measurable Attainable Realistic and Timely (SMART) objectives will be achieved to assure the validity of the project.

3.5 Existing Arrangements

3.5.1 Maryhill Health Centre

The following services are provided from Maryhill Health Centre by the 4 GP practices and a range of community health services including dental health services and pharmacy:

Medical Practice

- General Medical Practice
- Teaching of medical students
- No minor surgery - constrained by the facilities

Community Health Team providing Primary Care services

- Health Visitors - includes baby clinics
- Treatment Room Nurses
- District Nurses
- School Nursing
- Maternity Services
- Podiatry
- Physiotherapy
- Community dental services
- Pharmacy

A number of services provided on a visiting basis

- Youth Health services
- Smoking cessation services

Mental Health Services

- Community mental health services provided in Shawpark Resource Centre, adjacent to the current health centre (to be replaced by new centre)

3.6 Clinical and Services Needs/ Case for Change

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

Clinical Need

- All the GP practices in Maryhill are 'Deep End' practices with the majority of their patients living in areas of deprivation (with the resultant health problems associated with communities living in difficult circumstances)
- The levels of deprivation and problems experienced by the population served by Maryhill Health Centre resulted in all 4 GP practices participating in "Keep Well"
- Glasgow City Population Health and Well-being Surveys have consistently highlighted poor health and well-being in areas of deprivation such as Maryhill.

A Review of the Current Workload of the GP Practices

As part of the assessment of clinical needs the four GP practices have carried out a pragmatic review of their current workload and from this have formed a clear view that there is no possibility of expansion of patient list sizes or of increasing the number of services currently offered from the existing building. In addition, they believe that there will be increasing difficulty in delivering the basics in patient care, further developing the training/teaching of medical students and AHPs and in meeting future NHS needs such as new IT implementation in line with SGHD proposals.

Deficiencies in Clinical Services

Within the Maryhill Health Centre locality, progress is being made with the development of integrated primary care services. Nurses and Allied Health Professionals work in or closely with all practices, and in doing this they are seeking to extend the range of services provided to meet such needs as smoking cessation, assessment of minor illnesses, management of patients with long-term conditions (e.g. diabetes, asthma, CHD-Coronary Heart Disease), psychological support, minor surgery to avoid hospital waits and self care. Practices and multi-disciplinary teams are seeking to build on relations they

have with the local social workers, home care teams and local community health organisations to ensure that they provide a comprehensive community service.

Adults and Children with Complex Needs

The existing premises do not have the capacity for an extended team to meet the additional service requirements. The new health centre will have capacity to allow specialist children's services and CAMHS to run regular sessions, thereby improving local access to services that currently are provided only in dedicated children's centres in Drumchapel and Possilpark (both some distance and difficult to reach by public transport from Maryhill).

Inequalities

Primary Care Dental Services have previously responded to the needs of inequalities groups on an *ad hoc* basis. A planned strategic approach is now to be developed through the Maximising Access to Primary Care Dental Services project, initiated June 2010. The desired outcome is that oral health inequalities will be reduced by ensuring that those with additional needs are clearly signposted into affordable, accessible, acceptable services which are appropriate to meet their individual needs, through collaborative working between all dental providers and the wider health, social and voluntary care sectors. The Community Dental facilities are limited and situated in a poor location on the first floor of the current centre. A new purpose-built dental suite will make their services much more accessible to vulnerable patients.

The co-location with other providers will facilitate collaborative working and improve the access to dental services for those patients with additional needs. More general meeting space will enable oral health promoters to run information sessions for parents e.g. to increase uptake of the fluoride varnishing programme.

The existing health centre was built in the 1970's and the physical condition of the premises is of a standard that is consistent with a building over 35 years old. Key issues include:

- failure to meet modern healthcare requirements in terms of functionality, special needs, compliance with current clinical guidance, fire regulations, DDA requirements and infection control measures
- access to the building is difficult
- significant backlog in maintenance with plant and equipment at an age which is well beyond their design life
- the current positioning of the pharmacy results in groups of patients waiting for methadone prescriptions. This can make addiction patients feel exposed and potentially ill-at-ease, while staff and other patients can find the behaviour of this group of patients intimidating
- the building is amongst the least energy efficient properties in Glasgow City CHP.

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

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

3.7 Property Strategy

The current Maryhill Health Centre is included in the list of highest ranked community property in need of backlog maintenance, investment and failing space utilisation, functional suitability and quality survey evaluations. On the Health Facilities Scotland ranking protocol, Maryhill Health Centre scored as follows:

Table 9 – Ranking protocol

Area	Score
Building	D
Engineering	D
Functional suitability	D
Space utilisation	F
Quality	D
Statutory standards	D
Fire	D
Environment	G

Under the NHS Greater Glasgow and Clyde EAMS property information system,

D represents “ *Unacceptable / Replacement or total re- provision required*”.
F represents “ *Fully utilised space*” and
G is the lowest rating in relation to Energy Performance as shown in the Energy Performance Certificate (EPC) for the building.

3.8 Business Scope and Service Requirements

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

The core elements of the business scope for the project remain unchanged from those identified in the Outline Business Case and are outlined in the table below.

Table 10 – Business scope

	Critical / core minimum	Desirable	Aspirational
Potential Business Scope			
To enable the CHCP to provide an integrated service spanning primary care, community health, social care services in the Maryhill area.	☑		
To maximise clinical effectiveness and thereby improve the health of the population.	☑		
To improve the quality of the service available to the local population by providing modern purpose built healthcare facilities	☑		
To provide accessible services for the population of Maryhill and surrounding areas.	☑		
To provide flexibility for future change thus enabling the CHP 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 CHP		☑	
To be part of the delivery of an integrated community facility contributing to the social, economic and physical urban regeneration of a deprived area		☑	
Key Service Requirements			
GP practices	☑		
Carer service	☑		
A new dental health suite	☑		
Health visitors and district nurses working in integrated teams	☑		

	Critical / core minimum	Desirable	Aspirational
Social Work staff on site	<input checked="" type="checkbox"/>		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	<input checked="" type="checkbox"/>		
Specialist children's evaluation and disability services	<input checked="" type="checkbox"/>		
Child and adolescent mental health services	<input checked="" type="checkbox"/>		
Community mental health services	<input checked="" type="checkbox"/>		
Personal care facilities in the community to support independent living for local disabled people (allowing them access to shopping and other community activity in the Maryhill area).	<input checked="" type="checkbox"/>		
Youth health services	<input checked="" type="checkbox"/>		
Sexual Health services		<input checked="" type="checkbox"/>	
Training accommodation for primary care professionals including undergraduate and postgraduate medical and dental students	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		<input checked="" type="checkbox"/>	
Community Addiction Services		<input checked="" type="checkbox"/>	
Community health services and community-led rehabilitation and health improvement activity		<input checked="" type="checkbox"/>	
Local Stress Centre services		<input checked="" type="checkbox"/>	
Money advice services			<input checked="" type="checkbox"/>
Employability advice and support			<input checked="" type="checkbox"/>
Housing advice and support			<input checked="" type="checkbox"/>
Opportunities for volunteering			<input checked="" type="checkbox"/>

To summarise, the business scope includes:

- New facilities which will be commensurate with modern healthcare standards and meet all relevant health guidance documentation
- A project budget within the CHP's affordability criteria, to achieve value for money in terms of the nature and configuration of the build on the selected site given the site topography and adjacencies
- Developing facilities which take full cognisance of the local environment in terms of the choice of external materials and finishes.
- The design not being designed in isolation, but will include the best practice from all 5 Hub areas and benefit from cross fertilisation of ideas from all design teams. Information will be shared between design teams by use of common shared information portals (all Architectural teams are already sharing best practice)

- Maximising the sustainability of the development, within the CHP's resources, and meeting the mandatory requirement of "Excellent" under the BREEAM assessment system
- The development of 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, maximise use of natural light and ventilation
- In conjunction with the Infection Control Team, develop a design that minimises the risk of infection. To facilitate this, the design will be considered in conjunction with the NHS "HAIScribe" system
- Comply with CEL 19 (2010) - A Policy on Design Quality for NHS Scotland - 2010 Revision which provides a revised statement of the Scottish Government Health Directorates Policy on Design Quality for NHS Scotland. CEL 19 (2010) also provides information on Design Assessment which is now incorporated into the SGHD Business Case process.

Key Service Requirements

The new centre will provide clinical and service delivery rooms for a range of health and care services, GP consulting areas and office accommodation for staff providing community outreach services along with CHP management and business support. In summary the following Services are to be based in the new Maryhill Health Centre:

- 4 GP practices
- Community Dental Services
- Health visiting team
- Parenting worker
- District nursing team
- Treatment room services
- Rehabilitation Team
- Physiotherapy
- Podiatry
- Dietetics
- Youth health services
- Smoking Cessation services
- Community Mental Health Team
- Out of Hours nursing service
- Social work services

There will also be a number of services that will visit Maryhill Health Centre on a regular basis to provide services on a sessional basis:

- Addictions
- Primary Care Mental Health Team
- Older People’s Mental Health Team
- Weight Management Service
- Ante natal services
- Specialist Children’s Services
- Child and Adolescent Mental Health Services
- Anticoagulant Clinics,
- Continence Advice,
- Learning Disabilities Consultant Clinics
- Carers Services (provided through local Carers Centre)
- Money Advice (through local GAIN network)
- Stress counselling (through Lifelink community stress services)

The scope of this project is therefore to provide:

- GP rooms and associated facilities
- Office accommodation for administration, and community support and clinical services
- Accommodation for adult mental health, physiotherapy, speech and language therapy, podiatry and dental services
- Pharmacy (shell fit out)
- Staff rest rooms
- Car and bicycle parking

The project scope has been confirmed during the development of the Full Business Case and is reflected in the design of the building, thereby negating the risk of ‘scope creep’.

3.9 Strategic Risks

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

Table 11 – Strategic risks

Risk	Mitigation
Business	
Independent Contractor Charging Arrangements	Continual Dialogue with GP’s and Pharmacy
Service	

Risk	Mitigation
New ways of working required to realise benefits	<p>OD and L&E support provided for staff – already part of change programmes for Rehab Teams, District Nursing and Health Visiting staff.</p> <p>CHP Service Improvement Team has been supporting staff teams to make changes to improve effectiveness (e.g. support for OT I-Pad pilot) and to understand benefits of more flexible working</p> <p>Design of staff accommodation in new centre informed by extensive consultation with staff (e.g. recording of work patterns to inform level of agile/flexible working is feasible for each staff group.</p>
New culture in GP practices	All practices in health centre have gained experience from Keep Well in providing more holistic services and engaging with hard to reach patients. New locality discussions at local GP forum will encourage sharing of best practice. Improvements practice will be tracked through PARS (Practice Activity Reports)
Centre needs to be seen as an asset by the local community	Strong engagement with PPF and local community organisations
External	Secondary legislation and/or tax changes and mitigation is managed within change control process where possible.

3.10 Constraints

The key stakeholders from Glasgow City CHP 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 Greater Glasgow and Clyde, 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 for reinvestment in services .
- Programme – construction of the new Maryhill Health Centre cannot start on site until the FBC approval is complete and the DBFM Agreement has been entered into by NHS GCC and Sub-hubco.
- Quality -Compliance with all current health guidance.

- Sustainability -Achievement of BREEAM “Excellent” for new build.

3.11 **Dependencies**

Inclusion of a pharmacy in the new health centre will be dependent upon granting of a pharmacy licence.

3.12 **Conclusion**

Having revisited the strategic case set out in the Outline Business Case as noted above, it has been concluded that the case for investment remains as set out in the Outline Business Case. In addition, following review it is considered that the scope and underlying assumptions have not altered.

4 Economic Case

4.1 Introduction

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

4.1.1 Critical Success Factors

Notwithstanding the desire that all investment objectives and resulting benefits will be achieved, the project team met and identified a list of Critical Success Factors deemed essential to the project. These were then presented for discussion and agreed by stakeholders to be taken into account at the two option appraisal events (i.e. when initially selecting the short list of sites to be included in the Initial Agreement and then in choosing Gairbraid Avenue as the preferred site.).

The Critical Success Factors have been re validated as part of this Full Business Case and are listed below:

Table 12 – Critical Success Factors

Key CSFs	Description
Strategic fit & business needs	How well the option meets the agreed investment objectives, business needs and service requirements & provides holistic fit & synergy with other strategies, programmes & projects
Potential value for money (VfM)	How well the option maximises the return on investment in terms of economy, efficiency, effectiveness and sustainability & minimises associated risks
Potential achievability	How well the option meets the sourcing policy of the organisation, the likely availability of funding & matches other funding constraints
Supply-side capacity and capability	How well the option matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply side and provides the potential for the building to meet the standards reflected in the design statement.
Potential affordability	How well the option meets the sourcing policy of the organisation, the likely availability of funding & matches other funding constraints

4.2 Options Considered

4.2.1 Long List of Options

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

Table 13 – Long List

Long listed Site Options	Option Description
1a	Do minimum
1b	Refurbish and extend current health centre
1c	Build new Maryhill Health Centre on current site
2a	Build new Maryhill Health Centre at Maryhill Rd/Skaethorn Rd
2b	Build new Maryhill Health Centre at Gairbraid Avenue
2c	Build new Maryhill Health Centre at Hugo Street/Shuna Street
2d	Build new Maryhill Health Centre at Queen Margaret Drive
3a	Build a new combined Health Centre for Maryhill and Woodside at Hugo Street/Shuna Street
3b	Build a new combined Health Centre for Maryhill and Woodside at Queen Margaret Drive

4.3 Shortlist of options

The options that were shortlisted and assessed in the Outline Business Case are set out in the table below:

Table 14 – Shortlisted Options

Short listed Options	Option Description
1a	Do minimum
2a	New build Maryhill Health centre at Maryhill Road/Skaethorn Road
2b	New build Maryhill Health centre at Gairbraid Avenue

4.3.1 Benefits Appraisal

The short listed options were scored using the weighted benefit criteria and the results of the scoring of these options set out in detail in the Outline Business Case is shown in the table below. This confirmed the new build option at Gairbraid Avenue as the preferred option using the weighted benefit criteria to each. As part of the preparation of this Full Business Case, the scoring exercise has been revisited and the preferred option remains unchanged from Outline Business Case stage as the highest ranking option

Table 15 – Results of Non Financial Benefit Criteria Scoring

25 year Life Cycle		Option 1a - Do Minimum	Option 2a - Build new Maryhill Health centre at Maryhill Road/Skaethorn Road	Option 2b - Build new Maryhill Health centre at Gairbraid Avenue
Appraisal Element		Option 1a	Option 2a	Option 2b
Benefit Score	a	24.3%	59.1%	90.9%
Rank		3	2	1

4.4 The Preferred option

The preferred option is Option 2b: 'Build new Maryhill health centre at Gairbraid Avenue, the highest ranking option following benefits appraisal, achieving 90.9% score.

4.5 Summary of Economic Appraisal

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

Table 16 - Capital Cost Estimates

Option	Capital Cost Estimate
Option 1 a– Do Minimum	£404,000
Option 2a – build new Maryhill Health centre at Maryhill Road/Skaethorn Road	£12,175,654**
Option 2b – build new Maryhill Health centre at Gairbraid Avenue	£12,403,944*

* = These capital cost estimates are the stage 2 costs provided for the stage E design at Gairbraid Avenue

** = These costs have been updated since the OBC to reflect the stage 2 design including the revised area of 4,564sqm. They have been based on the rate of £1,686/sqm which reflects the stage 2 design including allowance for abnormals. This also reflects the assumptions made at OBC stage where allowance was made for removal of existing retaining walls, cut and fill, piling, extra basement accommodation, sewer work around, water attenuation, potential mine workings, etc. They have also been adjusted to reflect actual fee percentages submitted in the stage 2 submission and include Prelims (10.81%), Overheads & Profit (4%), New Project Development Fee (6.78%), Additional Management Costs (2.49%), DBFM Fees (1.95%), Hubco portion (1.83%).

A technical review of the stage 2 submission has been carried out which has confirmed that the proposal demonstrates value for money and that costs are in line with market rates.

The quantitative assessment of value for money was made using NPC analysis. A summary of the NPC for each option is shown below.

Table 17 - VfM Analysis

25 year Life Cycle	Option 1a - Do Minimum	Option 2a - Build new Maryhill Health centre at Maryhill Road/Skaethorn Road	Option 2b - Build new Maryhill Health centre at Gairbraid Avenue
Appraisal Element	Option 1a	Option 2a	Option 2b
Benefit Score a	24.3%	59.1%	90.9%
Rank	3	2	1
Net Present Cost – Includes risk b	£11,484,113	£19,236,884	£19,465,174
Cost per benefit point b/a	£472,597.24	£325,497.19	£214,138.32
Rank	3	2	1

The result of the benefits scoring in the format used in the Outline Business Case is summarised in the table above which indicates that option 2b – build new Maryhill Health centre at Gairbraid Avenue, is the highest scoring option whilst also meeting all the critical success factors. Costs for option 2a and 2b have been established at stage 2 and incorporate the GMP figure for option 2b.

This validates the outcome at Outline Business Case stage indicating that Option 2b provides the greater economic benefit compared to other options.

4.6 Performance Scorecard

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

Area Performance Measurements

Area per GP - a 3% improvement on the standard metric at 101sqm/GP (standard is 105 sqm/GP)

Ratio of clinical Space versus support space - a 2% uplift on the standard metric at a ratio of 1:3.1 (standard is a ratio of 1:3)

Commercial Performance Metrics

Total Project costs - a 8% improvement on total cost metric

Prime Costs - a 1% improvement on prime cost metric

Life Cycle - a 17% uplift on the cost metric

Overall it is considered that the scorecard demonstrates that the project provides good value for money achieving significant improvements in 3 of the 5 metrics

4.7 Risk Assessment

4.7.1 Overview

The objective of performing a risk assessment is to:

- allow NHS Greater Glasgow and Clyde 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.

The risk register drives the ongoing management of risk throughout the remaining phases of the project, namely Full Business Case, financial close and construction.

At Outline Business Case stage there were 8 risks with a score of 20 or above (red). The project team have continued to review and monitor the risks during the design and procurement process.

4.7.2 Risk Analysis and potential cost implication

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 2b – total risk allowance of £661,374 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 £103,501 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 in accordance with the allowances permitted under the Territory Partnering Agreement.

4.7.3 Summary and Conclusions

The current risk register at FBC stage, indicates a significant reduction in the level of retained risk for the preferred option as compared to that risk at OBC stage. In financial terms the risk allowance has dropped from £661,374 at OBC stage to £103,501 at FBC stage. This is reflective of the reduction in red risks which have reduced from 8 at OBC stage to none in the current risk register enclosed at Appendix D.

4.8 Sensitivity Analysis

It is clear from table 17 above that Option 2b presented the most favourable option in NPV terms with a net cost per benefit point of £241,138.32. It is noted that for Option 2a, to become of greater economic benefit than Option 2b, the cost of Option 2b would require to increase by circa 52% while all costs identified with Option 2b would require to remain as above.

4.9 The Preferred Option

The results of the combined quantitative and qualitative appraisal of the shortlisted options is summarised in the table above. This shows that Option 2b – Build new Maryhill Health

centre at Gairbraid Avenue, gives the lowest cost per benefit point and therefore remains the preferred option.

4.10 Changes since OBC

The changes since OBC are limited and within tolerances and can be summarised as follows:

Total area of the building confirmed at 4,612sqm based upon the agreed schedule of accommodation (4,374sqm at OBC stage). This increase of 238sqm has resulted from; inclusion of sub station (25sqm), external refuse store (16sqm), plant room (30sqm). The re-designation of plant areas which were previously deemed to be ceiling void area (186sqm). This total increase has been offset by a reduction in a number of areas. The location of Podiatry and Community Dental was swapped with Physiotherapy, to allow closer links to the Physiotherapy Gym

4.11 Equipment

A full review has been carried out of the equipment requirements for the new Maryhill Health Centre. This equipment has then been divided into 3 categories as follows:

1. Group 1 equipment - which will be supplied and installed by Sub-hubco;
2. Group 2 equipment - which will be supplied by NHS Greater Glasgow and Clyde and installed by Sub-hubco; and
3. Group 3 equipment - which will be supplied and installed by the NHS Greater Glasgow and Clyde.

Sub-hubco's guaranteed maximum price includes the price of items supplied and installed in Group 1 and the price of items installed under Group 2.

The supply of Group 2 items and the supply and installation of Group 3 items have been priced by NHS Greater Glasgow and Clyde's internal procurement department based on existing contracts that they have with product suppliers.

5 Commercial Case

5.1 Overview

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

5.2 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.

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

The Maryhill Health Centre project will be bundled with the new Eastwood Health and Care Centre - the purpose of this approach and the benefits are outlined in the stand-alone paper which accompanies this and the Eastwood Health and Care Centre Full Business Cases.

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 Full Business Case is being submitted at a time in the programme which will, if approved, allow NHS Greater Glasgow and Clyde Health 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.

5.3 Agreed Scope and Services

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

5.3.1 The Site

The proposed development site for the new Maryhill Health Centre is located on Gairbraid Avenue in Maryhill, in the north west of Glasgow.

A planning application was registered on 10th July 2013 and formal approval was received on 28th October 2013.

The purchase of the site at Gairbraid Avenue was completed by NHS GG&C in January 2014.

Site Investigations

Hubco has undertaken full site investigation and topographical surveys for the site at Gairbraid Avenue and the conditions discovered have now been fully taken into account in the developed stage 2 design and associated costs.

Due to the topography of the site there are also issues regarding utility diversions both within the curtilage of the site and out with the site perimeter. These and other issues have been addressed within the Project Risk Register and within the stage 2 maximum cost.

Green Travel Plan

It is a planning condition that before works are commenced on site a Green Travel Plan is to be submitted to the Planning Authority for review and approval.

NHS GG&C are required to develop a Travel Plan for staff, patients and visitors to the Health Centre to ensure sustainable travel is considered.

Preparation of the Travel Plan for Maryhill Health Centre will take account of Scottish Government Guidance Notes, Scottish Planning Policy (SPP) 17 and Planning Advice Note (PAN) 75 – Planning for Transport and ‘Transport Implementation’ – A Guide’.

The Travel Plan will set out steps that:

- Encourage staff to use public transport, bikes, carpooling or travel by foot when travelling to/from work and during work time.
- Improve access to the workplace.

5.3.2 Design Development

As set out in the Outline Business Case, the design has been developed for the Maryhill Health Centre using the Eastwood Health and Care Centre as the reference point.

As part of the design process NHS Greater Glasgow and Clyde consulted Architecture and Design Scotland (A&DS) and Health Facilities Scotland (HFS) in the development of the design of the Health Centre.

The Schedule of Accommodation is included at Appendix E and totals a floor area of 4,612 m².

A Stage 2 Design Statement has been prepared on behalf of NHS Greater Glasgow and Clyde in conjunction with the project team, PSDP and their architects, and is included at Appendix F.

5.3.3 Surplus Estate

There is funding within the Board Capital Plan for the acquisition of the Gairbraid Avenue site. The FBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facility. Following disposal, any resultant capital receipt will be accounted for in line with the recommendations contained in CEL32(2010).

5.3.4 Staff to be accommodated in the new facility

In total, 239 staff will transfer to the new facility. These numbers have been reviewed and confirmed for this Full Business Case.

5.3.5 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 Greater Glasgow and Clyde.

5.3.6 Sustainability

As with all public sector bodies in Scotland, NHS Greater Glasgow and Clyde 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 PSDP team are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution.

5.3.7 BREEAM

The requirement to achieve a BREEAM 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 75.41% which is above the BREEAM Excellent threshold of 70%.

The project team has given careful consideration to the ongoing sustainability of the Maryhill Health Centre post completion. After providing a building that is designed and constructed with sustainability as one of the priorities it is then essential that the ongoing management of the facility continues these principals. Operational policies should be developed to ensure resources are utilised to their maximum and waste is minimised. This new health centre will lead NHS Greater Glasgow and Clyde's journey in reducing their carbon output and make it one of the most environmentally aware buildings in their estate.

By providing this facility the provision of the services within the new Health Centre will be sustainable for the foreseeable future.

5.3.8 Art

The art strategy for this project has been developed by a specific sub group of the main delivery group. They have been tasked with reviewing the project and creating a clearly defined strategy for the whole building starting with the external environment through to the internal spaces.

The composition of the art groups includes stakeholders from all parts of the project group and includes:

- Health Improvement Lead – CHP
- NHS GGC Art and Health Improvement Officer
- NHS GGC Capital Planning
- Community Engagement Manager – CHP
- Building End User Representation
- Local area Arts Groups
- Project Architect and Designers
- Additional members include external Arts bodies

The process has been led with the CHP in conjunction with the local authority to develop the strategy. This has involved the appointment of Arts Curator to act as project manager to liaise with all the local and national arts groups to look at funding stream options while also working with all the stakeholders to develop a strategy that reflects the needs of the facility. This has also included guidance from the NHS' own arts co-ordinator to facilitate the development of the strategy.

The arts group report to the project delivery group where the strategy is reviewed and approved for implementation in the building.

The strategy for Maryhill has been developed to look at the external environment and the history of the local area and bring these into the facility.

The CHP has an allocated sum for the inclusion of artwork in the building but as mentioned previously the group has undertaken to find additional sources of funding to further support the proposed strategy. There is also a strong desire to engage with the local community to provide an element of ownership for the residents; this is aimed to be done by engaging with the local therapy and support groups and the schools.

The position of the new centre in Gairbraid Avenue also provides opportunities to improve pedestrian access to the Maryhill Canal paths and to Maryhill Leisure Centre and these are being considered as part of the Green Travel Plan.

5.3.9 Risk Allocation

Construction and certain operational risks have been transferred to the Sub-hubCo as is required under SCIM guidance. These can be summarised as follows:

Table 18 – Risk Allocation

	Risk Category	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		

	Risk Category	Allocation		
		Public	Private	Shared
11	Financing risks		Yes	
12	Legislative risks			Yes

5.3.10 Shared Risks

Operating risk is a shared risk, subject to NHS GGC's and Sub-hubCo's responsibilities under the DBFM Agreement.

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

5.4 Agreed Contractual Arrangements and Charging Mechanisms

5.4.1 hub Initiative

As explained in section 5.2 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.

5.4.2 Contractual Arrangements

As noted in section 5.2 above, 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 Greater Glasgow and Clyde), 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. To increase the value for money for this project it is intended that the Maryhill Health Centre will be bundled with the similarly timed new Eastwood Health and Care Centre. This will be achieved under a single agreement utilising SFT's standard Design Build Finance and Maintain (DBFM) Agreement.

This bundled 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 to provide the bundled project facilities.

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 6..

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 Greater Glasgow and Clyde, installed by Sub-hubCo and maintained by NHS Greater Glasgow and Clyde.

Group 3 items of equipment are supplied, installed, maintained and replaced by NHS Greater Glasgow and Clyde.

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 Greater Glasgow and Clyde, together with warranties from any Key Sub-Contractors.

5.4.3 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 now market tested and reflects the collaborative approach in terms of design development and contractual terms.

Once the Full Business Case 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 Maryhill Health Centre is based on the SFT's hub standard form Design Build Finance Maintain (DBFM) Agreement. NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde and sub-hubco with only amendments of a project specific nature being made. Therefore, the DBFM Agreement for this project (as bundled with Eastwood Health & Care Centre) 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.

NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde 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 Greater Glasgow and Clyde 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.

Annual Service Payment

NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde 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 Greater Glasgow and Clyde. In addition NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde

5.5 Agreed Personnel Arrangements

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

No staff will transfer and therefore SFT's approved alternative standard contract drafting for the DBFM Agreement in relation to no employee transfers (TUPE) has been used.

5.6 Agreed Accountancy Treatment

This is covered within the financial case at section 6.

6 The Financial Case

6.1 Introduction

It is proposed that the Maryhill Health Centre project will be procured through hub West Scotland by NHS Greater Glasgow & Clyde (NHSGG&C).

The financial case for the preferred option, option 2b new build Maryhill Health Centre on Gairbraid Avenue, 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 ESA95 position.

6.2 Revenue Costs & Funding

6.2.1 Revenue Costs and Associated Funding for the Project.

The table below summarises the recurring revenue cost with regard to the Maryhill Health Centre Scheme.

In addition to the revenue funding required for the Maryhill Health Centre scheme, capital investment will also be required for land purchase (including site investigations £175k), equipment (£701K) and sub debt investment (£373k). Details of all the capital and revenue elements of the project together with sources of funding are below;

Table 19 Recurring Revenue Costs

First full year of operation	2015/16
<u>Recurring Costs</u>	£'000
Unitary Charge	1,259.8
Depreciation on Equipment	70.0
HL&P , Rates Domestic etc	276.8
IFRS – Depreciation	496.2
Client FM Costs	24.1
Total Recurring costs for Project	2,126.9

6.2.2 Unitary Charge.

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 2 submission and the Annex D Financial Model Eastwood Maryhill v19 and represents Predicted Maximum Unitary Charge of £1,259.8 pa, based on a price base of April 2013.

The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% pa in the financial model. 31% of the UC will be indexed.

6.2.3 Depreciation

Depreciation of £70k relates to capital equipment of £700.5k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

IFRS Depreciation of £496.2k has been allowed for depreciating the capital costs over the 25 years of the contract.

6.2.4 HL&P, Rates & Domestic Costs

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

Rates figures of £17.69/m² have been provided.

Domestic costs are derived from existing Health Centre costs and a rate of £20.38/m² has been used.

6.2.5 Client FM Costs

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

6.2.6 Costs with regard to Services provided in new Health Centre

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

6.2.7 Recurring Funding Requirements – Unitary Charge (UC)

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

100% of construction costs,

100% of private sector development costs

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

100% of SPV running costs during operational phase

50% of lifecycle maintenance costs.

Based on the above percentages the element of the UC to be funded by SGHD is £1,142.5k which represents 90.7% of the total UC, leaving NHSGG&C to fund the remaining £117.3.k (9.3%). This split is detailed below.

Table 20 Unitary Charge

UNITARY CHARGE	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000
Capex including group 1 equipment	1,094.6	100	1,094.6	0
Life cycle Costs	95.9	50	47.9	48.0
Hard FM	69.3	0	0	69.3
Total	1,259.8		1,142.5	117.3
			90.7%	9.3%

6.2.8 Sources of NHSGG&C recurring revenue funding

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

Table 21 Income & Reinvestment

NHSGG&C Income & Reinvestment	£'000
Existing Revenue Funding – Depreciation	95.7
Existing Revenue Funding – HL&P, Rates & Domestic NHSGG&C	289.2
Existing Revenue Funding – HL&P, Rates & Domestic costs and GPs contribution	100.0
IFRS Depreciation - SGHD	496.2
Additional Revenue Funding via GPs	3.4
Total Recurring Revenue Funding	984.5

6.2.9 Depreciation

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

6.2.10 H, L & P, Rates & Domestic

All heat, light & power, rates and domestic budget provision for current building will transfer to the new facility. This is reflected above in the two contributions being NHSGG&C and via GPs.

6.2.11 Additional Revenue Funding

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

Table 22 Summary of Revenue position

Summary of Revenue position	£'000
SGHD Unitary Charge support	1,142.5
NHSGG&C recurring funding per above	984.5
Total Recurring Revenue Funding	2,127.0

Recurring Revenue Costs	£,000
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Total Unitary charge(service payments)	1,259.8
Depreciation on Equipment	70.0
Facility running costs	301.0
IFRS - Depreciation	496.2
Total Recurring Revenue Costs	2,127.0

Net Deficit/Surplus at FBC Stage	0
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The above table demonstrates that at FBC submission, the project revenue funding is cost neutral.

6.3 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 23 Capital costs and associated Funding for the Project

Capital Costs	£'000
Land purchase & Fees	175
Group 2-5 equipment Including VAT	701
Sub debt Investment	373
Total Capital cost	1,249
Sources of Funding	
NHSGG&C Formula Capital	1,249
SGHD hub Enabling	0
SGHD Capital	0
Total Sources of Funding	1,249

6.3.1 Land Purchase

A capital allocation for the land purchase of £175k, including the cost of survey fees, has been incorporated in NHSGG&C's 2013/14 capital plan.

6.3.2 Group 2-5 Equipment

An equipment list of £700.1k including VAT has been calculated for the Maryhill Project. The equipment list is currently being reviewed which will also incorporate any assumed equipment transfers.

6.3.3 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)”.

The Board will be providing the full 30% investment.

6.3.4 Non Recurring Revenue Costs

There will be non-recurring revenue costs of £106.6k in terms of advisers' fees. These non-recurring revenue expenses have been recognised in the Board's Financial Plans.

6.3.5 Disposal of Current Health Centre

The FBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facility. The Net Book Value as at 31st March 2013 is £2,026.3m. Following disposal, any resultant capital receipt will be accounted for in line with the recommendations contained in CEL32(2010).

6.3.6 Overall Affordability

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

6.4 Financing & Subordinated Debt

6.4.1 hubco's Financing Approach

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 two projects.

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.

6.4.2 Current Finance Assumptions

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

Table 24 Current Finance Requirements

	Maryhill
Senior Debt (£000)	12,096
Sub debt (£000)	1,244
Equity (£000)	0.01
Total Funding	13,340

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

6.4.3 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 the 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 25 Sub Debt Investment Requirement

	NHS GG&C	SFT	hubco	Total
Proportion of sub debt	30%	10%	60%	100%
£ sub debt	373,070	124,356	746,139	1,243,565

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.

6.4.4 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 and this is consistent with an independent review of the market by the Boards Financial Advisor, (Grant Thornton). 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 26 Principal Terms of Senior Debt

Metric	Terms
Margin during construction	1.90%
Margin during operations	1.90%
Arrangement fee	0.80%
Commitment fee	1.90%
Maximum gearing	95.0%

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.

6.5 Financial Model

For the purposes of the FBC, Maryhill and Eastwood projects are represented within two separate financial models. The two models may be combined later in the procurement process to show the bundled projects within one sub-hubco. This will create certain financial efficiencies (for example, in regard to sub hubco management fees). The key inputs and outputs of financial model are detailed below:

Table 27 Financial Model Inputs & Outputs

Output	Maryhill
Capital Expenditure (capex & development costs)	£12,404k
Total Annual Service Payment	£36,084k
Nominal project return	6.82%
Nominal blended equity return	10.50%
Gearing	90.61%
All-in cost of debt (including 0.25% buffer)	4.87%
Minimum ADSCR3	1.150

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

Minimum LLCR4	1.167
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The all-in cost of senior debt includes an estimated swap rate of 2.72%, margin of 1.90% and an interest rate buffer of 0.25%. The buffer protects against interest rate rises in the period to financial close. The current (23rd September 2014) Aviva 6% 2028 Gilt, which the underlying debt is priced off, is 2.71%. Current swap rates are below those assumed in the financial model, therefore with the interest rate buffer included; the debt is covered by 25 basis points.

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

6.5.1 Financial efficiencies through project bundling

Hubco has identified circa £12,000 in fee savings through bundling the two projects. In addition it is estimated that circa £9,000 of net savings have been achieved on construction costs as a result of bundling.

It should be noted that there is not anticipated to be any savings in the funding margins and fees for bundling multiple projects, due to the finance product that Aviva offers.

6.6 Risks

The unitary charge payment will not be confirmed until financial close. The risk that this will vary due to changes in the funding market (funding terms or interest rates) sits with NHS 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 will be 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

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

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

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

6.7 Accounting Treatment and ESA95

This section sets out the following:

- the accounting treatment for the Maryhill 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.

6.7.1 Accounting Treatment

The project will be delivered under a Design Build Finance Maintain (DBFM) service contract with a 25 year term. The assets will revert to NHS GG&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 GG&C'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

⁵ <http://www.scottishfuturetrust.org.uk/publications/guide-to-nhs-balance-sheet-treatment/>

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

6.7.2 ESA95 (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 ESA95.

For an asset to be classified as a non-government asset under ESA 95, two of the following three risks have to have been transferred to the private sector provider⁶:

- Construction Risk;
- Availability Risk; and/or
- Demand Risk.

The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubco. On this basis, it is expected that the Maryhill scheme will be treated as a "non-government asset" for the purposes of ESA 95.

We note that any capital contribution may affect this position and as the Maryhill and Eastwood schemes are to be bundled, we need to consider the ERC capital contribution to the Eastwood scheme. The contribution is noted in the table below and is equal to the value of the capital and finance cost for its share of the building.

⁶ <http://www.scottishfuturestrust.org.uk/publications/guide-to-nhs-balance-sheet-treatment/>

Scottish Futures Trust has 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. The table below sets out the analysis of the proposed capital contribution to the Eastwood scheme:

Table 28 Capital Contribution

Proposed capital contribution	Total bundle capex	Percentage	Eastwood scheme capex	Percentage
£5,738,368 ⁷	£27,254,792	21.1%	£14,850,848	38.6%

6.8 Value for Money

The Predicted Maximum Cost provided by Hubco in their Stage 2 submission has been reviewed by the Board's technical advisor and validated as representing value for money.

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

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

6.9 Composite Tax Treatment

Hubco undertakes 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.

It is understood that other hub projects are adopting composite trader treatment, and the 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.

⁷ Taken from financial model and consistent with Stage 2 submission

7 Management Case

7.1 Overview

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

7.2 Project Programme

A detailed programme for the project has been prepared and is included at Appendix G. A summary of the identified target dates is provided as follows.

Table 29 – Project Programme

CIG Meeting for FBC	11 March 2014
Financial Close	30 September 2014
Site Start	24 November 2014
Completion date	11 March 2016
Services Commencement	11 March 2016

7.3 Project Management Arrangements

7.3.1 Approach

The approach to the management and methodology of the project is based on the overriding principles of the “hubco” initiative where NHS Greater Glasgow and Clyde 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.

7.3.2 Project Team

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

Table 30 – Project Management Arrangements

Project:	Eastwood Health and Care Centre	
Parties		
Senior Responsible Owner	Evelyn Borland, Head of Planning and Performance, NW Sector, Glasgow City CHP	GCCHP
Project Director	Colin McCormack - Head of Mental Health NW Sector, Glasgow City CHP	GCCHP
Project Manager	Eugene Lafferty	NHS GGC
Project Manager		NHS GGC
Private Sector Development Partner – Project Manager	Hubco - (Jim Allan)	hubco
Private Sector Development Partner - Tier 1 contractor	Morgan Sindall , Principal Supply Chain Member	MS
CDM Coordinator	Thomas & Adamson	TA
Legal	Dundas & Wilson	DW
Financial	Grant Thornton	GT
Technical	Turner & Townsend	TT
Cost Adviser	Thomson Gray	TG
Architectural Adviser	Gilling Dod	GD
M&E Adviser	DSSR	DSSR
Civil/ Structural Adviser	Harley Haddow	HH

7.3.3 Project Governance and Structure

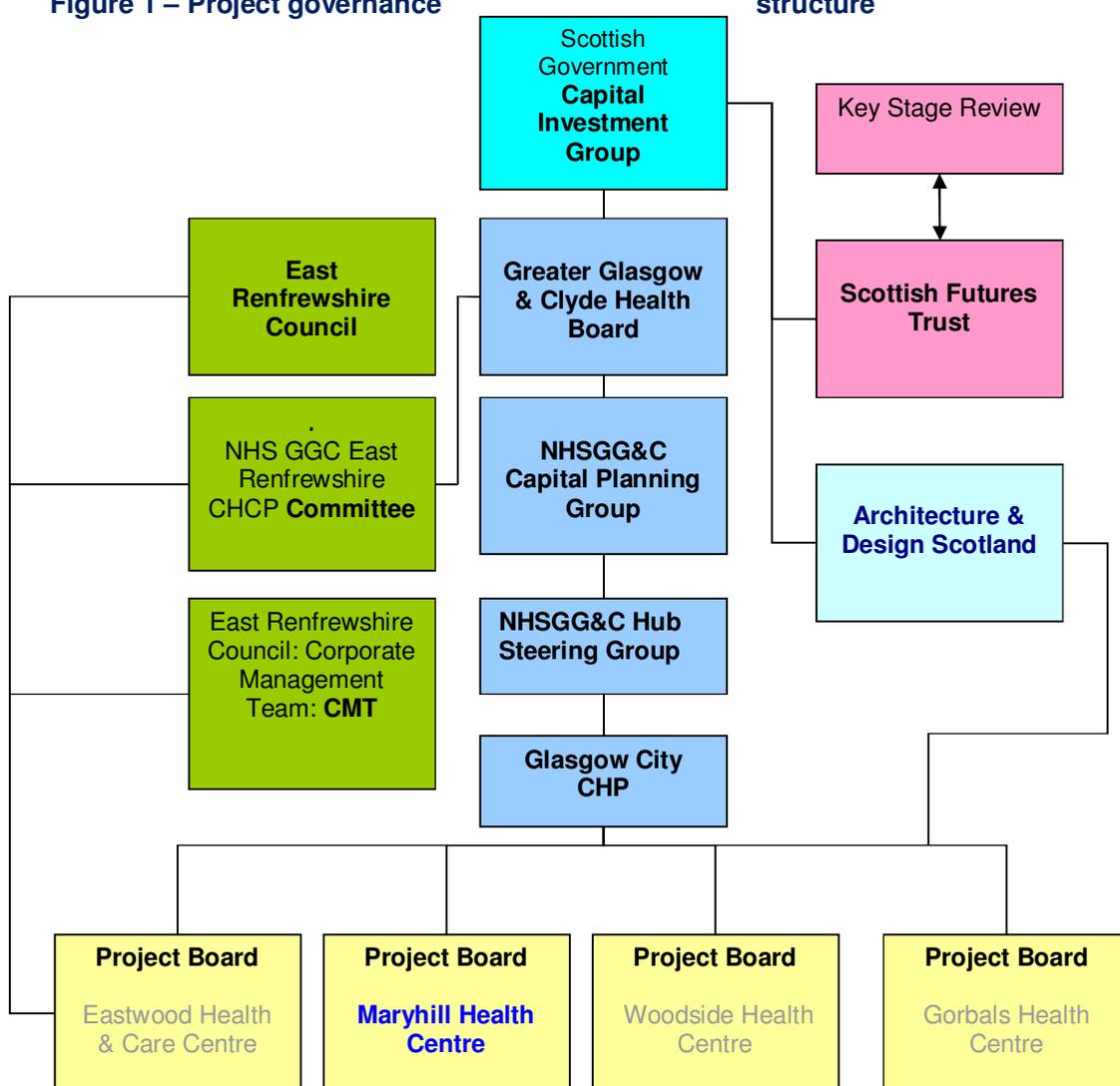
A Maryhill Health Centre Project Board has been established to oversee the project, chaired by the Head of Mental Health, North West Sector. Membership of the group includes representation from:

- CHP: Planning, Management, Clinical Director
- Public Partnership Forum
- NHS Contractors

- NHSGGC: Capital Planning, Property, Facilities, Capital Accounts
- West Hub Territory
- Hubco.

The Project Board reports to the NHS Greater Glasgow and Clyde Hub Steering Group, which oversees the delivery of all NHS Greater Glasgow and Clyde hub projects, through the CHP Director. This group is chaired by the Glasgow City CHP Director and includes representatives from other Project Boards within NHS Greater Glasgow and Clyde, Capital Planning, Facilities, Finance, hub Territory and Hubco. These arrangements are illustrated in the following project governance structure diagram.

Figure 1 – Project governance structure



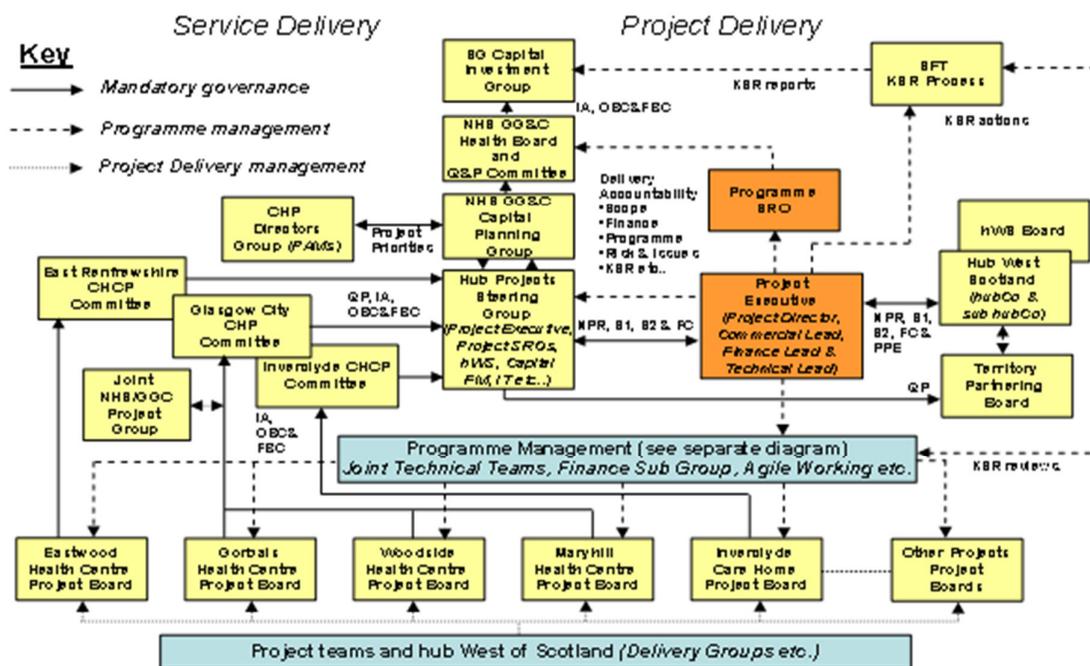
7.4 Revised hub Governance and Reporting Arrangements

The hub Project Steering Group has developed a revised governance and reporting structure which impacts on the Maryhill 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, (Robert Calderwood)
- Overall Project (Programme) Director, (Alex Mackenzie)
- A Commercial Lead, (Tony Curran)
- A Finance Lead (Jeanne Middleton)
- A Technical Lead. (John Donnelly)

Figure 2 – hub governance structure



7.4.1 Project Roles and Responsibilities

NHS Greater Glasgow and Clyde has adopted the 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 set out in the Project Execution Plan at Appendix H however two of the key roles are summarised below.

Project Director – Colin McCormack, 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.

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

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

- Director, CHP
- Head of Finance , CHP
- Director, North West Sector
- Head of Planning and Performance, North West Sector
- Clinical Director, North West Sector.

PSDP (Private Sector Development Partners) Project Development Manager - Jim Allan , 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 hub west Operation Manager.

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.

7.5 Stakeholder involvement

In terms of the development of the project to date, the Outline and Full Business Cases have been developed through consultations with the following internal and external stakeholders.

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

NHS Greater Glasgow and Clyde with the support of the PSDP will continue to consult widely with various stakeholders associated with the development of the project. NHS Greater Glasgow and Clyde have prepared a Communication Plan (see Appendix I), 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.

7.6 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 that will be incorporated into the benefits realisation plan of the Full Business Case.

7.6.1 Service continuity and decant strategy

Services will continue to be provided from the existing health centre until the new building is completed and commissioned, allowing a safe transfer of operations. This will minimise disruption to services. There will be no additional costs arising from the provision of service continuity.

As the site for new building is located close to the existing health centre in a very prominent location in Maryhill, patients will have little or no difficulty in locating the new site. Throughout the development of plans for the new health centre there has been an active programme of patient and public engagement and the preparation for the opening at the new location will simply be an extension to what is already in place

All patients will receive written communication advising them when the change is about to take place, with a map showing the new location. This will be supplemented by information in local media, in Health News (NHSGG&C's own publication), articles in partner newsletters (e.g. local housing associations) by frequent postings on SOLUS screens located in local health centres and social work offices, and notices on prescription forms. Word of mouth is also a powerful means of providing information, and PPF members and local community organisations will be encouraged to help spread the word just before the change is made.

To manage the transfer of the services to the new facility a transition and commissioning group will be established during the construction stage with membership from the various stakeholders in the project. This group will be responsible for the development of the movement programme and decant strategy to the new building and co-ordinating with all the service teams on an agreed movement window, in line with the contract programme.

The group will also be supported by NHS Greater Glasgow and Clyde's in-house commissioning manager to oversee the final stages of the project including all training needs for the new building and final commissioning certificates. This group will also agree the overall programme for transition to the new building and to ensure that all groups agree to this programme.

7.7 Arrangements for Contract Management

Reporting

The PSDP Project Manager will submit regular reports to NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde objectives are being met.

In conjunction with the requirements of the DBFM Agreement, 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. 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 Greater Glasgow and Clyde, 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 Greater Glasgow and Clyde 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.

7.8 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 Planning and Performance (North West) will be responsible for the monitoring and evaluation of the benefits identified. (Appendix B).

7.9 Risk Management

7.9.1 General Approach to 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 Full Business Case stage of the project and beyond

- At the early stage of the Full Business Case stage 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 Greater Glasgow and Clyde will manage these risks through a series of workshops to establish, monitor and mitigate these risks as the project develops.

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 Greater Glasgow and Clyde 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.

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.

7.10 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 Glasgow City CHP and prioritises these in order of the need for their re-establishment.

In order to support the business continuity plan, the Glasgow City CHP 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 Health Centre. 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.

7.11 Arrangements for Post Project Evaluation

The proposed approach and methodology for carrying out a Post Project Evaluation (PPE) was set out in detail within the Outline Business Case and is summarised here.

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, design and construction 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 Glasgow City CHP 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 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.

8 Conclusion

The Glasgow City Community Health Partnership (North West Sector) has carried out a complete, evidence based review and analysis of the existing and future health requirements of the current users of the Maryhill Health Centre. The Full Business Case represents the collective input of the CHP, the Clinical and Community Staff at Maryhill Health Centre, their advisors and a wide variety of consultees and stakeholders.

The current facilities for patients, staff and visitors using the Maryhill Health Centre are inadequate. The facilities do not comply with various statutory requirements including Disability Discrimination Access (DDA). The existing Health Centre is over 35 years old and is in poor physical condition. It currently fails to meet modern healthcare standards, in terms of functional requirements, special needs, and compliance with current clinical guidance, fire regulations and infection control measures. The accommodation is cramped throughout and is characterised by inadequate GP consulting rooms, limited community staff accommodation and overcrowded and noisy waiting areas. Furthermore, there is a significant backlog in maintenance. The plant and equipment are well beyond their design life, and hence are inefficient in terms of energy use and carbon footprint.

The preferred option, **Option 2b, build a new Maryhill Health Centre at Gairbraid Avenue**, represents the best investment to provide the required services going forward. This FBC demonstrates that the proposed project is the best value option and would allow for the fulfilment of the drivers identified in this OBC and this FBC. The new facility would provide a 21st Century environment that would meet the needs and aspirations of the patients, staff and the wider Maryhill community.

Glossary of Terms

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

Term	Explanation
	the shortlisted options will be prepared. A preferred option will be determined based on the outcome of benefits scoring analysis, a risk analysis and a financial and economic appraisal.
Principal Supply Chain Partner (PSCP)	The PSCP (Contractor) offers and manages a range of services (as listed in this document) from the IA stage to FBC and the subsequent conclusion of construction works.
Risk	The possibility of more than one outcome occurring and thereby suffering harm or loss.
Risk Management Core Process	
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 – STATUTORY APPROVALS

APPENDIX B – BENEFITS REALISATION PLAN

APPENDIX C – PERFORMANCE SCORECARD

APPENDIX D – RISK REGISTER

APPENDIX E – SCHEDULE OF ACCOMMODATION

APPENDIX F – DESIGN STATEMENT

APPENDIX G – PROGRAMME

APPENDIX H – PROJECT EXECUTION PLAN

APPENDIX I – COMMUNICATIONS PLAN



Executive Director
Richard Brown

**Development & Regeneration
Services**

Glasgow City Council
231 George Street
Glasgow G1 1RX
Phone 0141 287 8555
Fax 0141 287 8444

Ingenium Archial
Per Graham Whitters
Elliot Street Mews
40 Elliot Street
GLASGOW
G3 8DZ

Our ref: **DECISION LRB**
GCC Application Ref: **13/01470/DC**

28 October 2013

Dear Sir/Madam

SITE: **Site Bounded By Burnhouse Street/Gairbraid Avenue/Kelvindale Road/
Balfour Street Glasgow**

PROPOSAL: **Erection of Medical Health Centre and Pharmacy with associated vehicular
access, car parking and landscaping.**

I am pleased to inform you that a decision to approve your application, **13/01470/DC** has now been taken.

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

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

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

Yours faithfully

Encls.

Glasgow – Proud Host City of the 2014 Commonwealth Games

Building Control and Public Safety, Business Services, City Plan and Planning Services, Corporate Services, Economic and Social Initiatives, Flood Prevention, Housing Strategy and Investment, Project Management and Design, Property Development, Transport and Environment.

Glasgow City Council is an equal opportunities employer



PLANNING DECISION NOTICE

Full Planning Permission GRANTED SUBJECT TO CONDITION(S)

IN RESPECT OF APPLICATION 13/01470/DC

Erection of Medical Health Centre and Pharmacy with associated vehicular access, car parking and landscaping.

AT

Site Bounded By Burnhouse Street/Gairbraid Avenue/Kelvindale Road/ Balfour Street Glasgow

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

AL(0)000 Site Location Plan,	Erz/12/20/P01 REV E 'External works GA Plan',
AL(0)010 REV G 'Level 00',	AL(0)011 REV G 'Level 01',
AL(0)012 REV F 'Level 02',	AL(0)013 REV F 'Level 03',
AL(0)014 REV B 'Roof Plan',	AL(0)020 REV E 'Proposed Elevations',
AL(0)030 REV D 'Proposed Sections A-A, B-B',	AL(0)031 'Proposed Sections C-C, D-D, E-E',

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

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

AL(0)000 Site Location Plan,
Erz/12/20/P01 REV E 'External works GA Plan',
AL(0)010 REV G 'Level 00',
AL(0)011 REV G 'Level 01',
AL(0)012 REV F 'Level 02',
AL(0)013 REV F 'Level 03',
AL(0)014 REV B 'Roof Plan',
AL(0)020 REV E 'Proposed Elevations',
AL(0)030 REV D 'Proposed Sections A-A, B-B',
AL(0)031 'Proposed Sections C-C, D-D, E-E',

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

Reason: As these drawings constitute the approved development.

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

MAIN BUILDING

Good quality stock facing brick. Metal standing-seam cladding. Aluminium framed curtain walling system with silicon horizontal joints and capped/fins to vertical joints, with elements of obscured glass and aluminium louvres. Aluminium clad timber framed double glazed window units. Metal / timber screen to courtyard area

LANDSCAPING

Natural Stone paving. Permeable precast concrete paving. Bitmac surface / PC concrete setts. Ledmore marble self-binding gravel surface to courtyard. 1m depth weldmesh gabion basket retaining wall filled with existing perimeter stone wall downtakings. Concrete retaining wall.

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

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

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

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

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

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

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

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

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

06. Before any work on the site is begun, full details of a comprehensive external lighting strategy for the development shall be submitted for the formal written approval of the Planning Authority. This strategy shall address external amenity areas; public access routes, and architectural lighting for the building itself. Thereafter the development shall be implemented in accordance with these approved details.

Reason: To ensure that these aspects contribute an appropriate level of amenity to the development itself, and to ensure that the design and materials of external features safeguards and enhances the amenity of the surrounding area.

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

07. In the event that any previously unidentified contamination is found at any time when carrying out the approved development, it shall be reported in writing to the planning authority within one week. A comprehensive contaminated land investigation, including risk assessment and remediation strategy, shall be carried out as required by the planning authority. The approved remediation works shall be carried out prior to the recommencement of development on the affected part of the site.

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

08. The applicant shall implement the recommended ground stability remedial measures set out in Section 6 of the Mining Stability Investigation report by JWH Ross dated 04 June 2013. See also advisory note 04 below.

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

09. Safe, secure and sheltered cycle parking facilities for staff and users shall be provided for a minimum of 40 bicycles within the development. Full details of this provision shall be submitted to and approved in writing by the Planning Authority prior to development commencing on site.

Reason: In order to comply with the requirements of Policy TRANS 6 of the Glasgow City Plan.

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

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

Reason: To minimise the risk of flooding.

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

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

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

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

13. Before any work on the site is begun, full details of all external vents, flues and any other similar fixings shall be submitted to and approved in writing by the planning authority.

Reason: In order to safeguard the property itself and the amenity of the surrounding area.

14. Vehicular access into the site from Balfour Street and Burnhouse Street shall be taken via dropped kerb footway crossings. Clear delineation between the adoptable footway and private paved areas shall be provided by means of a flush set heel kerb.

Reason: In the interests of pedestrian and vehicular safety.

15. The first 5 no. private car parking bays perpendicular to the internal access road at the southern end shall measure a minimum width of 2.5m. All other parking bays shall measure a minimum of 2.4 x 4.8m.

Reason: In the interests of pedestrian and vehicular safety.

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

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

17. No work on the development shall begin until the solum of Burnhouse Street and Balfour Street has been stopped up under the provisions of the Town and Country Planning (Scotland) Act 1997.

Reason: To ensure that no issues of public right of passage arise.

Reason(s) for Granting this Application

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

Dated: 28 October 2013



**Appointed Officer
Development and Regeneration Services
Glasgow City Council**

THIS DECISION NOTICE SHOULD BE READ WITH THE ATTACHED ADVICE NOTES

IMPORTANT NOTES ABOUT THIS GRANT OF PLANNING PERMISSION

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

DURATION OF PLANNING PERMISSION

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

CONDITIONS OF THIS NOTICE

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

RIGHTS OF APPEAL

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

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

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

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

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

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

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

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

NOTICES OF INITIATION AND COMPLETION

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

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

OWNERSHIP OF THE SITE

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

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

BUILDING WARRANT

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

ROADS CONSTRUCTION CONSENT

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

DISABLED ACCESS

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

WORK INVOLVING GROUND EXCAVATION

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

SMALL FORMAT POSTERS

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

COMMUNITY BENEFIT

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

The policy introduces measures to encourage:

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

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

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

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

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

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

ADVISORY NOTES TO APPLICANT

01. Prior to implementation of this permission, the applicant should contact Development and Regeneration Services (Transport) at an early stage in respect of legislation administered by that Service which is likely to have implications for this development.
02. A Stopping Up Order (promoted under the powers of the Town & Country Planning (Scotland) Act 1997) will be required for any section of public footway or carriageway required to facilitate the proposed development.
03. The applicant should liaise with LES Traffic Operations to promote the TRO for the one way system and associated restrictions. LES will promote the TRO (with timescales up to 12 months) at the applicant's expense.

04. The applicant is reminded that any works that would disturb coal or coal seams (e.g. intrusive site investigations and/or treatment of coal workings for stability purposes) requires a permit from the Coal Authority. More information on the Coal Authority's permitting process can be found online at:- <http://coal.decc.gov.uk/en/coal/cms/services/permits/permits.aspx>
05. The applicant is advised that it is not permissible to allow water to drain from a private area onto the public road and to do so is an offence under Section 99 (1) of the Roads (Scotland) Act 1984. The applicant is advised that, where drainage systems including SUDS are not vested in Scottish Water, it is the applicant's / developer's responsibility to maintain those systems in perpetuity or to make legal arrangements for such maintenance.
06. The applicant should consult Scottish Water concerning this proposal in respect of legislation administered by that organisation which is likely to affect this development. In particular, sustainable drainage systems (SUDS) should be designed and constructed in accordance with the vestment standards contained in "Sewers for Scotland", 2nd edition 2007.

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

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

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997

Notice under Section 27A Notification of Initiation of Development

THE TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND) REGULATIONS 2008

Notice under Regulation 37 Notification of Initiation of Development

A person who intends to carry out development for which planning permission has been given, must, as soon as practicable after deciding on a date on which to initiate the development and in any event before commencing the development, give notice to Glasgow City Council by returning this completed Notice. It should be addressed to Glasgow City Council, Development and Regeneration Services, Development Management, 231 George Street, Glasgow G1 1RX

FAILURE TO SUBMIT THIS NOTICE PRIOR TO COMMENCING WORK IS A BREACH OF PLANNING CONTROL UNDER SECTION 123(1) OF THE 1997 ACT AND ENFORCEMENT ACTION MAY BE TAKEN.

Application Reference:	13/01470/DC	IAB
Application Address:	Site Bounded By Burnhouse Street/Gairbraid Avenue/Kelvindale Road/Balfour Street Glasgow	
Proposal:	Erection of Medical Health Centre and Pharmacy with associated vehicular access, car parking and landscaping.	
Applicant:	NHS Greater Glasgow and Clyde, Capital Planning, Per Mr Eugene Lafferty, Admin Block 1055 Great Western Road Gartnavel Royal Hospital Glasgow G12 0Xh	
Decision:	Grant Subject to Condition(s)	
Decision Date:	28 October 2013	
Full name and address of person(s), company or body carrying out the development (if different from applicant):		
Full name and address of all owner(s) of the land to be developed (if different from applicant):		
Full name, address and contact details of person(s), company or body appointed to oversee the carrying out of the development:		
START DATE:		

Signed Date

*On behalf of *Delete where inappropriate

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997

Notice under Section 27B Notification of Completion of Development

A person who completes development for which planning permission has been given must, as soon as practicable after doing so, give notice of completion to Glasgow City Council by returning this completed Notice. It should be addressed to Glasgow City Council, Development and Regeneration Services, Development Management, 231 George Street, Glasgow G1 1RX

Application Reference:	13/01470/DC	IAB
Application Address:		
Proposal:	Erection of Medical Health Centre and Pharmacy with associated vehicular access, car parking and landscaping.	
Applicant:	NHS Greater Glasgow and Clyde, Capital Planning, Per Mr Eugene Lafferty, Admin Block 1055 Great Western Road Gartnavel Royal Hospital Glasgow G12 0Xh	
Decision:	Grant Subject to Condition(s)	
Decision Date:	28 October 2013	
COMPLETION DATE FOR DEVELOPMENT:		

If the development is to be carried out in phases then, in accordance with the relevant condition of the planning permission, this Notice must, as soon as practicable after each phase is completed, be completed and returned to the address above.

Phase 1 completed date:	
Phase 2 completed date:	
Phase 3 completed date:	
Phase 4 completed date:	

Signed

Date

*On

behalf

of

*Delete where inappropriate

The proposed investment will make a significant contribution to the achievement of the wider policy agenda and local objectives by providing modern and fit for purpose facilities for the provision of healthcare services.

The table below sets out the SMART objectives and the anticipated benefits (with associated performance measures).

The performance measures relate to the 3 intermediate data zones in which the majority of patients using Maryhill Health Centre reside. (Maryhill East, Maryhill West and Wynford.)

The investment objectives/benefits are listed below:

Table : Maryhill SMART investment objectives/ benefits

1. Enable speedy access to modernised and integrated Community Health & Social Care Services that achieve national standards				
Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> • Reduced waiting times/ increased productivity for services provided in health centre • More productive use of treatment rooms • Improvement GP access target (48hour and advance booking) • Reductions in bed days, prevention of delayed discharges, prevention of readmissions • More procedures in community and less use of acute hospitals 	<p>Yes – by improving consulting space</p> <p>Improved space for AHP procedures</p> <p>Improved treatment rooms and bookable space</p>	<ul style="list-style-type: none"> • AHP services <ul style="list-style-type: none"> - Dietetics - Physio - Podiatry • Addictions referral to treatment (alcohol and drugs) • Drug related admission • GP access measured through national survey 	<p>1835 admissions for alcohol per year</p> <p>94.1% < 21 days</p> <p>201.8 per 100k</p> <p>83.2% in 48 hours 85% advance</p> <p>4576.5 per 100k multiple admissions 65+</p>	<p>1400 per year</p> <p>96% < 21 days</p> <p>150.0 per 100k</p> <p>90% in 48 hours 91% advance</p> <p>3900per 100k admissions</p>

2. Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care

Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> Better management of LTCs - reduction in number of admissions and bed days Prevent inappropriate use of hospital services, better management of illness within primary care, Shift in balance of care - more patients looked after through primary care and less use of acute services Improvements in cervical screening rate and childhood immunisation rates Positive support to GP practices in deprived areas to tackle health inequalities GP practices in the area together provide community-oriented primary care 	<p>Yes- by improved space and more welcoming environment for patients</p> <p>Yes – by closer working together between GP practice, and CHP community staff</p> <p>Mobile breast screening unit able to visit because car park secure</p> <p>Yes – by increased links between primary care and local community orgs.</p> <p>Yes- by improved space and more welcoming environment for patients</p>	<ul style="list-style-type: none"> Health checks delivered as part of new LES (Local Enhanced Service) as Keep Well mainstreamed Participation of GPs in other LES services <ul style="list-style-type: none"> - diabetes - CHD - COPD Hospital admissions for COPD Hospital admissions for CHD Psychiatric admissions Emergency admissions Multiple admissions 65+ Alcohol hospital admissions Referrals from GPs and CHP services to health improvement services <ul style="list-style-type: none"> - smoking cessation, - Live active (physical activity) - Money advice - Stress 	<p>200 checks per year</p> <p>4 GP practices engaged in Keep well and LTC LES</p> <p>123 per year</p> <p>144 per year</p> <p>208 per year</p> <p>2805 per year</p> <p>197 per year</p> <p>571 per year</p> <p>391 per year (56.7%)</p>	<p>250 per year</p> <p>Continue all 4 with increased reach</p> <p>98</p> <p>115</p> <p>168</p> <p>2244</p> <p>157</p> <p>456</p> <p>65%</p>

		<ul style="list-style-type: none"> counselling - Waist winners - employability 		48%
		<ul style="list-style-type: none"> • Referrals from GP practices to local carers team 		93%
		<ul style="list-style-type: none"> - number of carers assessments) 		98%
		<ul style="list-style-type: none"> • Cervical cancer screening 		42%
		<ul style="list-style-type: none"> • Breast screening uptake 	600	900
		<ul style="list-style-type: none"> • Immunisation MMR 24 mths 	67.6%	75%
		<ul style="list-style-type: none"> • Mothers smoking in pregnancy 	64.3%	68%
			88%	94%
			48.3%	40%

3. Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.

Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> • Uplift in patient satisfaction • Improvement in LES participation • Reduction in DNA rates • Increase in dental registrations • Reduction in children treated at dental hospital. 	<p>Yes- by improved space and more welcoming environment for patients</p> <p>Yes – by closer working together between GP practice, dental and CHP primary care staff</p> <p>Improved treatment rooms and bookable space</p>	<p>Survey of staff and users/patients regarding how accessible they find the facility.</p> <ul style="list-style-type: none"> • Participation in LES • Compare DNA rates with current rates 	<p>Current centre not accessible and not welcoming</p> <p>4 GP practices participate in Keep Well LES</p>	<p>New centre will be considered welcoming and highly rated as per survey results</p> <p>GP practices to continue LES</p>

4. Continue to develop the culture of partnership that is an essential foundation for the CHP in line with Partnership for Care

Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> • Increased referrals to these services from GPs • Increase in referrals and increase in carers assessments • Shift in balance of care – more older people supported at home, reduction in bed days 	<p>Yes, co-location of staff and proximity of other services will encourage better partnership to provide more holistic services for patients</p>	<p>Referrals from GPs and CHP services to health improvement services. e.g. smoking cessation, employability</p> <ul style="list-style-type: none"> • Referrals from GP practices to local carers team (number of carers assessments) • Bed days through LTCs – COPD and CHD 	<p>500 per year</p>	<p>900 per year</p>

5. Deliver NHS GGC wide planning goals and support service strategies

Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> • More care in community and less in acute hospitals • Increase numbers of older people supported in the community and reduce use of residential accommodation and hospitals • Inequalities sensitive practice part of core business for staff operating in the health centre • Health centre a hub for health in the area 	<p>Yes, will support implementation of Primary Care Strategy, LTC strategy, ASR and RES redesign</p> <p>More people supported at home</p> <p>Better management of LTCs</p> <p>Prevention of hospital admissions and delayed discharges</p> <p>More treatment in primary care</p> <p>Anticipatory care</p> <p>Tackling health inequalities</p>	<p>Admissions from LTCs</p> <p>Bed days through LTCs</p> <p>emergency admissions</p> <p>multiple admissions 65+,</p> <p>Tackling inequalities – Inequalities sensitive practice in primary care – best practice shared and rolled out , GP access</p> <p>Use of outreach and other methods to engage with vulnerable patients</p> <p>Keep Well LES activity</p> <p>Active locality groups</p>	<p>See 2 above</p> <p>See 2 above</p> <p>See 2 above</p> <p>GP practices will complete PDSAs(Plan, Do, Study, Act)</p> <p>See 1 above</p>	<p>Learning from PDSAs actioned</p> <p>250 health checks</p> <p>GPs actively engaged and local issues addressed</p>

6. 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

Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
Sustainable building, that is cost effective to run.	Yes – design of building ensures excellent rating	Contribute to North West sector's share of CHP target for reduced carbon emissions	Current building of poor fabric and energy efficiency	Immediate reduction in heating and lighting costs

7. Improve and maintain retention and recruitment of staff.

Uplift in staff satisfaction and morale Decrease in absence rates	Yes – design of building provides a more pleasant, safer and less stressful working environment	<ul style="list-style-type: none"> Staff satisfaction survey at end of year 1. Staff absence records 	5.4%	4.0%
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**8. Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS
Creation of an environment people want to come to, work in and feel safe in**

Provide a clinical environment that is safe and minimises any HAI risks Building makes a positive contribution to health Reduced staff absenteeism and turnover Reduced complaints re violence/aggression from patients	<p>Yes, capital investment makes this possible</p> <p>Use of quality design and materials to create a pleasant environment for patients and staff</p> <p>Yes – design of building provides a more pleasant, safer and less stressful working environment</p>	<p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to improvement of Maryhill area - supports town centre regeneration</p> <p>HR statistics</p> <ul style="list-style-type: none"> Staff absence records 	<p>Currently a derelict site</p> <p>5.6%</p>	<p>Create new civic buildings and public space linking with Maryhill Burgh Halls and Leisure Centre</p> <p>3.9%</p>
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9. Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA

Investment objective/expected benefits	Actionable/ realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> • Building accessible to all • Positive response from users of the building 	Yes, design complies with legislation Involvement of BATH (Better Access to Health) group (patients with disabilities) in design and in plans for operation of building	Carry out DDA audit and EQIA of building. Engagement with local people to ensure building is welcoming – PPF to carry out survey of users	Current building provides poor disability access	New building will be fully DDA compliant

10 Contribution to the physical and social regeneration of the whole area

<ul style="list-style-type: none"> • New health centre acts as catalyst for further investment and development • Health centre is 'owned' by local people • The building of the centre presents an opportunity to engage people in health improving activity, building self esteem and community capacity • High quality of facility will let people see they are valued and improve perceptions of Maryhill 	New public facility replaces derelict site Increased pedestrian flow and business to shops on Maryhill Rd., Maryhill Burgh Halls, and Leisure Centre Health Centre a focus for community life	Building contributes to improvement of Maryhill area - Engagement of local people in developing art work and landscaping for the centre.	Site has been derelict for over 20 years Wynford feels isolated from these facilities Current health centre in poor location, not really part of Maryhill town centre	Centre will contribute to success of Maryhill for the town centre. At least 50 people engaged in arts and landscaping elements
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11. Potential achievability for long and short term within realistic timescale and future flexibility

Investment objective/expected benefits	Actionable/realistic	Measured by	Baseline	Improvement
<ul style="list-style-type: none"> New centre built – and people’s aspirations for a derelict site at the heart of their community are realised 	Yes – plans in place to commence build once FBC agreed	Centre up and running within timescale and within budget	Currently a derelict site	Centre operational within 15 months of start date of build

PROJECT SUMMARY

Project Name:	Maryhill Health Centre
Health Board:	NHS Health Board
Local Authority:	Local Authority
Total Project Cost:	£12,134,670 (Incl NHS Direct Costs)
Hubco Affordability Cap:	£10,226,555
Hubco Current Project Cost:	£12,119,670 (Equivalent to the Affordability Cap)
Site Abnormals:	£1,603,822
Gross Internal Area:	4,612 m2
Nr of GP's:	19 nr
Car Parking Spaces:	86 nr
Storey's:	3 nr



PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	1Q 2014
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£2,709	£1,594
1,001 – 5,000m2	£2,350	£1,450	£2,497	£1,541
5,001m2>	£2,250	£1,400	£2,391	£1,488

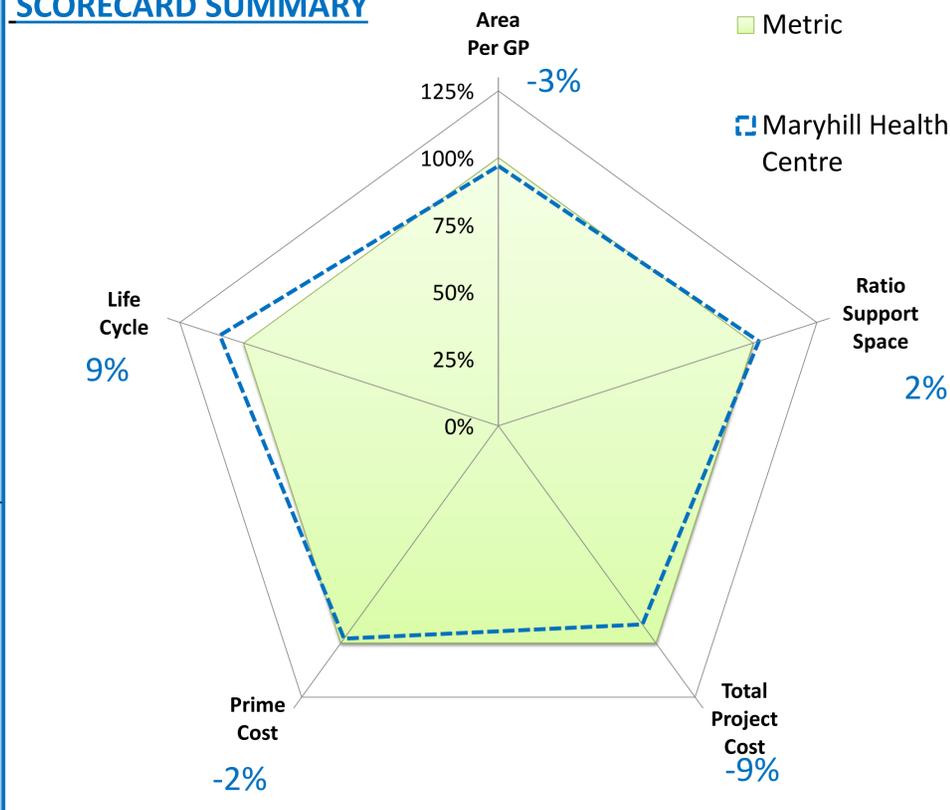
6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

Inflation Uplift:- 6.25%

Area Metric B 1:3

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost (£/m2)	£2,497	£2,284	-£213
Prime Cost (£/m2)	£1,541	£1,510	-£31
Area Per GP (m2/GP)	105	101.32	-3.18
Ratio Support Space (Ratio)	1:3	3.1	0.07
Life Cycle (£/m2)	£18.00	£19.68	£1.68

SCORECARD SUMMARY



Description Of Scorecard

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

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

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

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

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

FINANCIAL ASSESSMENT

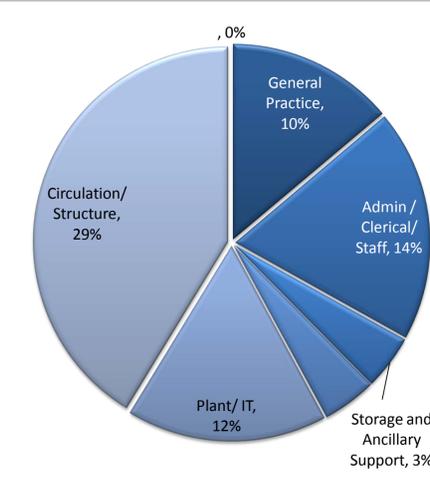
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
Abnormal Issue 1	Sub	£812,957	£296,223	£1,109,180
Abnormal Issue 2	Ext	£313,077	£181,565	£494,642
				£0
				£0
				£0
Total		£1,126,034	£477,788	£1,603,822

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£1,148,062	£249	£335,105	£73
Superstructure	£3,177,846	£689	£3,177,846	£689
Finishes	£449,690	£98	£449,690	£98
Fittings & Furnishing	£379,013	£82	£379,013	£82
M&E	£2,621,987	£569	£2,621,987	£569
Prime Cost	£7,776,598	£1,686	£6,963,641	£1,510
External Works	£1,050,953	£228	£737,877	£160
Project Fees (Design, surveys, Hubco fee)	£3,292,119	£714	£2,814,330	£610
Hubco Affordability Cap	£12,119,670	£2,628	£10,515,848	£2,280
NHS -Decant/Management	£15,000	£3	£15,000	£3
NHS - Contingency		£0	£0	£0
TOTAL PROJECT COST	£12,134,670	£2,631	£10,530,848	£2,284

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	19.68	1.68
Hard Facilities Management	19	15.32	-3.68

Items	%	£
Post FC Risk	1.4%	£100,903
Pre FC Risk	0.0%	
NHS Cont	0.0%	

NHS Board Commentary on Financial Assessment



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	456	10%
Other Health Services	800	17%
Local Authority	0	0%
Patient Interface	519	11%
Admin / Clerical/ Staff	632	14%
Staff Facilities	150	3%
Storage and Ancillary Support	148	3%
Plant/ IT	547	12%
Circulation/ Structure	1,359	29%
Total GIA	4,612	100%
Omit Abnormals		
GP & Other Health Services	-1,257	-
LA Facilities (Incl circ/plant)	498	-
Nett Support Space	3,853	Diff
Ratio Clinical Vs Support Space	1: 3.1	-0.1

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
19	105	101

NHS Board Commentary on Area Provisions

METRIC CALCULATION SHEET

Maryhill Health Centre

11 February 2014

ITEM	Total	GP	Other Health Services	Council	Patient Interface	Admin/ Clerical	Staff Facilities	Storage & Ancillary	Plant	Circ
SECTION A - GENERAL PRACTISE AREAS										
Interview Room(s)	0	0								
Consulting Room(s)	396	396.4								
Examination Room(s)	0	0								
GP/Nurse Consulting/Examination Room(s)	60	60								
GP (Training) Consulting Room	0	0								
Nurse Treatment Room	0	0								
Nurse Interview Room(s)	0	0								
Nurse Reporting/Support Room/office	0	0								
Treatment Room/ Minor Surgery Room(s)	0	0								
Recovery Room	0	0								
Therapy Room	0	0								
Other.....	0	0								
Other.....	0	0								
Other.....	0	0								
Other.....	0	0								
Support Space For GP Practice										
Offices	45					45.3				
Reception (GP Reception Desk)	33				32.8					
Administration	125					125.3				
Stores (Records/Equipment/ other)	0							0		
Waiting Areas	83				82.5					
Clinical Waste	0							0		
Staff Rest Room / Beverage Bay	30						30			
Staff Changing	0						0			
Other Patient Interface (Associated with GP areas)	0				0					
Other Admin/Clerical/Staff (Associated with GP areas)	0					0				
Other Staff Facilities (Associated with GP areas)	0						0			
Other Storage & Ancillary Support (Associated with GP areas)	0							0		
Plant/Services/IT (Associated with GP areas)	0								0	
Other Circulation & Storage (Associated with GP areas)	0									0
Other.....										
Other.....										
Other.....										
Other.....										
TAL GENERAL PRACTICE AREAS	773									
SECTION B - OTHER HEALTH SERVICES										
Visiting Consulting Room (Other health services)	186		185.6							
Physiotherapy Treatment/Consultant room	134		133.6							
Chiropractic Treatment/Consultant room	0		0							
Podiatry Treatment/Consultant room	45		45							
Speech & Language Treatment/Consultant room	31		31.3							
Dental Surgery Treatment/Consultant room	38		37.6							
Dental X-Ray	0		0							
Dental Work Room	0		0							
Pharmacy (Consult, dispensary)	0		0							
Social Services (Consulting room)	0		0							
Mental Health (Consult, Treatment, kitchen, interview rooms)	174		174							
District Nursing Offices	0		0							
Gym	101		101							
Pharmacy (Consult, dispensary)	92		92							
Support Space For Other Health Services										
Educational supplementary Space (For other health provisions)	0		0			0				
Offices (For other health provisions)	12					12				
Reception (For other health provisions)	25				24.7					
Administration (For other health provisions)	78					77.5				
Stores (Records/Equipment/ other)	59							58.6		
Waiting Areas (for Other Health Services)	252				252.4					
Clinical Waste (For other health provisions)	30							29.5		
Staff Rest Room / Beverage Bay	0						0			
Staff Changing	0						0			
Other Patient Interface (Associated with other Clinical areas)	50				50					
Other Admin/Clerical/Staff (Associated with other Clinical areas)	0					0				
Other Staff Facilities (Associated with other Clinical areas)	0						0			
Other Storage & Ancillary Support (Associated with other Clinical areas)	8							8		
Plant/Services/IT (Associated with other Clinical areas)	0								0	
Other Circulation & Storage (Associated with other Clinical areas)	0									0
Meeting Rooms	31					31				
Toilets/Breastfeeding	8				8					
Pharmacy	0									
Other.....										
Other.....										
Other.....										
Other.....										
TAL OF OTHER HEALTH SERVICES	1,351									
SECTION C - LOCAL AUTHORITY AREAS										
Local Authority Offices	0			0						
Social Services	0			0						
Children & Families	0			0						
Other.....	0			0						
Other.....	0			0						
Support Space For Local Authority Space										
Other Patient Interface (Associated with Local Authority Areas)	0				0					
Other Admin/Clerical/Staff (Associated with Local Authority Areas)	0					0				
Other Staff Facilities (Associated with Local Authority Areas)	0						0			
Other Storage & Ancillary Support (Associated with Local Authority Areas)	0							0		
Plant/Services/IT (Associated with Local Authority Areas)	0								0	
Other Circulation & Storage (Associated with Local Authority Areas)	0									0
Other.....										
Other.....										
Other.....										
Other.....										
TAL OF LOCAL AUTHORITY AREAS	0									
SECTION D - SHARED FACILITIES										
Patient Interface (Shared)	69				69					
Admin/Clerical/Staff (Shared)	341					341				
Staff Facilities (Shared)	119						119			
Storage & Ancillary Support (Shared)	52							52		
Plant/Services/IT (Shared)	547								547	
Circulation & Storage (Shared)	1,042									1,042
Other.....	277									277
Other.....	40									40
TAL OF SHARED FACILITIES	2,488									
Estimated Floor Area in m2	4,611	456	800	0	519	632	150	148	547	1,359
ft	100%	10%	17%	0%	11%	14%	3%	3%	12%	29%

Apportionment of Shared Spaces	GP	Other	Council	Commentary On Adjustment to Distribution of Support Space
Base split for Shared Space	1,257	36%	64%	0%
Adjustment to the apportionment of shared support spaces.		10%	10%	-20%
Uplift		126	126	-251
Split for Circulation/Patients/ Entrance		46%	74%	-20%

ITEM	Total	GP	Other Health Services	Council
AREA PER GP	m2	m2	m2	m2
Clinical Space	1,257	456	800	0
Function specific Support Space	867	316	551	0
Patient Interface (Shared)	69	32	51	-14
Admin/Clerical/Staff (Shared)	341	158	251	-68
Staff Facilities (Shared)	119	55	88	-24
Storage & Ancillary Support (Shared)	52	24	38	-10
Plant/Services/IT (Shared)	547	253	403	-109
Circulation & Storage (Shared)	1,359	630	1,001	-272
TOTAL	4,611	1,925	3,184	-498

0 Check

SUMMARY	Maryhill Health Centre	METRIC	Diff
NUMBER OF GP's (Nr)	19 Nr	19 Nr	0
Metric A - AREA PER GP/m2	101 m2/GP	105 m2/GP	-3
Metric B - Clinical Space:Support Space	1: 3.1	1: 3	0.07

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 Asses	Last Reviewed/Comments
								Likelihood	Impact - Time	Cost (£)	Risk Score				Likelihood	Impact - Time	Expected Risk Co	Risk Score		
5	11/09/2012	Stakeholders	impact on business	independent contractors disengage with the project	key objectives not achieved		3	5		15	NHS	provide clear financial information at earliest opportunity and engage/record with discussion about space/site	30/6/13	1	5	5		NHS GGC have issued costs to the GPs for the Project who have confirmed that they are comfortable with the costs. To be revisited. 12/12/2013		
10	25/09/2012	Legal	various	failure to agree lease terms with independent contractors e.g. dentist etc.	financial risk to NHS		4	3	5	20	NHS	early discussions with independent contractors and agreement of programme for agreement of Heads of Terms	30/6/13	2	3	6		On-going. Last reviewed on 05.02.14		
13	25/09/2012	Legal	various	failure to agree legal documentation with lenders within programme	delay to programme	Stage 2	3	4		12	hWS	early discussion and clarity of funders requirements	30/8/13	2	4	8		On-going. Last reviewed on 05.02.14		
19	26/11/2012	Design	BREEAM excellent rating	achieving BREEAM increases cost	commercial impact	Stage 0	3	5		15	NHS/hWS	Continue with BREEAM Assessment and review design and cost within affordability caps. Adjust prime cost for complexity regarding BREEAM Excellent.	30/8/13	2	3	6		On-going. Last reviewed on 05.02.14		
25	26/11/2012	Project Management	Programme	Building is not completed Q1 2015	delay to programme	Construction	4	5		20	hWS/NHS	Control design and cost plan throughout process. Ensure change control procedure is in place.	30/8/13	3	5	15		On-going. Last reviewed on 05.02.14		
36	26/11/2012	External	Way leaves	Failure to agree way leaves (if required)with adjacent landowners	delay	Construction	3	5		15	NHS	Identify any requirements for way leaves and discuss with legal departments	30/6/13	2	5	10		On-going. Last reviewed on 05.02.14		
37	26/11/2012	External	u/g obstructions	presence of unidentified u/g obstructions	commercial/ delay	Stage 1	3	5		15	NHS	Review all SI reports and existing services drawings. Review any other relevant site information.	30/6/13	1	5	5		On-going. Last reviewed on 05.02.14		
38	26/11/2012	Project Management	Financial close	Financial close date is not achieved	delay	Financial Close	4	5		20	NHS/hWS	Continuously assess the information required for FC and report.	30/6/13	3	5	15		On-going. Last reviewed on 05.02.14		
48	14/03/2013	Financial	stakeholders	Agreement for GP record scanning	Cost impact	Operational	3	5		15	NHS	Agreement with capital planning over the funding of medical record scanning and the possibility of Mental Health records.	30/6/13	2	5	10		On-going. Last reviewed on 05.02.14		
49	14/03/2013	Design	Design Development	Quality does not meet suitable performance requirements	Cost impact	Stage 2	3	5		15	hWS	Ensure design meets all standards and agreements within the Project Brief and the Reference Design including the design statement.	30/8/13	1	5	5		On-going. Last reviewed on 05.02.14		
55	25/05/2013	Design	Design Development	Divert unchartered existing utilities within site/close proximity to site	Cost/Programme impact	Stage 2	3	5		15	hWS	Early discussions with utilities company's and surveys required to map out services	30/8/13	3	5	15		On-going. Last reviewed on 05.02.14		
56	25/04/2013	Design	Design Development	Diversions required to existing utilities at perimeter of site under car parking spaces	Cost/Programme impact	Stage 2	5	5		25	hWS	Early discussions with utilities company's and surveys required to map out services	30/8/13	2	5	10	123,000	On-going. Last reviewed on 05.02.14		
61	17/06/2013	Design	Design Development	Delay to programme due to objections being made to stopping up order/TRO process.	Cost/Programme impact	Financial Close	4	5		20	hWS	Early discussions with roads and residents to ensure process is approved and goes through within programme timescales.	10/9/13	3	5	15		On-going. Last reviewed on 05.02.14		
69	18/06/2013	Approvals	Stakeholders	Approval of FBC is delayed by Scottish Government.	Programme impact	Financial Close	4	5		20	NHS	Ensure that the KSR's are undertaken at the correct time ensuring the information produced for the OBC and FBC is consistent with the requirements of SCIG.	30/6/13	3	5	15		On-going. Last reviewed on 05.02.14		
73	19/09/2013	Design	Design Development	Arts strategy increases requirements of design	Cost /Programme	Stage 2	3	4		12	NHS	NHS to ensure additional requirements do not effect current scheme.'	16/10/15	1	4	4		On-going. Last reviewed on 05.02.14		
75	06/12/2013	Design	Design development	Risk of flooding at Kelvindale Road due to drainage problems associated with GGC maintenance of gully	Operational Impact	Stage 2	3	5		15	hWS/NHS	Discussions with GCC to make them aware of the possibility of access problems for emergency vehicles to the new development. Operational	31/1/14	2	5	10		On-going. Last reviewed on 05.02.14		

MARYHILL HEALTH CENTRE
DRAFT OUTLINE SCHEDULE OF ACCOMMODATION

Nov'13

ROOM REF	SERVICE	Floor	ROOM TYPE	NOTES	DRAWING No	PROVIDED-m2
01-AMH-001	Adult Mental Health	00	Treatment Room			18
01-AMH-002		00	Consulting Room			15
01-AMH-003		00	Consulting Room			15
01-AMH-004		00	Consulting Room			15
01-AMH-005		00	Consulting Room			15
01-AMH-006		00	Consulting Room			15
01-AMH-007		00	Consulting Room			16.8
01-AMH-008		00	Waiting Area			16.3
01-AMH-009		00	Reception			9.5
01-AMH-010		00	Admin room	Space for 4 secretaries		20
01-AMH-011		00	Store			10
01-AMH-012		00	Interview Room			12
01-AMH-013		00	Interview Room			12.1
01-AMH-014		00	Interview Room			12.1
01-AMH-015		00	Therapeutic Kitchen			16
01-AMH-016		00	Duty Room			12
Sub Total						229.8
02-COM-001	Community	00	Goods Store	Beside goods entrance		13.2
02-COM-101		01	Community Meeting			20.6
02-COM-102		01	Multi Purpose Room			49.5
02-COM-103		01	Community Meeting			10.1
02-COM-105		01	Community Consulting			15
02-COM-106		01	Community Consulting			15
02-COM-107		01	Community Consulting			15
02-COM-108		01	Community Consulting			15
02-COM-109		01	Community Consulting			16.8
02-COM-110		01	Community Store			3.4
02-COM-111		01	Interview Room			10.4
02-COM-112		01	Interview Room			10
02-COM-113		01	Interview Room			10
02-COM-114		01	Photocopy room	Near Reception - Separate entry		7.9
02-COM-115		01	Community Admin	4 people		21.9
02-COM-116		01	Community Reception			15.2
02-COM-117		01	Community Store			9.1
02-COM-118		01	Breastfeeding Room			8.1
02-COM-119		01	Store			9
02-COM-120	01	Foyer	Includes waiting areas		225.5	
Sub Total						500.7
03-TRT-101		01	Treatment Room			18.1
03-TRT-102		01	Treatment Room			18.1
03-TRT-103		01	Prep Room	Between Treatment rooms		6
Sub Total						42.2
04-SLT-101	Speech & Language Therapy	01	S&L Therapy Consulting			16.3
04-SLT-102		01	S&L Therapy Consulting			15
04-SLT-103		01	S&L Therapy Store			6.7
Sub Total						38
05-PHA-101	Pharmacy	01	Pharmacy Consulting			9.9
05-PHA-102		01	Pharmacy Supervision			7.8
05-PHA-103		01	Tea Prep Area			8.2
05-PHA-104		01	Pharmacy Store			22
05-PHA-105		01	Pharmacy Dispensary	Inc Checking Bench & Bench Area		36.4
05-PHA-106		01	Pharmacy Reception			7.8
Sub Total						92.1
06-DEN-101	Community Dental	01	Dental Surgery - special needs	Inhalation sedation able		22.6
06-DEN-102		01	Dental Surgery	Inhalation sedation able		15
06-DEN-103		01	Waiting Area			10.6
06-DEN-104		01	Clean store room	Shared with Podiatry		19.5
06-DEN-105		01	Dirty store room	Shared with Podiatry		10
Sub Total						55.1
07-POD-101	Podiatry	01	Podiatry Surgery			15
07-POD-102		01	Podiatry Surgery			15
07-POD-103		01	Podiatry Surgery			15
07-POD-104		01	Admin Room			15
07-POD-105		01	Team Leader Room			12
Sub Total						72
08-PHY-101	Physiotherapy	01	Physio Treatment			18
08-PHY-102		01	Physio Treatment			18
08-PHY-103		01	Physio Treatment			15
08-PHY-104		01	Physio Treatment			15
08-PHY-105		01	Physio Treatment			15
08-PHY-106		01	Physio Treatment			15
08-PHY-107		01	Physio Visiting Services			16.4
08-PHY-108		01	Physio Self Referral Room & Admin			20.6
08-PHY-109		01	Physio Store			9.1
08-PHY-110		01	Gym Changing			15.5
08-PHY-111		01	Gym Store			7.1
08-PHY-112		01	Gym Changing			15.5
08-PHY-113		01	Gym	Capable of out of hours use		70
08-PHY-114		01	Physio Splinting Room			20.2
Sub Total						270.4
09-GPB-201	Blue Practice Dr Garvie	02	GP Blue Nurses Consulting			15
09-GPB-202		02	GP Blue Consulting			15
09-GPB-203		02	GP Blue Consulting			15
09-GPB-204		02	GP Blue Consulting			15
09-GPB-205		02	GP Blue Consulting			15
09-GPB-206		02	GP Blue Consulting			15
09-GPB-207		02	GP Blue Consulting			15
09-GPB-208		02	GP Blue Consulting			15
09-GPB-209		02	GP Blue Consulting			15
09-GPB-210		02	GP Blue Consulting			20.9
09-GPB-211		02	GP Blue Manager			10.1
09-GPB-212		02	GP Blue Admin	Back of reception - for 6 people		35
09-GPB-213		02	GP Blue Reception	2 receptionists		8.2
09-GPB-214		02	GP Blue Waiting Area			20.7
09-GPB/GPR-215		02	Tea Prep Area	Shared with GP Red Practice		15.1
Sub Total						245
10-GPG-201	Green Practice Dr Byford	02	GP Green Nurses Consulting			15
10-GPG-202		02	GP Green Consulting			15
10-GPG-203		02	GP Green Consulting			15
10-GPG-204		02	GP Green Consulting			15
10-GPG-205		02	GP Green Consulting			15
10-GPG-206		02	GP Green Consulting			15
10-GPG-207		02	GP Green Consulting			15
10-GPG-208		02	GP Green Consulting			15
10-GPG-209		02	GP Green Manager / Admin	for 3 people - including PM		15
10-GPG-210		02	GP Green Admin	Back of reception - for 5 people		33
10-GPG-211		02	GP Green Reception	2 receptionists		8.2

MARYHILL HEALTH CENTRE
DRAFT OUTLINE SCHEDULE OF ACCOMMODATION

Nov'13

ROOM REF	SERVICE	Floor	ROOM TYPE	NOTES	DRAWING No	PROVIDED-m2
10-GPG-212		02	GP Green Waiting Area			21.2
10-GPG/GPY-213		02	Tea Prep Area	Shared with GP Yellow Practice		15.3
			Sub Total			212.7
11-GPY-201	Yellow Practice	02	GP Yellow Nurses Consulting			15
11-GPY-202	Dr McKenzie	02	GP Yellow Consulting			15
11-GPY-203		02	GP Yellow Consulting			15
11-GPY-204		02	GP Yellow Consulting			15
11-GPY-205		02	GP Yellow Consulting			15
11-GPY-206		02	GP Yellow Consulting			15.5
11-GPY-207		02	GP Yellow Manager			10.1
11-GPY-208		02	GP Yellow Admin	Back or reception - for 4 people		27.3
11-GPY-209		02	GP Yellow Reception	1 receptionist		8.2
11-GPY-210		02	GP Yellow Waiting Area	To be shared with other GP's		20.3
10-GPG/GPY-213		02	Tea Prep Area	Shared with GP Green Practice		already allowed
			Sub Total			156.4
12-GPR-201	Red Practice	02	GP Red Nurses Consulting			15
12-GPR-202		02	GP Red Consulting			15
12-GPR-203		02	GP Red Consulting			15
12-GPR-204		02	GP Red Consulting			15
12-GPR-205		02	GP Red Consulting			15
12-GPR-206		02	GP Red Consulting			15
12-GPR-207		02	GP Red Manager			10.1
12-GPR-208		02	GP Red Admin	Back of reception - for 4 people		30
12-GPR-209		02	GP Red Reception	2 receptionists		8.2
12-GPR-210		02	GP Red Waiting Area			20.3
09-GPB/GPR-215		02	Tea Prep Area	Shared with GP Blue Practice		already allowed
			Sub Total			158.6
13-DOM-001	Common	00	DSR			6.1
13-DOM-002		00	Disposal Hold			11.9
13-DOM-003		00	W.C.	Patient / Staff 1 Person - Accessible		6
13-DOM-004		00	W.C.	Patient / Staff 1 Person		4.1
13-DOM-005		00	Refuse Store			15.5
13-DOM-101		01	DSR			10.9
13-DOM-102		01	Staff W.C.	Staff 1 Person		3.6
13-DOM-103		01	Staff W.C.	Staff 1 Person - Accessible		5.9
13-DOM-104		01	Patient Toilets	Patient 3 Person		12
13-DOM-105		01	Patient Toilets	Patient 3 Person		12
13-DOM-106		01	Patient Accessible Toilet	Changing places room		13.6
13-DOM-201		02	Patient W.C.	Patient 1 Person - Accessible		5.2
13-DOM-202		02	Patient W.C.	Patient 1 Person - Accessible		5.2
13-DOM-203		02	DSR			10
13-DOM-204		02	Staff W.C.	Staff 1 Person - Accessible		6.7
13-DOM-205		02	Staff W.C.	Staff 1 Person - Accessible		6.7
13-DOM-206		02	Patient W.C.	Patient 1 Person - Accessible		6
13-DOM-207		02	Patient W.C.	Patient 1 Person - Accessible		5.2
13-DOM-208		02	Staff W.C.	Staff 1 Person - Accessible		7.3
13-DOM-209		02	Staff W.C.	Staff 1 Person - Accessible		7.3
13-DOM-301		03	DSR			5.2
13-DOM-302		03	Staff Room			46.5
13-DOM-303		03	Staff Changing			17.7
13-DOM-304		03	Staff Changing			17.7
			Sub Total			248.3
14-PLA-001	Plant	00	Plant			95.4
14-PLA-002		00	Switchroom			20
14-PLA-003		00	Plant			86.7
14-PLA-004		00	Sub-Station			25.1
14-PLA-005		00	Generator Room			16.1
14-PLA-301		03	Plant			118.8
14-PLA-302		03	Plant			77.1
			Sub Total			439.2
15-IT-001	IT	00	Comms			6.2
15-IT-101		01	Comms			13.8
15-IT-201		02	Comms			10
15-IT-301		03	Comms			7.3
			SubTotal			37.3
16-AWA-301	Agile Working Area	03	Agile Working Area	Includes District Nurses, Health Vistors, Rehab, Occupational Therapists, Social Work and Crisis		313.6
16-AWA-302		03	Rehab Admin			15.5
16-AWA-303		03	Store			6.8
16-AWA-304		03	Store			6
16-AWA-305		03	Private Office			8.6
16-AWA-306		03	Private Office			8.6
16-AWA-307		03	Store			6.6
16-AWA-308		03	Private Office			10.2
16-AWA-309		03	Tea Prep Area	Including photocopy hub		8.2
16-AWA-310		03	Bookable Room			7
16-AWA-311		03	Private Office			10
16-AWA-312		03	Private Office			10
16-AWA-313		03	Private Office			10
16-AWA-314		03	Tea Prep Area	Including photocopy hub		8.2
16-AWA-315		03	Bookable Room			7
			Sub Total			436.3
			Total			3234.1

Sub Total			0	3234.1
Add Circulation space	32%		0	1042
Add Wall Allowance	9%		0	295.7
Add Engineering Allowance	(including Plant allowance - as above) 15%		0	40.4
Grand Total			0	4612.2

Rev A:	2/4/2013	Additions service added following meeting on 01/02/13.
Rev B	2/6/2013	Additions deleted, Physio updated following meeting on 04/02/13.
Rev C		
Rev D	3/18/2013	Comparison between Original / Agreed / Provided SoA's indicated.
Rev E	3/26/2013	Original areas revised to correspond with draft SoA Nov12. Wall allowance checked. Foyer area updated.
Rev F	3/27/2013	Refuse store deleted, staff room area reduced in line with original schedule.
Rev G	7/1/2013	Floor cloumn updated to reflect current proposals.
Rev H	11/11/2013	Updated to reflect current plans - Room refs updated.
Rev J	11/14/2013	Corrections made to AMH waiting and reception.

Maryhill Design Statement – Response to NHS Scotland Design Assessment Process

The NDAP report has been reviewed by Archial and they have issued the following responses to the recommendations made (shown in italics below).

Essential Recommendations

1. *“The design of external landscape and arrival points are improved such that: vehicle circulation is simplified; the lower level entrance is made more open; and the staff entrance is made more easily and safely accessible, and does not compromise the privacy of consulting rooms.”*

Architect Response:

Vehicle circulation has been designed to ensure that there is a continuous circuit in and around the site with a one-way system. This avoids the requirement for visitors to undertake any manoeuvres to change direction etc. Drop offs are located adjacent to and within sight of main entrances. All windows to mental health consulting rooms will have obscured glazing up to eye level to provide privacy from people using the staff entrance. It is anticipated that most staff will use the main entrances to enter and exit the building with the staff entrance used mainly during out of hours, for deliveries and when staff require discretion.

2. *“The design of the plant and servicing areas at lower ground floor provides clear and easy access routes for waste to be managed through the building; also that the visual impact of the refuse store is minimised from dwellings, adjacent interviews rooms and upper levels of the buildings.”*

Architect Response:

A new corridor has been added to the plans linking the foyer with the secure car park area outside to allow entrance by GP on call and waste to be taken outside the building to the refuse store. We can confirm that the refuse store is an enclosed space with brickwork walls and a membrane roof accessed via louvred doors to minimise the visual impact of this.

3. *“The ground floor layout be developed further to: bring like uses closer together; improve the experience of waiting areas.”*

Architect Response:

The ground floor layout has been revised so that Physiotherapy is now immediately adjacent to the gym. All waiting areas have been located to provide views outside or into the top lit void spaces to improve the experience of these spaces.

4. *“The area around GP reception points is reviewed to address future flexibility, safe access by staff and privacy.”*

Architect Response:

GP receptions have been designed to overlook one another to encourage passive surveillance. There are also visual links and access between the reception and admin spaces behind to further enhance safety. Admin areas and receptions are accessed from the clinical corridor which can be secured for additional privacy. This corridor can be accessed discreetly via either of the escape stairs with movement along this corridor concealed from vision from the waiting areas.

5. *“The key amenities such as the glazed rooflight to the gymnasium (for daylight) and utility of the terrace and staff room (for respite) will not be lost through detailed design development.”*

Architect Response:

We confirm that the rooflight, terrace and staff room are all still in the current proposals.

6. *“That there is adequate access and egress provision for staff on the top floor, should the lift not be in operation.”*

Architect Response:

There is only one lift serving the staff floor. The other two lifts are patient lifts and therefore stop at the floor below. This is for security and privacy purposes at the request of the client.

Advisory Recommendations

7. *“Careful attention and skill is needed in the next stage of landscape development so that elements like benches, secure cycle storage etc and integrated into the design without detracting from the approaches to the building and the quality of spaces suggested thus far. We suggest the client consider retaining where possible, the existing good quality mature trees to help embed the new building into the existing landscape.”*

Architect Response:

Cycle racks and benches have been positioned to ensure they do not impede access to the main entrances. Although we could not retain any existing mature trees we can confirm that semi mature trees have been proposed to replace these to ensure that they have an immediate impact to help bed the building into the site.

8. *“We encourage that flexibility be maintained within staff accommodation by ensuring that cellular offices are undesignated to allow for staff members to use these for informal meetings, time out or taking sensitive calls, etc.”*

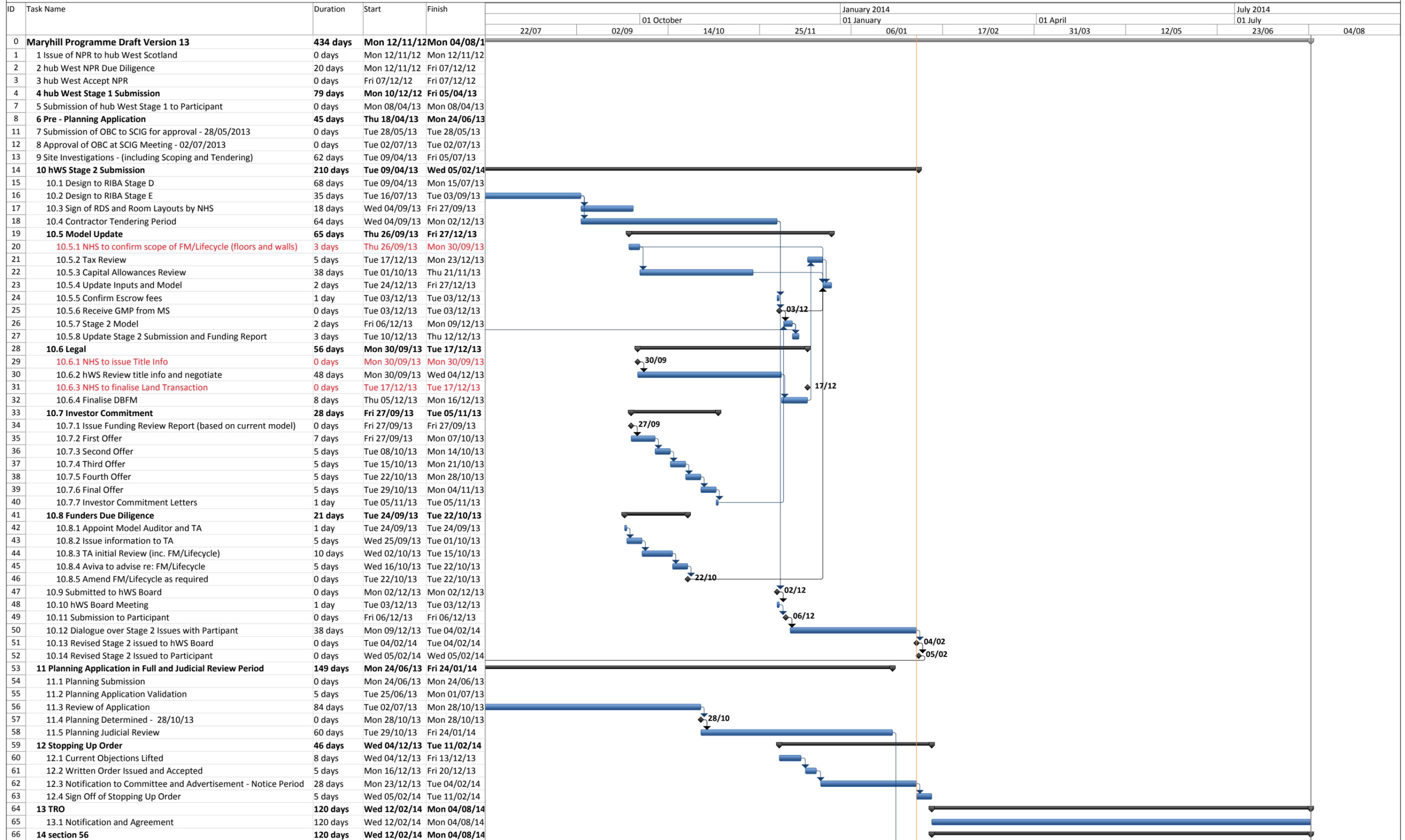
Architect Response:

We confirm that where possible previously attributed private offices have been changed to undesignated private spaces with furniture fit out to accommodate private working or small informal meetings.

9. *“If it is possible to develop the escape strategy in the GP areas to allow natural light into GP circulation corridors, this should be done.”*

Architect Response:

Where possible we have incorporated a window at the end of each corridor to allow natural light and views and reduce the institutional feel of these spaces.



Project: Maryhill Programme Draf
Date: Wed 05/02/14

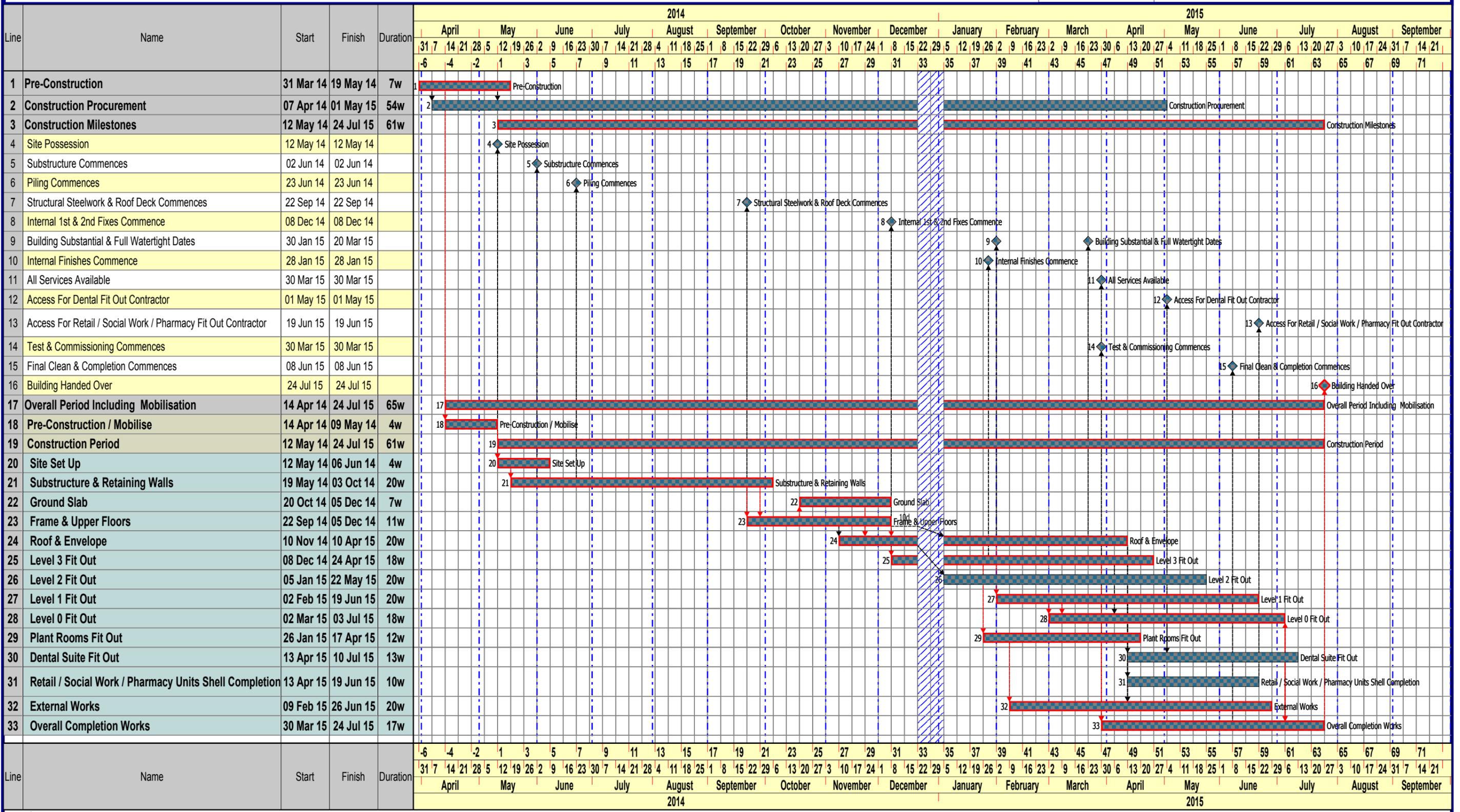


ID	Task Name	Duration	Start	Finish	January 2014								July 2014	
					01 October				01 January				01 April	
					22/07	02/09	14/10	25/11	06/01	17/02	31/03	12/05	23/06	04/08
130														
131	18.10 Weekly Legal Meetings	171 days	Wed 03/07/13	Wed 05/03/14										

Project: Maryhill Programme Draf
Date: Wed 05/02/14

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

filter - None



Link Categories

Normal (R)
 Normal (C,R)
 Default (C,R)
 Default (R)

Symbols

Critical
 ◆ Milestone

Maryhill Health and Care Centre

Project Execution Plan



Version Control

Version	Date	Issued by	Approved by	Status
1	07/11/2012	H Sandhu		
2	10/09/2013	H Sandhu		

Distribution Control

Version	Issued by	Distribution
1		
2		

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 - 1.3 Sustainability
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- 8.0 Affordability, New Project Pricing Report, Valuation and Payment
 - 8.1 Project Affordability Cap
 - 8.2 New Project Pricing Report Procedure
 - 8.3 Valuation and Payment Certificates
- 9.0 Completion and Handover
 - 9.1 Procedure
 - 9.2 Completion Certificates
 - 9.3 O&M Manuals
 - 9.4 Migration Planning
 - 9.5 Post Project Evaluation

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	Stakeholder Communication Plan
Section 4.0	Information Required	
	Annex J	RFI Proforma and Information Required Form
Section 6.0	Change Control	
	Annex K	Section 6.1.1 Change Order Request Form /Approval Log
	Annex L	Change Control Sequence
Section 9.0	Handover	
	Annex M	Section 9.2 Handover Meeting Agenda and Handover Checklist

Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

Introduction

The purpose of this Project Execution Plan (“PEP”) is to capture the key information about the Maryhill Health Centre Project (“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 Section 1.1 Annex A for the Project Information Pack (PIP).

1. Project Definition

1.1 Briefing

The Project comprises the construction of a new 4374m² Health and Care Centre in the Maryhill area of Glasgow through a Design, Build, Finance and Maintain (DBFM) contract structure. This new building will replace the existing Maryhill Health Centre.

The preferred site chosen by the Participant through options appraisal events is located on Garbraid Avenue in Maryhill and is bound by Kelvindale Road, Burnhouse Street and Balfour Street. From the top of the site at Garbraid Avenue the site slopes down 9 meters to Kelvindale Road.

At present the preferred solution provides accommodation over four storeys to the West of the site and tiered parking to the East of the site. The building will have two entrances one on the Garbraid Avenue and the other on Kelvindale Road of the site. The parking will be tried to take into account the steep slope of the site which will in essence provide car parking on 3 different levels with ramps between the different levels.

The building will be staggered to try and take account of the steep slope of the site and the current layout will not necessitate the need for underground or undercroft parking.

On the lower level of the building there is proposed to be office space which will house District Nurses and Health Visitors in an open plan style of accommodation. From this entrance building users will be able to navigate their way to the upper level via a staircase or via lifts which run the full height of the building. The next level of the building will also house open plan offices which will house District Nursing, Rehab, Children Services and Speech Therapy.

Level 2 of the building is proposed the main hub of the building where the community reception will site. At this level there will be the main entrance from Garbraid Avenue which will be fronted by the Community reception desk. On this level it is proposed that the main treatment rooms for community services will be housed as well as Adult Mental Health Services.

On the next level of the building house the community Dental, Adult Mental Health, Physiotherapy and Speech and Language Therapy clinical areas. A main waiting area will also be provided for patients waiting to be seen by the Practitioners serving these departments.

The top floor of the building is proposed to be the area where the four General Practitioners would be located. This will include their back office space, receptions and a joint waiting area.

The services to be provided in the new Health Centre are listed below:

- Four GP Practices
- Adult Mental Health
- Podiatry
- Physiotherapy
- Community Dental
- Pharmacy
- Addictions
- Health Visitors Offices
- Speech and Language Therapy
- Specialist Children Service

1.2 Project Overview

Site Address	Preferred site at Garbraid Avenue
Participant(s)	NHS Greater Glasgow and Clyde John Donnelly t: 0141 211 3899 e: john.donnely@ggc.scot.nhs.uk Eugene Lafferty t: 0141 232 2082 e: Eugene.lafferty@gcc.cscot.nhs.uk
Contract	Design Build Finance and Maintain
Contractor	Morgan Sindall Construction
Nature of project	Health and Care Centre
Total project cost(s)	£11,471,362
Site start	March 2014
Project completion	August 2015
Stage 1 Project Affordability	£11,225,555
Service Payment Cap	£997,272/£228 per 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.

Maryhill Health Centre	Milestone Dates
TDP to Stage 1	April 12 – 12/12/2012
Stage 1 to Stage 2	12/12/2012 – 05/04/13
Stage 2 to financial close	06/04/2013 – 14/02/2014
Construction	March 2014 – July 2015
Post project evaluation	3 months after 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 hub West 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.

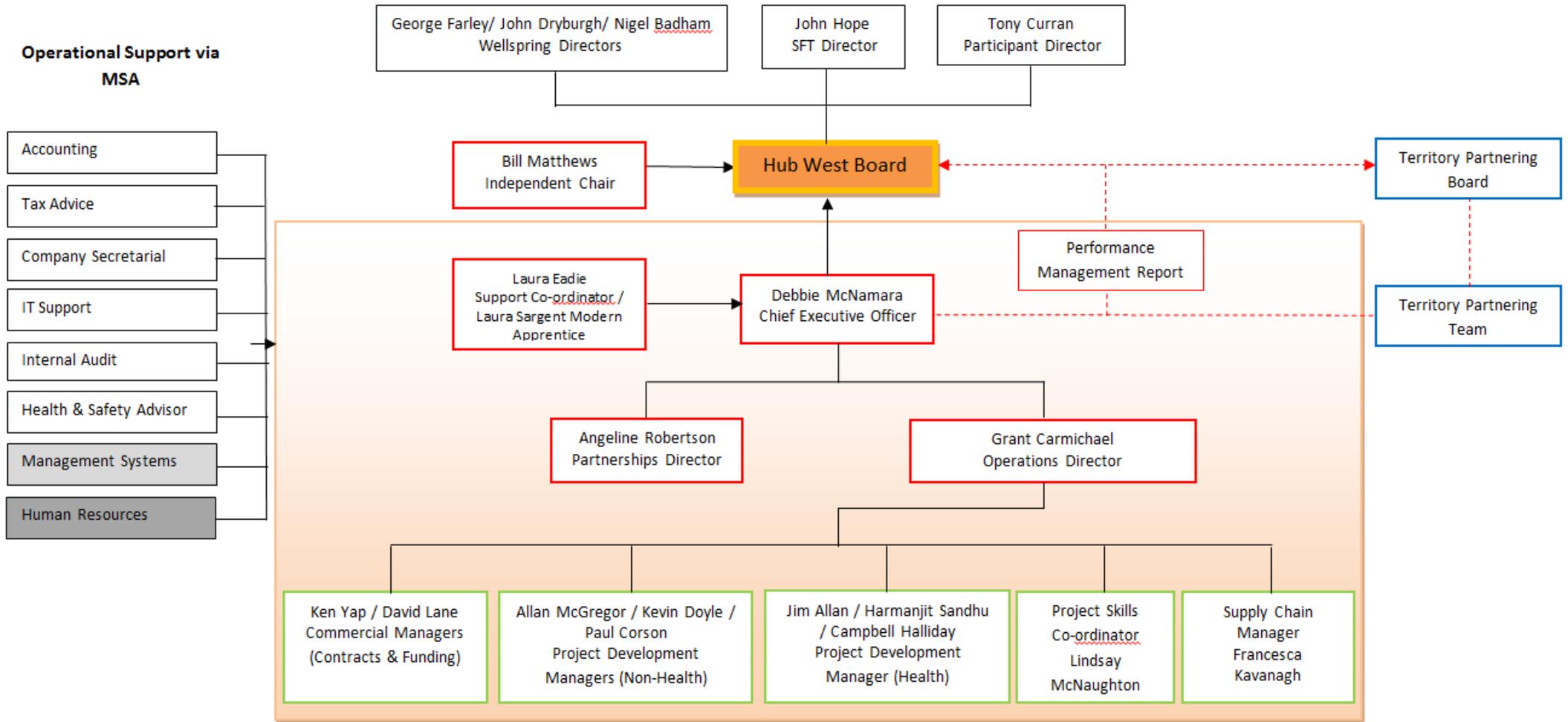
Project specific KPIs and CITs are captured in the following table: This will be reviewed by the hWS (OSCD) when approving the PEP.

Project: Maryhill Health Centre Project			
KPI Ref	Link to main KPI Schedule	KPI Method Statement	KPI Owner
MHC 1	1.1 Health & Safety	Reportable RIDDOR Accident in the hubCo members and Tier 1 suppliers' organisations active the territory (business-wide AIR).	OSCD
MHC 2	1.2 Health & Safety	Reportable RIDDOR Accident on Hub Projects	OSCD
MHC 3	1.3 Health & Safety	Number of HSE Enforcement Notices	PDM
MHC 4	2.1 Management Systems	Establishment of Management Systems and Internal Audits	CEO
MHC 5	2.2 Compliance with Management Systems	Compliance with Management Systems	CEO
MHC 6	2.3 Management Systems	Staff Performance Management	hWS BOARD
MHC 7	3.1 Programme	Delivery against agreed Project Development Programme (Stages 1&2 of the New Project Approval Process)	PDM
MHC 8	3.2 Programme	Delivery against agreed construction programme	PDM
MHC 9	4.1 Programme	Stage 2 Approvals	PDM
MHC 10	4.2 Programme	Compliance with Value for Money (VfM) proposals.	CM
MHC 11	4.3 Programme	Whole Life Costs	CM
MHC 12	5.1 Quality	Design Quality	PDM
MHC 13	5.2 Quality	Construction Quality	PDM

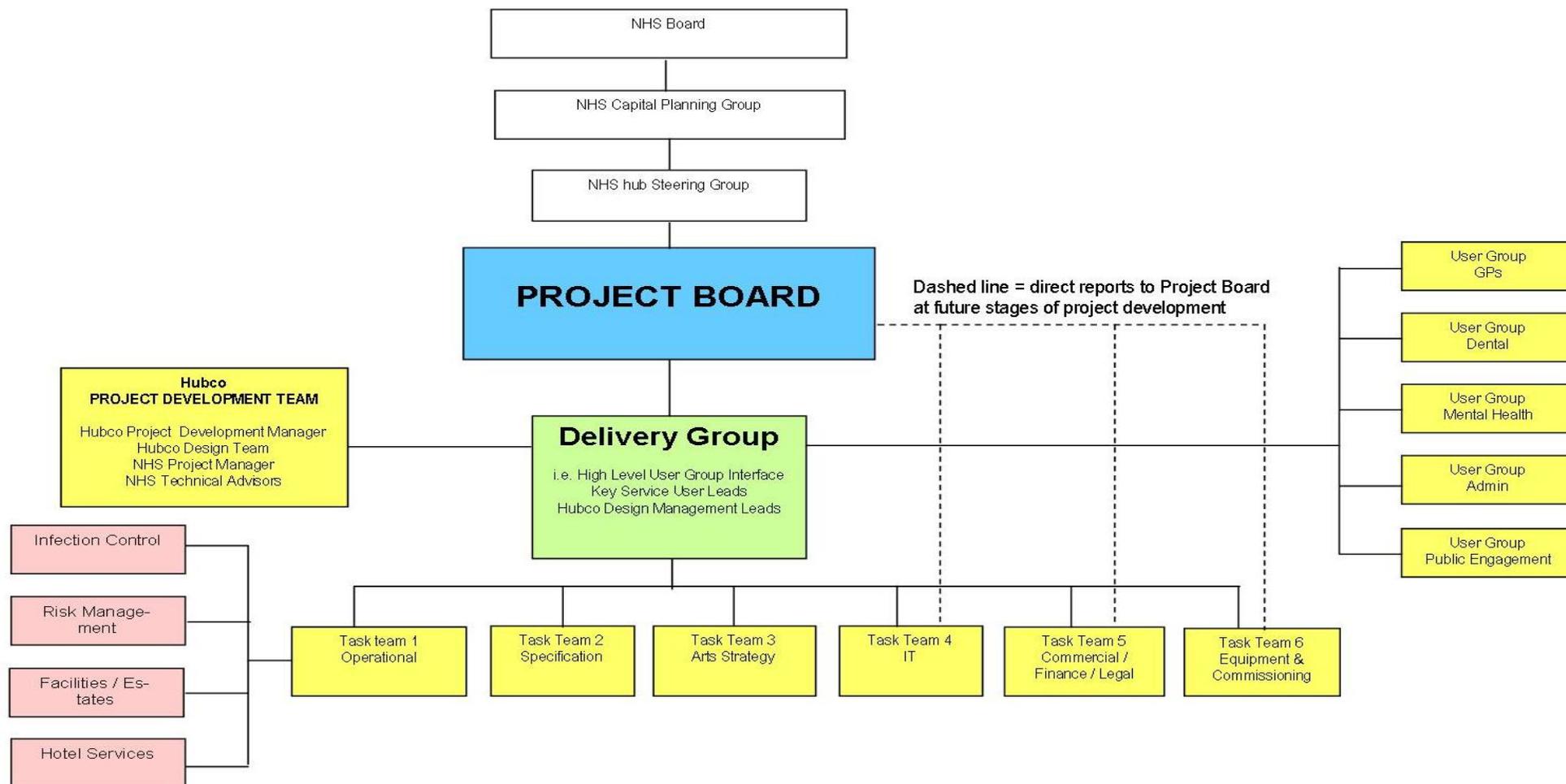
Project: Maryhill Health Centre Project			
KPI Ref	Link to main KPI Schedule	KPI Method Statement	KPI Owner
MHC 14	5.3 Quality	Post Occupancy Quality	PDM
MHC 15	6.1 Partnering & Collaboration	Active Involvement in TPB	CEO
MHC 16	6.2 Partnering & Collaboration	Overall Satisfaction with Partnering Services	CEO
MHC 17	7.1 Community Engagement	Compliance with Community Engagement proposals in On-Going Partnering Services Method Statement	PD
MHC 18	8.1 Community Benefit	Recruitment and Training	PDM
MHC 19	8.2 Community Benefit	Small and Medium Enterprise (SME) Supplier/Third Sector Development	PDM
MHC 20	8.3 Community Benefit	The Cash Equivalent of Community Benefits delivered by hubCo and its Supply Chain	OSCD
MHC 21	8.4 Community Benefit	End User and Community Satisfaction Surveys	PDM
MHC 21	8.5 Community Benefit	Recruitment and Training across the programme of works through hub West Scotland	OSCD
MHC 22	9.1 Sustainability	Achievement of BREEAM targets	PDM
MHC 24	9.2a Sustainability	Reducing Construction Waste	PDM
MHC 25	9.2b Sustainability	Reducing Construction Waste.	PDM
MHC 26	9.2c Sustainability	Reuse and Recycling of Construction Waste	PDM
MHC 27	9.2d Sustainability	Reducing Construction Waste	PDM
MHC 28	9.2e Sustainability	Recycled Content Materials	PDM
MHC 29	9.3 Sustainability	EPC Rating	PDM
MHC 30	10.1 Supply Chain Management	Compliance with Method Statement TPA Schedule Part 3, Section 5A On-going Partnering Services, Part 2 Supply Chain Management	OSCD
MHC 31	10.2 Supply Chain Management	Compliance with TPA Schedule Part 3, Section 5B Project Development Partnering Services, Part 2 Selection from the Supply Chain for each New Project	OSCD
MHC 32	11.1 Overall Performance	Overall Performance of New Project Delivery	OSCD

2. Project Organisation

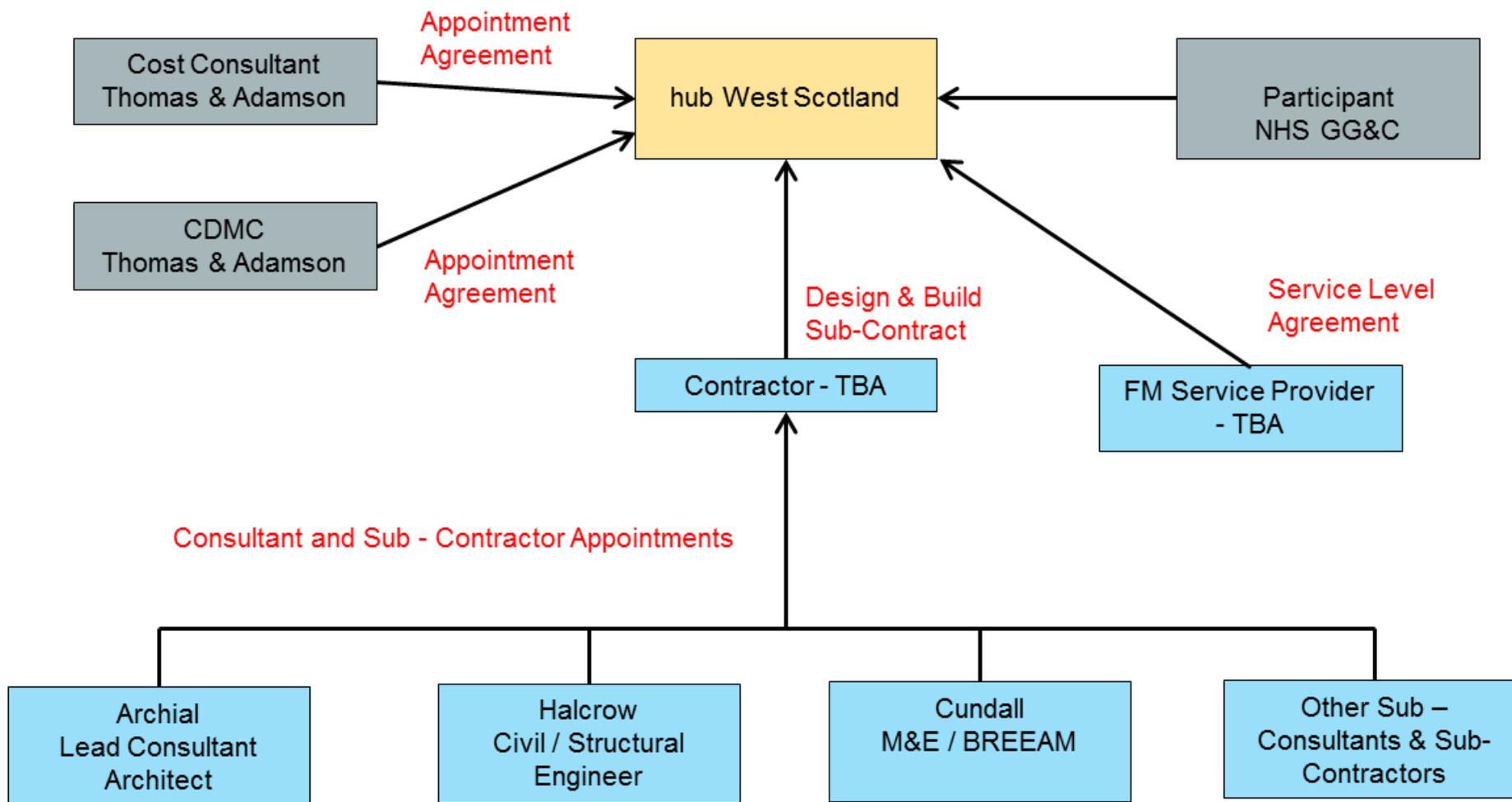
2.1 hub West Scotland (hWS) Structure



2.2 hWS and NHS GG&C Project Structure



2.3 hub West Scotland Project Team Structure



2.4 Roles and Responsibilities

The roles and responsibilities of the key staff are detailed below

2.4.1 Operations and Supply Chain Director (OSCD) – Grant Carmichael

- 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 Project Development Manager (PDM) – Jim Allan/Harmanjit Sandhu

- 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 OSCD 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.

2.4.3 Commercial Manager (CM) – Dave 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 OSCD 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.

2.4.4 Project RACI Matrix

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

2.4.5 Design and Build Contractor ("D&B Contractor") – Morgan Sindall Construction

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

2.4.6 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

2.4.7 Civil and Structural Engineer – Halcrow

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

2.4.8 Service Engineers – Cundall

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.

2.4.9 Cost Consultant – Thomas and Adamson

- Please refer Annex E. Responsibility for producing Cost Plans at all stages of design
- Costing of Changes requested by Participant
- Providing reports on tender returns from main Contractor
- Pricing alternative options put forward by the Design Team
- Pricing risks identified in the risk register

An outline scope of services for a cost consultant is provided in Appendix 1 Section 2.2 Annex E

2.4.10 CDM Co-ordinator – Thomas and Adamson

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 included in the PEP and referenced here for the project.

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	Glasgow North Community Health 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	Glasgow North Community Health 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
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	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)

A progress meeting agenda is attached as Annex 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.

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 3.0, Annex I 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 Ongoing 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
- Phase 1 Mining Report
- Invasive Species Report
- Topographical Survey
- CCTV survey of existing sewer

Refer to Appendix 1 Section 1.1 Annex A – for details of survey/feasibility 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 K. A diagram showing the Change Control Sequence is included in Appendix 1 Section 6.0 Annex L. During the design process a design development control sheet will be generated 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 Maryhill Health Centre 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.

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	Annex M	Section 9.2 Handover Meeting Agenda and Handover Checklist

Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

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

**Glasgow City
Community Health Partnership
North West Sector**



Maryhill Health Centre

Initial Agreement

June 2012.

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Appendices

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Replacement Maryhill Health Centre

Initial Agreement

1. Title of Scheme

The title of the scheme is the modernisation and redesign of primary and community health services for Maryhill.

2. Introduction

This paper sets out an initial proposal and outline costs for the development of a healthcare facility for the community of Maryhill. The development will be led by Glasgow City CHP (North West Sector). The CHP is responsible for the provision of all community health services in Glasgow.

The current Maryhill Health Centre is the base for four GP practices. The facility was built in the 1970's and serves a GP population of 27,083. The existing centre is of poor fabric, is functionally unsuitable and does not have the space to deliver services that can be expected from a modernised National Health Service. The most recent Property & Asset Management National Survey of premises by the Scottish Government Health Department identified Maryhill Health centre as a priority for improvement.

The West of Scotland has profound health challenges that resonate at the top of UK and European indices. Maryhill, where the new health centre is planned, represents one of the most deprived communities in Glasgow. 53% of the patients using Maryhill Health Centre live in a SIMD 1 area (i.e. within the most deprived neighbourhoods as listed in the Scottish Index of Multiple Deprivation).

The levels of need in the area and the poor quality of the built environment, has led to Maryhill Town Centre, where the new health centre would be located, being designated by Glasgow City Council as one of 6 regeneration areas where investment should be targeted. The development of a new health centre would demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

3. Strategic Context

3.1. Organisational Overview

NHS Greater Glasgow & Clyde 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.

Glasgow City CHP is responsible for the planning and delivery of all health services within the local authority area. This includes the delivery of services to children, adult community care groups and health improvement activity.

Delivery of the objectives of the CHP Development Plan as it reflects the NHS Greater Glasgow and Clyde Local Delivery Plan will be enabled by the development of the proposed facility. The key development objectives will centre on the following key Corporate Themes:

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

3.2. Strategic Objectives

The national policy context has a critical influence on the development of health and care services in Maryhill.

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

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back

into their home or community environment as soon as appropriate, with minimal risk of readmission.

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

Underpinning the narrative is the Quality Strategy, with the three central ambitions that care should be person centred, safe and effective. The quality outcomes and 2020 vision will be the major national drivers of NHS targets and strategic direction for the period 2013-16 and beyond, including the HEAT targets for which the Board will be held to account each year.

While not intended to be exhaustive, the following list identifies some of the other key national policies which have influenced the proposals for a new health centre in Maryhill:-

- Getting it right for every child;
- Hidden Harm;
- Changing Lives;
- Equality Legislation;
- Better Health Better Care
- Equally Well
- Gaun Yerslef , Long Term Conditions strategy
- Reshaping Care for Older People
- The Christie Report

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

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

In summary this policy context delivers the following as key drivers for the current project:

- Improving equitable access to services through the availability of an increased range of services in community settings.
- Community and public participation in service design and provision.
- Seamless care through tailor-made integrated care pathways supported by a range of agencies working in partnership.
- Staff partnership based on involvement and support to provide new flexible and effective ways of working.
- Improved care for the elderly and younger people.

- The use of technological advances in information and communications technology generally to benefit service users and reduce the professional isolation of its staff.
- The high priority attached to the improvement of people's health and improvement of community services.
- Breaking down of barriers between primary and secondary care and health and social care organisations and professions through a whole systems approach to planning and delivering services.
- The creation of sustainable and flexible services and facilities which can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.

Taking analysis of the policy context further, the key assumptions underlying the analysis of the strategic context for the changes proposed in these plans and this business case are:

- It will increasingly be possible to provide services safely and effectively closer to people's homes and this will benefit people who use the services by improving access.
- Interagency collaboration, multidisciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Medical, information and communications technology will continue to improve and create opportunities for improving local access especially to diagnostic services.
- People's expectations about the services which they receive and where and when they receive them will continue to increase and meeting these expectations will remain a social policy priority.
- Nurses, Allied Health Professionals and Social Care Professionals, in particular, will continue to develop their roles in providing care in the context of extended primary care teams.
- Improvement of service through the design of integrated care pathways for people with complex health and social problems will remain national priorities. This will also apply to the improvement of services for people with a range of diseases which cause premature death or reduce people's functioning or quality of life (e.g. CHD, cancer and diabetes).
- The demand for locally based services will increase and this will mean using facilities and staff in an imaginative way to expand capacity to meet this demand.
- Significant and sustained improvements in health and well-being are achieved through supported self care and services and facilities are needed to motivate people to look after themselves and to help them to do this.

4. Investment Objectives

The investment proposed will make a significant contribution to the achievement of the wider policy agenda and the local Corporate Objectives by providing modern and fit for purpose facilities for the provision of services across health and social care.

In particular the investment will:

- Enable speedy access to modernised and integrated Primary Care and Community Health Services that are progressing towards the achievement of national standards.
- Promote sustainable, cost effective primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to primary care services that are patient centred, safe and clinically effective
- Support the necessary ethos of team working that will result in the effective integration of services
- Deliver NHS Greater Glasgow & Clyde 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 in line with the Government's 2020 target 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 A+DS
- Meet statutory requirements and obligations for public buildings e.g. with regards to DDA
- Make a significant contribution to achieving the aims of the local regeneration strategy for the area.

Service users will see an improvement in the following:

- Physical environment and patient pathway
- Access to a range of services not previously available locally
- One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs.
- A more co-ordinated approach to rehabilitation
- Speedier referral pathways between professionals.

Table 1 sets out the investment objectives, with the associated proposed measures and timescales that the new health centre aims to achieve.

Table 1

Primary Objective	Outcome	Measure	Timescale
Enable speedy access to modernised and integrated Primary Care and Community Health Services	Reduced waiting times/ increased productivity for services provided in health centre	AHP Waiting times GP access targets	1 year on from opening
	More productive use of treatment rooms	Cancer – referral to treatment	
	Improvement in GP access target (48hour and advance booking)	Addictions – referral to treatment	
	Reductions in bed		

	<p>days, prevention of delayed discharges, prevention of readmissions</p> <p>Improvement in access to psychological therapies</p> <p>Increase access to new therapies not provided in current centre</p>	<p>Rehab team performance measures</p> <p>Psychological therapies waiting times HEAT target and patient volume</p> <p>Report on therapies provided and patient volume</p>	
<p>Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care</p>	<p>Increase in numbers of GPs participating in Local Enhanced Services</p> <p>Better management of LTCs - reduction in number of admissions and bed days</p> <p>Prevent inappropriate use of hospital services, better management of illness within primary care</p> <p>Shift in balance of care - more patients looked after through primary care and less use of acute services</p> <p>Improvements in cervical screening rate and childhood immunisation rates</p> <p>GP practices in deprived areas supported to tackle health inequalities</p> <p>GP practices in the</p>	<p>Participation of GPs in LES (diabetes, stroke, CHD, COPD, Keep Well)</p> <p>LTC Hospital admissions</p> <p>Monitor emergency admissions</p> <p>Monitor emergency admissions 65+</p> <p>Monitor referrals from GPs to health improvement services (smoking cessation, healthy eating, stress management, employability, money advice)</p> <p>Monitor referrals from GP practices to local carers team (number of referrals and number of carers assessments)</p> <p>Monitor cervical cancer screening and immunisation</p> <p>Gather information on</p>	<p>1 year on from opening</p>

	<p>area together provide community-oriented primary care</p> <p>Improved support to families with young children, using experience gained through One Glasgow (multi-agency) pilot</p>	<p>community health initiatives</p> <p>Reductions in accommodated children</p> <p>Evidence of One Glasgow approach working</p>	
<p>Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.</p>	<p>More hard to reach patients using centre</p> <p>Uplift in patient satisfaction</p> <p>Greater use of primary care services made by patients with a learning disability</p> <p>LES targets to be met</p> <p>Reduction in DNA rates</p> <p>Increase in dental patients and dental registrations</p> <p>Reduction in children treated at dental hospital</p> <p>Increase in cervical cancer screening</p> <p>Reduction in teenage pregnancies</p> <p>Increase in smoking cessation quit rate</p> <p>Reduction in pregnant women smoking</p> <p>Increase in</p>	<p>Survey of staff and patients regarding how accessible they find the facility.</p> <p>GP LD LES results</p> <p>Keep Well health checks to be carried out on eligible patients</p> <p>Compare DNA rates with current rates</p> <p>Monitor use of community dental facility</p> <p>Increase in dental registrations of pre-5s</p> <p>Monitor referrals to dental hospital</p> <p>Monitor screening rate</p> <p>Monitor successful quits</p> <p>Monitor smoking rate</p> <p>Monitor</p>	<p>1 year on from opening</p>

	breastfeeding rate	breastfeeding	
Support the necessary ethos of team working that will result in the effective integration of services	<p>Increased referrals to community health services from GPs</p> <p>Increase in carers referrals and increase in carers assessments</p> <p>Shift in balance of care – more older people supported at home, reduction in bed days</p> <p>Less children in need of residential care</p>	<p>Referrals from GP practices to local health improvement services</p> <p>Monitor referrals to local Social Work carers team</p> <p>Improved working between NHS and SW staff to support older people – measured through performance framework for Rehab Teams</p> <p>Improved working between NHS and SW children's teams - increased IAF and joint case review etc. Evidence of One Glasgow approach being adopted</p>	From opening and one year after opening
Deliver NHS GGC wide planning goals and support service strategies	<p>More care in community and less in acute hospitals</p> <p>Increase numbers of older people supported in the community and reduce use of residential accommodation and hospitals</p> <p>Inequalities sensitive</p>	<p>Shift balance of care – monitor delivery in acute/primary care</p> <p>Bed days/emergency admissions/multiple admissions 65+, admissions from LTCs</p> <p>Reshaping care for older people – monitor delayed discharges, admissions, numbers supported in community</p> <p>Inequalities</p>	From opening and one year after opening

	<p>practice part of core business for staff operating in the health centre</p> <p>Health centre a hub for health in the area</p>	<p>sensitive practice in primary care – best practice shared and rolled out</p> <p>GP access</p> <p>Use of outreach and other methods to engage with vulnerable patients</p> <p>Keep Well LES activity</p>	
<p>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</p>	<p>Contribute to North West sector's shared of CHP target for reduced carbon emissions</p>	<p>Reduced emissions and lower running costs</p>	<p>From opening</p>
<p>Improve and maintain retention and recruitment of staff.</p>	<p>Uplift in satisfaction</p> <p>Decrease in absence rates</p> <p>Decrease in staff turnover</p>	<p>Staff satisfaction survey at end of year 1.</p> <p>Monitor absence records and contrast to previous.</p> <p>Monitor staff turnover rates</p>	<p>One year from opening</p>
<p>Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.</p> <p>Creation of an environment people want to come to, work in and feel safe in.</p> <p>Making tangible the aspirations expressed</p>	<p>Provide a clinical environment that is safe and minimises any HAI risks</p> <p>Building makes a positive contribution to health</p> <p>Building provides a welcoming environment for patients, with security as part of design</p>	<p>Use of quality design and materials</p> <p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to local regeneration strategy</p> <p>Building meets</p>	<p>From opening</p>

by stakeholders in the Design Statement.	Building is flexible enough to be 'future proofed'	the standards agreed in the Design statement (Appendix 1)	
Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA	Building accessible to all Positive response from users of the building Building meets the standards set out in the Design Statement (Appendix 1)	Carry out DDA audit and EQIA of building. Involve 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	From opening
Contribute to the physical and social regeneration of the Maryhill area	New health centre acts as catalyst for further investment and development Health centre is 'owned' by local people The building of the centre presents an opportunity to engage people in health improving activity, building self esteem and community capacity	Building contributes to Maryhill Town Centre Regeneration Strategy Engagement of local people in developing art work and landscaping for the centre.	During construction and from opening

4.1. Existing arrangements

Maryhill, where Maryhill Health Centre 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. This has resulted in Maryhill being designated as one of 6 regeneration areas in Glasgow city where the local authority seeks to target investment in social and physical regeneration.

54% of patients using Maryhill Health Centre live in a SIMD 1 area. The majority of patients using Maryhill Health Centre live in the surrounding area – the 3 neighbourhoods of Maryhill East, Maryhill West and Wynford.

These 3 areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities.

The following is a summary of some headline health statistics (from the Health and Well-Being Profiles 2010) which illustrates the challenges faced in improving health in Maryhill. On all these measures, performance is amongst the worst in Scotland.

Life expectancy

The average male life expectancy in these 3 areas (67.1) is more than 7 years below the national average, and female life expectancy (74.3) is more than 5 years below the national average

	Maryhill East	Maryhill West	Wynford	Scotland
Male life expectancy	65.9	67.7	67.8	74.5
Female life expectancy	74.9	73.1	75.0	79.5

Alcohol and drugs

The average rate of alcohol-related hospital admissions is 1790, 65% above the national average.

The average rate of drugs-related hospital admissions is 185.1, more than twice the Scottish average

	Maryhill East	Maryhill West	Wynford	Scotland
Alcohol related hospital admissions (rate per 100k)	1839	1930	1603	1088
Drugs related hospital admissions (rate per 100k)	201.8	152.5	201.1	85.1

Mental health

There is a high incidence of mental illness, as illustrated by the high level of prescribing of anti-depressants (31% above the Scottish average) and psychiatric hospital admissions (which in Maryhill and Wynford are more than twice the Scottish average).

	Maryhill East	Maryhill West	Wynford	Scotland
% patients prescribed drugs for anxiety/depression)	13.0%	12.4%	12.8%	9.7%
Psychiatric hospitalisation rate (per 100k)	422.9	620.5	836.6	303.0

Older people and long term conditions

Hospital admissions are significantly above the national average

	Maryhill East	Maryhill West	Wynford	Scotland
Hospitalisation for COPD (rate per 100k)	384.7	375.0	232.2	158.6
Emergency Admissions (rate per 100k)	8613.5	8767.3	8562.2	6378.9
Multiple admissions people aged 65+ (rate per 100k)	4576.3	4027.2	3652.2	3110.4

Child health

There are high rates of teenage pregnancies and smoking in pregnancy (both indicators record more than twice the Scottish average) and low rates of breastfeeding (less than half the Scottish average).

	Maryhill East	Maryhill West	Wynford	Scotland
Teenage pregnancy (rate per 100k)	76.4	104.2	71.8	41.4
Smoking in pregnancy	44.7%	44.3%	55.8%	22.6%
Breastfeeding	12.6%	17.4%	No figure	26.4%

Facilities

The existing Health Centre is located some way behind Maryhill Road, on an elevated site, accessed by Shawpark Street. It contains 4 GP practices and a range of community health services including dental health services and pharmacy.

The current building is a mix of single storey and 2 storeys with precast concrete panelled walls and flat roof decks. The fabric of the existing Health Centre building is very poor and space is restricted. As a result the building is barely fit for purpose at present, and certainly is not suitable for the provision of 21st. century health and social care services. In the national Scottish Health Department Property and Asset Management Survey of properties Maryhill was identified as a priority for replacement.

Access to the building is difficult. There is a long and steep uphill walk from the main road and nearest bus stop. There is a very small limited parking area, with overspill onto local streets, causing problems for local residents and businesses. The car park is awkwardly shaped with limited access for larger vehicles.

There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.

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

4.2. Business needs

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

The project will ensure that local services are driven by a continuous cycle of quality improvements, not just restricted to clinical aspects of care but to include quality of life and the entire patient experience. The project will build on our experience gained through Keep Well and will focus on preventing as well as treating ill health by providing information and support to individuals in relation to health promotion, disease prevention, self-care, and rehabilitation and after care. There will be a focus on anticipatory care, early intervention and tackling health inequalities.

The provision of a new health centre in Maryhill will enable service re-design and development that will ensure that wherever appropriate and safe services and care will be delivered as close as possible to the point of need. Similarly, it will enable responsibility for decisions about patient care to be devolved to as close to the point of delivery as possible.

The designers will consult with clinical users and patients to achieve a good design that: fosters access to social support , seeks to lower reduce stress levels so that patients reach the point of consultation feeling as calm and relaxed as can be expected; offers an early welcoming point of orientation for moving around the building; delivers well planned waiting rooms to reduce fear and increase confidence; uses material that are robust as well as attractive; can capture the use of natural light and ventilation to help contribute to good energy efficient and environmental conditions throughout.

These qualities are evident in the design statement that was developed following a workshop involving representatives of patients, primary care contractors and CHP staff. This workshop built on the information gathered at a previous consultation event held in April 2012, where stakeholders expressed their aspirations for the new centre. These included:

- The new centre should be located close to existing centre (within 1 or 2 miles radius) but address current problems of poor access
- We should aim to provide a wide range of services in the new centre. We should continue all the services that currently operate in the existing centre and plan for new services e.g.
 - o Preparing for activity that is currently undertaken in acute hospitals but might increasingly be transferred to primary care
 - o Services for increasing numbers of older people
 - o Space to allow visits from mobile units (e.g. breast screening/ blood donor units)
 - o Services provided by partners such as social work, local housing associations, police would be welcomed
- The centre should be designed to allow access on a 24/7 basis, so that some services can operate beyond current working hours
- The building should incorporate flexible, multi- use space(s) that can be used by different services – and also by local voluntary organisations / community groups (including OOH access)
- The building should be welcoming to patients and provide a good working environment for staff. The design should promote team working among different professionals, support the patient pathway and be easy for all groups of patients to navigate. The design of the building should take security for staff and patients into account from the outset.

All of these aspirations are reflected in the Design Statement that is attached as Appendix 1.

5. Business Scope & Service Requirements

The core elements of the business scope for the project are identified as the minimum requirements within the table below. Intermediate and maximum elements will be considered if the cost / benefit analysis to be considered in detail at OBC permits.

Table 2: Potential Business Scope

	Min	Inter	Max
To enable the CHP to provide an integrated service spanning primary care, community health, social care and hospital services in the Maryhill area.	☑		
To maximise clinical effectiveness and thereby improve the health of the population.	☑		
To improve the quality of the service available to the local population by providing modern purpose built facilities	☑		
To provide accessible services for the population of Maryhill and surrounding areas.	☑		

To provide flexibility for future change thus enabling the CHP to continually improve existing services and develop new services to meet the needs of the population served.	<input checked="" type="checkbox"/>		
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.	<input checked="" type="checkbox"/>		
To provide additional services that are complimentary to the core services provided by the CHP		<input checked="" type="checkbox"/>	
To contribute to a new community hub for Maryhill contributing to the social, economic and physical urban regeneration of a deprived area		<input checked="" type="checkbox"/>	
Key Service Requirements			
GP practices	<input checked="" type="checkbox"/>		
A new dental health suite	<input checked="" type="checkbox"/>		
Health visitors and district nurses working in integrated teams	<input checked="" type="checkbox"/>		
Social Work staff, particularly those associated with older people and vulnerable adults	<input checked="" type="checkbox"/>		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	<input checked="" type="checkbox"/>		
Child and adolescent mental health services	<input checked="" type="checkbox"/>		
Child development services	<input checked="" type="checkbox"/>		
Community mental health services	<input checked="" type="checkbox"/>		
Personal care facilities in the community to support independent living for local disabled people (allowing them access to shopping and other community activity in the Maryhill area).	<input checked="" type="checkbox"/>		
Youth health services	<input checked="" type="checkbox"/>		
Sexual Health services	<input checked="" type="checkbox"/>		
Pharmacy	<input checked="" type="checkbox"/>		
Training accommodation for primary care professionals including undergraduate and postgraduate medical , dental students	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		<input checked="" type="checkbox"/>	
Maternity services	<input checked="" type="checkbox"/>		
Community Addiction Team clinic	<input checked="" type="checkbox"/>		
Older People's Mental Health services	<input checked="" type="checkbox"/>		
Carers services		<input checked="" type="checkbox"/>	
Community health services	<input checked="" type="checkbox"/>		
Community-led rehabilitation	<input checked="" type="checkbox"/>		
Community-led health improvement activity		<input checked="" type="checkbox"/>	
Local Stress Centre services		<input checked="" type="checkbox"/>	

Money advice services			<input checked="" type="checkbox"/>
Employability advice and support			<input checked="" type="checkbox"/>
Housing advice and support			<input checked="" type="checkbox"/>
Opportunities for volunteering			<input checked="" type="checkbox"/>
Crèche facilities			<input checked="" type="checkbox"/>

6. Risks, Contingencies and dependencies

6.1 Main Risks

The main project risks and mitigation factors are identified at a high level at the IA stage. As the project develops through the OBC and FBC stages a more detailed and quantified risk register will be prepared.

Table 3: Risks

Risk Categories	Description	Mitigation
Business Risks	Commercial – e.g. land acquisition	Early engagement with landowner / development partner
	Financial	Robust business case & procurement process
	Political Potential opposition to building on playing field site for one of the preferred sites	Encompass current legislation Early engagement with Glasgow City Council
	Environmental	Early sustainability briefing
	Strategic	Joint development agreement with partners
	Cultural	Develop public engagement process
	Quality	Detailed briefing & monitoring
	Procurement method	Adopt Hub process
	Funding	Robust business case model
	Organisational	Develop early project management framework and delegated authority limits
	Projects	Develop within Hub initiative
	Security	Document control strategy
Service Risks	Workforce	Manage within Hub process Staff engaged as stakeholders
	Technical	Employ strict change control management processes

Risk Categories	Description	Mitigation
	Cost	Employ strict change control management processes
	Programming	Plan & monitor with reference to an early warning strategy
	Operational support	Manage service User input effectively
	Quality	Share QA responsibility with Hub Teams/Wellspring
	Provider failure	Develop a Commissioning programme
	Resource	Manage for resource / succession planning
External Environmental Risks	Secondary legislation	Plan within timescales with development team
	Tax	Manage within change control process where possible
	Inflation	Manage within change control process where possible
	Global economy	Manage within change control process where possible

6.2 Constraints

The project is planned to be delivered via funding from Hub initiative. As such it must meet the criteria for award of funds from the Hub initiative, and meet the timescale set by the Hub of being operational by March 2015.

6.3 Dependencies

This Initial Agreement focuses on the case for the replacement of Maryhill Health Centre. A separate Initial Agreement is being prepared for a replacement for Woodside Health Centre. One of the options included in the proposed short list for the replacement of Maryhill Health Centre is the provision of a combined new centre for Maryhill and Woodside Health Centres (see Paragraph 8.5). Taking this option forward will be dependent upon this options also being included in the short list to be identified through the Woodside option appraisal process. This option is also dependent upon a willingness by Glasgow City Council to negotiate for the change of use of the site which is currently used as playing fields.

7. Exploring the preferred way forward

7.1 Main business Options

A long list of 9 options was identified. These were considered at a stakeholders' options appraisal workshop, attended by representatives of GP practices, dental services, the pharmacy and CHP services currently operating in the existing health centre together with partner organisations and PPF representation.

The 9 options were as follows (set out in Table 4 below)

Table 4: Options

Option	Description
1a	Do nothing
1b	Refurbish and extend current health centre
1c	Build new Maryhill Health Centre on current site
2a	Build new Maryhill Health Centre at Maryhill Rd/Skaethorn Rd.
2b	Build new Maryhill Health Centre at Gairbraid Avenue
2c	Build new Maryhill Health Centre at Hugo Street/Shuna Street
2d	Build new Maryhill Health Centre Queen Margaret Drive
3a	Build a new combined health centre for Maryhill and Woodside at Hugo Street/Shuna Street
3b	Build a new combined health centre for Maryhill and Woodside at Queen Margaret Drive

7.2 Criteria

These 9 options were considered against the criteria as set out in Table 5 below

Table 5: Investment criteria

Investment objective	Criteria
Improve access	<p>Good pedestrian access</p> <ul style="list-style-type: none"> - Easy walking - Near public transport <p>Sufficient car parking</p> <p>Fully DDA compliant</p>
Improve patient experience/ good working environment for staff	<p>Welcoming building</p> <p>Easy to navigate</p> <p>Improve patient pathway</p> <p>Improved patient (and staff) safety</p>

Promote joint service delivery	Promote team working Capacity for social work and other partners Capacity for other organisations to use space Design allows out of hours use of building
Sustainability	Energy efficient Reduce carbon footprint Reduce running costs
Contribution to regeneration of Maryhill	Clear signal of investment Catalyst for improvement Support to local businesses Attract other investors Consistent with Town Planning objectives

7.3 Critical Success Factors (CSFs)

Consideration was also given to the extent to which each option met the following critical success factors (as set out in Table 6)

Table 6: Critical Success Factors

Key CSFs	Broad Description
Strategic fit & business needs	How well the option: Meets the agreed investment objectives, business needs and service requirements & provides holistic fit & synergy with other strategies, programmes & projects.
Potential Value for Money	How well the option: Maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability & minimises associated risks.
Potential achievability	How well the option: Is likely to be delivered within the Hub timescale for development (i.e. operational by April 2015) & matches the level of available skills required for successful delivery.

Supply-side capacity and capability	How well the option: Matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply side and provides the potential for the building to meet the standards reflected in the design statement
Potential affordability	How well the option: Meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.

7.4 Ranking the options

The 9 options were ranked as follows:

Option	Description	Score	Critical success factors (CSF)
1a	Do minimum	5.3	Does not meet any of the CSFs Current centre is inadequate, of poor fabric, with poor access and unfit for future service provision. There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.
1b	Extend current centre	7.7	Does not meet any of the CSFs Site is very constrained and extension would not improve access. Concerns re value for money.
1c	Build a new Maryhill Health Centre on current site	11.9	Not value for money (due to extra cost of temporary accommodation) and concerns re achievability given restricted nature of the site while NHS services continued during construction.
2c	Build a new Maryhill Health Centre at Hugo Street/ Shuna Street	13.8	Meets all CSFs but scored poorly on access (too far from Maryhill Centre and long uphill walk from main bus route on Maryhill Road).
3a	Build a new combined health centre for Maryhill and Woodside at Hugo Street/ Shuna Street	13.8	Meets all CSFs but scored poorly on access for many patients using the current centre. Also some concerns re size of new centre and difficulties in bringing the GP and dental practices and pharmacies together from the 2 existing centres

2d	Build a new Maryhill Health Centre on playing fields at Queen. Margaret Drive	16.1	This site scored well on all criteria but there was concern re achievability re need to build on playing fields (need to discuss further with City Council).
2a	Build a new Maryhill Health Centre at Maryhill Road / Skaethorn Road	17.1	This site scored well on all criteria and meets all critical success factors
2b	Build a new Maryhill Health Centre at Gairbraid Avenue	17.2	This site scored well on all criteria and meets all critical success factors
3b	Build a new combined health centre for Maryhill and Woodside at playing fields at Queen Margaret Drive	17.9	This site scored well on all criteria. There were some concerns re achievability re need to build on playing fields (need to discuss further with City Council) and potential difficulties in bringing the GP and dental practices and pharmacies together from the 2 existing centres

7.5 Short list of options

From the above table the short list of possible options is identified as:

Option 1a – do minimum

Option 2a – build new Maryhill Health centre at Maryhill Road /Skaethorn Road

Option 2b - build new Maryhill Health centre at Gairbraid Avenue

Option 3b – Build a combined health centre for Maryhill and Woodside at Queen Margaret Drive.

7.6 Outline Commercial Case

Purpose of the Commercial Case

The Commercial Case assesses the possible procurement routes which are available for a project. Normally these include Frameworks Scotland, NPD and Hub revenue models. NHSGGC have consulted with Scottish Futures Trust and the advice is that the project should be developed based on the hub revenue financed model.

In a letter from the Acting Director – General Health & Social Care and Chief Executive NHS Scotland issued on 22 March 2011 it stated that the Scottish Government has agreed that a range of projects are to be funded through the NPD model and hub revenue financed model. Subject to meeting the guidance and funding conditions set out in the above letter, appropriate funding will be provided to

procuring bodies to support the delivery of these projects which includes the Maryhill Health Centre project.

The letter defines the components of the unitary charge to be supported by the Scottish Government as:

- 100% of construction costs (subject to the agreed scope of the project)
- 100% of private sector development costs (subject to an agreed cap)
- 100% of finance interest and financing fees (at prevailing Financial Close rates)
- 100% of Special Purpose Vehicle (SPV) running costs during the construction phase (subject to an agreed cap)
- 100% of SPV running costs during the operational phase (subject to an agreed cap)
- 50% of lifecycle maintenance costs.

This leaves the procuring authority to fund the element of the unitary charge that relates to Hard Facilities Management and the balancing 50% of lifecycle maintenance costs. Additionally, it will fully fund costs for soft FM, utilities and any equipment costs not included within the overall construction cost.

A full value for money and affordability assessment will be carried out at Outline Business Case stage.

Financial Situation

The current facilities which will be replaced by the proposed new development require investment in backlog maintenance to allow them to continue to provide a satisfactory level of clinical care in a safe environment for patients, staff and visitors. This has been assessed and included in the Board's Property and Asset Management Strategy.

Available Funding Resources

Maryhill HC/ Shawpark RC £269k

Woodside HC (Option 4 Only) £209k

Capital and Revenue Constraints

There will be a requirement to secure funding for fees and enabling costs to support the development of this project. A bid for this funding will be submitted.

Indicative Capital Costs

The table below presents the range indicative capital costs for each of the short listed options.

Table 7: Presenting indicative Capital Costs

Option No.	Description	Capital Cost Estimate £m
1	Do Minimum	£1.0m- £1.2m
2	Skaethorn Rd/Maryhill Rd – New Build	£12.5m- £13.5m
3	Gairbraid Ave – New Build	£12.5m- £13.5m
4	Combined Health Centre Maryhill/Woodside at Queen Margaret Drive - New Build	£24m-£26m

The capital cost estimates for new build options include equipment, optimism bias, professional fees, and inflation to mid point of construction.

Optimism Bias

Optimism Bias has been assessed in accordance with the Scottish Government and the HM Treasury Green Book Supplementary Guidance – Optimism Bias.

Revenue and Lifecycle Costs

It is assumed that these projects will be delivered via the Scottish Futures Trust Hubco DBFM model. SCIM guidance states that this route should be the default for all community new build projects.

The Hubco contract is proposed to be a Design, Build, Finance and Maintain arrangement which will include the provision of all hard facilities management and lifecycle costs. It will not include the provision of soft facilities management costs such as domestic and portering services.

The operating costs and annual service payment associated with this development will be examined in full during the OBC process together with comprehensive financial modelling to assess the revenue and life cycle costs and a full value for money and affordability appraisal will be undertaken as outlined within SCIM.

Overall Affordability

Recurring revenue funding of £269K (an additional £209k is also available from Woodside HC should option 4 become the preferred way forward) has been identified from the current resources to support the running of the new facility if the IA is implemented.

Further examination of efficiencies and revenue release will be undertaken in the development of the OBC. This will examine:

- Efficiencies from the provision of integrated services
- Reduced running cost of energy efficient facility
- Reduced cleaning cost within a modern building
- Reduced costs in respect of maintenance within hard facilities management
- Efficiencies in non clinical support

Non recurring costs in respect of significant backlog maintenance will be avoided. This has been identified as £1m in the Boards Property & Asset Management Strategy Report. The figures shown as “do minimum” option on the indicative capital cost table above includes VAT, fees, decant, double running and other enabling costs.

7.7 Financial Case

The Board has received conditional approval that a replacement Maryhill Health Centre would be funded via the West of Scotland Hub initiative, subject to approval through the business case process.

The Board has made provision within its capital resource limit for this project dependant on confirmation of the Hub funding.

The Board has experience of delivering similar type projects having recently completed the building of new Health Centres at Renfrew and Barrhead underway.

The Glasgow City CHP committee wholeheartedly supports the plan to improve the healthcare facilities available to the local population.

7.8 Management Case

The project, should it proceed as per the preferred way forward, will be managed by a Project Board chaired by the Head of Adult Mental Health, North West Sector. The Director, North West Sector will act as Project Sponsor.

The Project Board will comprise representatives from the Senior Management Group of the North West Sector, Glasgow CHP, and key stakeholders from the GP/User group, the PPF and the Board’s Capital Planning team. The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.

The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGC hub projects. This Group is chaired by the Glasgow City CHP Director and includes representative from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco. This governance structure is illustrated in Fig. 1. (attached as Appendix 2)

A Project Steering Group would also be required to manage the day to day detailed information required to brief and deliver the project. If procurement progresses through the West of Scotland Hub this would be the key delivery forum.

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

The Board anticipate that the Initial Agreement will be considered by the Capital Investment Group on 28th August 2012. Should approval be granted to move to OBC, then the indicative project timetable is as follows:

NHS GG&C Approval of IA	August 2012
CIG Approval of IA	August 2012
NHS GG&C Approval of OBC	January 2013
CIG Approval of OBC	February 2013
NHSGG&C Approval of FBC	June 2013
CIG Approval of FBC	September 2013
Construction Start	November 2013
Construction Completion	January 2015
Post Occupation Review	Mid 2015
Post Project Evaluation	+12 months from occupation

8. Conclusions and Recommendations

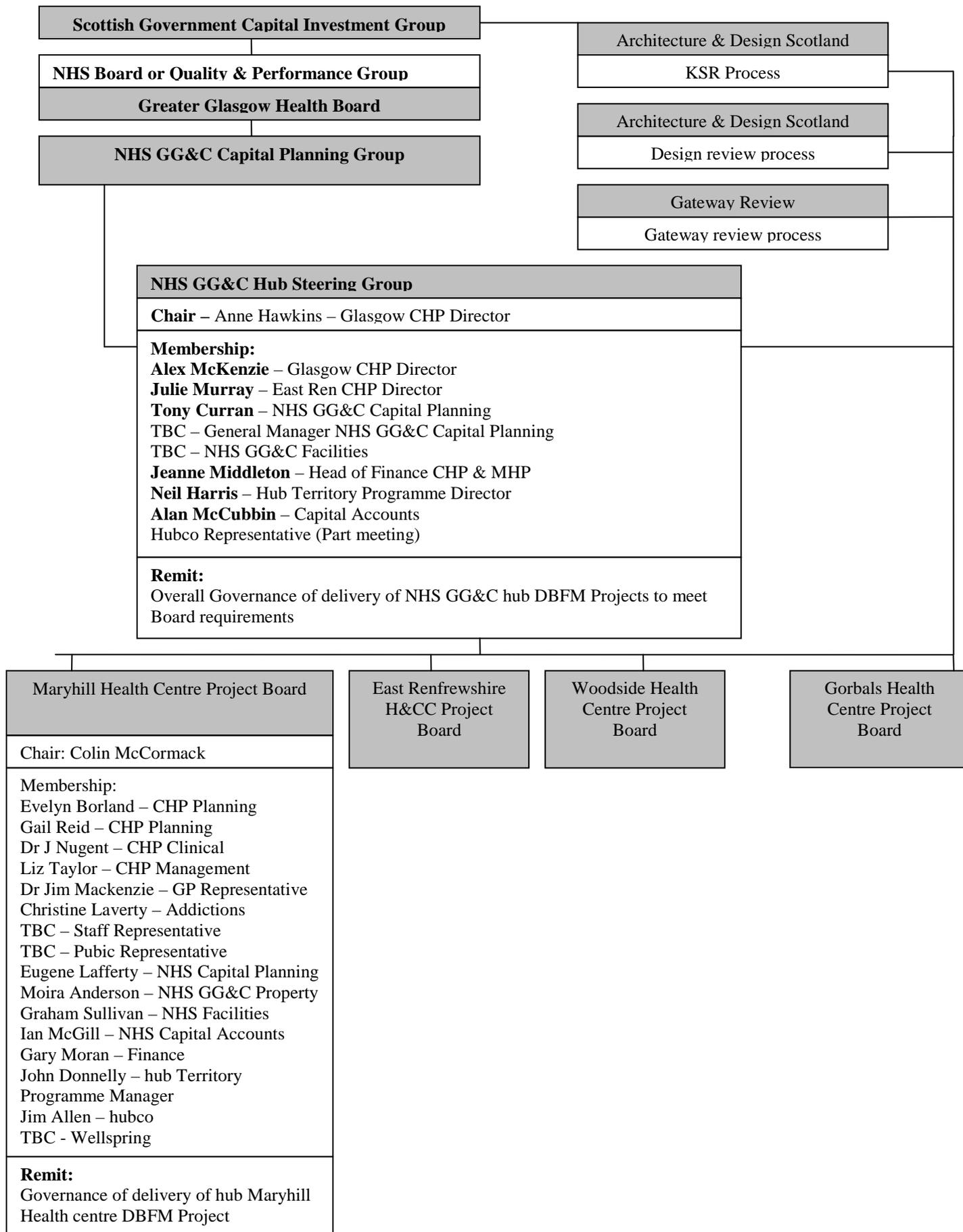
The paper offers a summary and rationale for the proposed new build Maryhill Health Centre through the HUB process. It is requested that the Capital Investment Group consider this Initial Agreement and that approval be granted to move to the development of an Outline Business Case.

Appendix 1 - Maryhill Design Statement



Maryhill Health
Centre - DESIGN STA

Appendix 2 – NHS GG&C – hub DBFM Projects – Project Governance Structure



**Glasgow City
Community Health Partnership
North West Sector**



Maryhill Health Centre

Initial Agreement

June 2012.

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Appendices

- 1. Design Statement**
- 2. Governance Structure**

Replacement Maryhill Health Centre

Initial Agreement

1. Title of Scheme

The title of the scheme is the modernisation and redesign of primary and community health services for Maryhill.

2. Introduction

This paper sets out an initial proposal and outline costs for the development of a healthcare facility for the community of Maryhill. The development will be led by Glasgow City CHP (North West Sector). The CHP is responsible for the provision of all community health services in Glasgow.

The current Maryhill Health Centre is the base for four GP practices. The facility was built in the 1970's and serves a GP population of 27,083. The existing centre is of poor fabric, is functionally unsuitable and does not have the space to deliver services that can be expected from a modernised National Health Service. The most recent Property & Asset Management National Survey of premises by the Scottish Government Health Department identified Maryhill Health centre as a priority for improvement.

The West of Scotland has profound health challenges that resonate at the top of UK and European indices. Maryhill, where the new health centre is planned, represents one of the most deprived communities in Glasgow. 53% of the patients using Maryhill Health Centre live in a SIMD 1 area (i.e. within the most deprived neighbourhoods as listed in the Scottish Index of Multiple Deprivation).

The levels of need in the area and the poor quality of the built environment, has led to Maryhill Town Centre, where the new health centre would be located, being designated by Glasgow City Council as one of 6 regeneration areas where investment should be targeted. The development of a new health centre would demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

3. Strategic Context

3.1. Organisational Overview

NHS Greater Glasgow & Clyde 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.

Glasgow City CHP is responsible for the planning and delivery of all health services within the local authority area. This includes the delivery of services to children, adult community care groups and health improvement activity.

Delivery of the objectives of the CHP Development Plan as it reflects the NHS Greater Glasgow and Clyde Local Delivery Plan will be enabled by the development of the proposed facility. The key development objectives will centre on the following key Corporate Themes:

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

3.2. Strategic Objectives

The national policy context has a critical influence on the development of health and care services in Maryhill.

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

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back

into their home or community environment as soon as appropriate, with minimal risk of readmission.

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

Underpinning the narrative is the Quality Strategy, with the three central ambitions that care should be person centred, safe and effective. The quality outcomes and 2020 vision will be the major national drivers of NHS targets and strategic direction for the period 2013-16 and beyond, including the HEAT targets for which the Board will be held to account each year.

While not intended to be exhaustive, the following list identifies some of the other key national policies which have influenced the proposals for a new health centre in Maryhill:-

- Getting it right for every child;
- Hidden Harm;
- Changing Lives;
- Equality Legislation;
- Better Health Better Care
- Equally Well
- Gaun Yerslef , Long Term Conditions strategy
- Reshaping Care for Older People
- The Christie Report

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

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

In summary this policy context delivers the following as key drivers for the current project:

- Improving equitable access to services through the availability of an increased range of services in community settings.
- Community and public participation in service design and provision.
- Seamless care through tailor-made integrated care pathways supported by a range of agencies working in partnership.
- Staff partnership based on involvement and support to provide new flexible and effective ways of working.
- Improved care for the elderly and younger people.

- The use of technological advances in information and communications technology generally to benefit service users and reduce the professional isolation of its staff.
- The high priority attached to the improvement of people's health and improvement of community services.
- Breaking down of barriers between primary and secondary care and health and social care organisations and professions through a whole systems approach to planning and delivering services.
- The creation of sustainable and flexible services and facilities which can absorb rising expectations and demand, especially to meet needs for increased programmed care for chronic disease.

Taking analysis of the policy context further, the key assumptions underlying the analysis of the strategic context for the changes proposed in these plans and this business case are:

- It will increasingly be possible to provide services safely and effectively closer to people's homes and this will benefit people who use the services by improving access.
- Interagency collaboration, multidisciplinary working and service integration are vital to the effective provision of services for many groups in the population.
- Medical, information and communications technology will continue to improve and create opportunities for improving local access especially to diagnostic services.
- People's expectations about the services which they receive and where and when they receive them will continue to increase and meeting these expectations will remain a social policy priority.
- Nurses, Allied Health Professionals and Social Care Professionals, in particular, will continue to develop their roles in providing care in the context of extended primary care teams.
- Improvement of service through the design of integrated care pathways for people with complex health and social problems will remain national priorities. This will also apply to the improvement of services for people with a range of diseases which cause premature death or reduce people's functioning or quality of life (e.g. CHD, cancer and diabetes).
- The demand for locally based services will increase and this will mean using facilities and staff in an imaginative way to expand capacity to meet this demand.
- Significant and sustained improvements in health and well-being are achieved through supported self care and services and facilities are needed to motivate people to look after themselves and to help them to do this.

4. Investment Objectives

The investment proposed will make a significant contribution to the achievement of the wider policy agenda and the local Corporate Objectives by providing modern and fit for purpose facilities for the provision of services across health and social care.

In particular the investment will:

- Enable speedy access to modernised and integrated Primary Care and Community Health Services that are progressing towards the achievement of national standards.
- Promote sustainable, cost effective primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to primary care services that are patient centred, safe and clinically effective
- Support the necessary ethos of team working that will result in the effective integration of services
- Deliver NHS Greater Glasgow & Clyde 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 in line with the Government's 2020 target 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 A+DS
- Meet statutory requirements and obligations for public buildings e.g. with regards to DDA
- Make a significant contribution to achieving the aims of the local regeneration strategy for the area.

Service users will see an improvement in the following:

- Physical environment and patient pathway
- Access to a range of services not previously available locally
- One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs.
- A more co-ordinated approach to rehabilitation
- Speedier referral pathways between professionals.

Table 1 sets out the investment objectives, with the associated proposed measures and timescales that the new health centre aims to achieve.

Table 1

Primary Objective	Outcome	Measure	Timescale
Enable speedy access to modernised and integrated Primary Care and Community Health Services	Reduced waiting times/ increased productivity for services provided in health centre	AHP Waiting times GP access targets	1 year on from opening
	More productive use of treatment rooms	Cancer – referral to treatment	
	Improvement in GP access target (48hour and advance booking)	Addictions – referral to treatment	
	Reductions in bed		

	<p>days, prevention of delayed discharges, prevention of readmissions</p> <p>Improvement in access to psychological therapies</p> <p>Increase access to new therapies not provided in current centre</p>	<p>Rehab team performance measures</p> <p>Psychological therapies waiting times HEAT target and patient volume</p> <p>Report on therapies provided and patient volume</p>	
<p>Promote sustainable Primary Health & Social Care Services and support a greater focus on anticipatory care</p>	<p>Increase in numbers of GPs participating in Local Enhanced Services</p> <p>Better management of LTCs - reduction in number of admissions and bed days</p> <p>Prevent inappropriate use of hospital services, better management of illness within primary care</p> <p>Shift in balance of care - more patients looked after through primary care and less use of acute services</p> <p>Improvements in cervical screening rate and childhood immunisation rates</p> <p>GP practices in deprived areas supported to tackle health inequalities</p> <p>GP practices in the</p>	<p>Participation of GPs in LES (diabetes, stroke, CHD, COPD, Keep Well)</p> <p>LTC Hospital admissions</p> <p>Monitor emergency admissions</p> <p>Monitor emergency admissions 65+</p> <p>Monitor referrals from GPs to health improvement services (smoking cessation, healthy eating, stress management, employability, money advice)</p> <p>Monitor referrals from GP practices to local carers team (number of referrals and number of carers assessments)</p> <p>Monitor cervical cancer screening and immunisation</p> <p>Gather information on</p>	<p>1 year on from opening</p>

	<p>area together provide community-oriented primary care</p> <p>Improved support to families with young children, using experience gained through One Glasgow (multi-agency) pilot</p>	<p>community health initiatives</p> <p>Reductions in accommodated children</p> <p>Evidence of One Glasgow approach working</p>	
<p>Improve the experience of access and engagement to primary health care services for people within one of the most deprived areas in Scotland.</p>	<p>More hard to reach patients using centre</p> <p>Uplift in patient satisfaction</p> <p>Greater use of primary care services made by patients with a learning disability</p> <p>LES targets to be met</p> <p>Reduction in DNA rates</p> <p>Increase in dental patients and dental registrations</p> <p>Reduction in children treated at dental hospital</p> <p>Increase in cervical cancer screening</p> <p>Reduction in teenage pregnancies</p> <p>Increase in smoking cessation quit rate</p> <p>Reduction in pregnant women smoking</p> <p>Increase in</p>	<p>Survey of staff and patients regarding how accessible they find the facility.</p> <p>GP LD LES results</p> <p>Keep Well health checks to be carried out on eligible patients</p> <p>Compare DNA rates with current rates</p> <p>Monitor use of community dental facility</p> <p>Increase in dental registrations of pre-5s</p> <p>Monitor referrals to dental hospital</p> <p>Monitor screening rate</p> <p>Monitor successful quits</p> <p>Monitor smoking rate</p> <p>Monitor</p>	<p>1 year on from opening</p>

	breastfeeding rate	breastfeeding	
Support the necessary ethos of team working that will result in the effective integration of services	<p>Increased referrals to community health services from GPs</p> <p>Increase in carers referrals and increase in carers assessments</p> <p>Shift in balance of care – more older people supported at home, reduction in bed days</p> <p>Less children in need of residential care</p>	<p>Referrals from GP practices to local health improvement services</p> <p>Monitor referrals to local Social Work carers team</p> <p>Improved working between NHS and SW staff to support older people – measured through performance framework for Rehab Teams</p> <p>Improved working between NHS and SW children's teams - increased IAF and joint case review etc. Evidence of One Glasgow approach being adopted</p>	From opening and one year after opening
Deliver NHS GGC wide planning goals and support service strategies	<p>More care in community and less in acute hospitals</p> <p>Increase numbers of older people supported in the community and reduce use of residential accommodation and hospitals</p> <p>Inequalities sensitive</p>	<p>Shift balance of care – monitor delivery in acute/primary care</p> <p>Bed days/emergency admissions/multiple admissions 65+, admissions from LTCs</p> <p>Reshaping care for older people – monitor delayed discharges, admissions, numbers supported in community</p> <p>Inequalities</p>	From opening and one year after opening

	<p>practice part of core business for staff operating in the health centre</p> <p>Health centre a hub for health in the area</p>	<p>sensitive practice in primary care – best practice shared and rolled out</p> <p>GP access</p> <p>Use of outreach and other methods to engage with vulnerable patients</p> <p>Keep Well LES activity</p>	
<p>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</p>	<p>Contribute to North West sector's shared of CHP target for reduced carbon emissions</p>	<p>Reduced emissions and lower running costs</p>	<p>From opening</p>
<p>Improve and maintain retention and recruitment of staff.</p>	<p>Uplift in satisfaction</p> <p>Decrease in absence rates</p> <p>Decrease in staff turnover</p>	<p>Staff satisfaction survey at end of year 1.</p> <p>Monitor absence records and contrast to previous.</p> <p>Monitor staff turnover rates</p>	<p>One year from opening</p>
<p>Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS.</p> <p>Creation of an environment people want to come to, work in and feel safe in.</p> <p>Making tangible the aspirations expressed</p>	<p>Provide a clinical environment that is safe and minimises any HAI risks</p> <p>Building makes a positive contribution to health</p> <p>Building provides a welcoming environment for patients, with security as part of design</p>	<p>Use of quality design and materials</p> <p>HAI cleaning audits (regular NHSGG&C process)</p> <p>Building contributes to local regeneration strategy</p> <p>Building meets</p>	<p>From opening</p>

by stakeholders in the Design Statement.	Building is flexible enough to be 'future proofed'	the standards agreed in the Design statement (Appendix 1)	
Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA	Building accessible to all Positive response from users of the building Building meets the standards set out in the Design Statement (Appendix 1)	Carry out DDA audit and EQIA of building. Involve 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	From opening
Contribute to the physical and social regeneration of the Maryhill area	New health centre acts as catalyst for further investment and development Health centre is 'owned' by local people The building of the centre presents an opportunity to engage people in health improving activity , building self esteem and community capacity	Building contributes to Maryhill Town Centre Regeneration Strategy Engagement of local people in developing art work and landscaping for the centre.	During construction and from opening

4.1. Existing arrangements

Maryhill, where Maryhill Health Centre 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. This has resulted in Maryhill being designated as one of 6 regeneration areas in Glasgow city where the local authority seeks to target investment in social and physical regeneration.

54% of patients using Maryhill Health Centre live in a SIMD 1 area. The majority of patients using Maryhill Health Centre live in the surrounding area – the 3 neighbourhoods of Maryhill East, Maryhill West and Wynford.

These 3 areas are geographically adjacent and similar in many respects. They are areas of deprivation with the corresponding ill-health associated with communities experiencing health inequalities.

The following is a summary of some headline health statistics (from the Health and Well-Being Profiles 2010) which illustrates the challenges faced in improving health in Maryhill. On all these measures, performance is amongst the worst in Scotland.

Life expectancy

The average male life expectancy in these 3 areas (67.1) is more than 7 years below the national average, and female life expectancy (74.3) is more than 5 years below the national average

	Maryhill East	Maryhill West	Wynford	Scotland
Male life expectancy	65.9	67.7	67.8	74.5
Female life expectancy	74.9	73.1	75.0	79.5

Alcohol and drugs

The average rate of alcohol-related hospital admissions is 1790, 65% above the national average.

The average rate of drugs-related hospital admissions is 185.1, more than twice the Scottish average

	Maryhill East	Maryhill West	Wynford	Scotland
Alcohol related hospital admissions (rate per 100k)	1839	1930	1603	1088
Drugs related hospital admissions (rate per 100k)	201.8	152.5	201.1	85.1

Mental health

There is a high incidence of mental illness, as illustrated by the high level of prescribing of anti-depressants (31% above the Scottish average) and psychiatric hospital admissions (which in Maryhill and Wynford are more than twice the Scottish average).

	Maryhill East	Maryhill West	Wynford	Scotland
% patients prescribed drugs for anxiety/depression)	13.0%	12.4%	12.8%	9.7%
Psychiatric hospitalisation rate (per 100k)	422.9	620.5	836.6	303.0

Older people and long term conditions

Hospital admissions are significantly above the national average

	Maryhill East	Maryhill West	Wynford	Scotland
Hospitalisation for COPD (rate per 100k)	384.7	375.0	232.2	158.6
Emergency Admissions (rate per 100k)	8613.5	8767.3	8562.2	6378.9
Multiple admissions people aged 65+ (rate per 100k)	4576.3	4027.2	3652.2	3110.4

Child health

There are high rates of teenage pregnancies and smoking in pregnancy (both indicators record more than twice the Scottish average) and low rates of breastfeeding (less than half the Scottish average).

	Maryhill East	Maryhill West	Wynford	Scotland
Teenage pregnancy (rate per 100k)	76.4	104.2	71.8	41.4
Smoking in pregnancy	44.7%	44.3%	55.8%	22.6%
Breastfeeding	12.6%	17.4%	No figure	26.4%

Facilities

The existing Health Centre is located some way behind Maryhill Road, on an elevated site, accessed by Shawpark Street. It contains 4 GP practices and a range of community health services including dental health services and pharmacy.

The current building is a mix of single storey and 2 storeys with precast concrete panelled walls and flat roof decks. The fabric of the existing Health Centre building is very poor and space is restricted. As a result the building is barely fit for purpose at present, and certainly is not suitable for the provision of 21st. century health and social care services. In the national Scottish Health Department Property and Asset Management Survey of properties Maryhill was identified as a priority for replacement.

Access to the building is difficult. There is a long and steep uphill walk from the main road and nearest bus stop. There is a very small limited parking area, with overspill onto local streets, causing problems for local residents and businesses. The car park is awkwardly shaped with limited access for larger vehicles.

There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.

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

4.2. Business needs

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

The project will ensure that local services are driven by a continuous cycle of quality improvements, not just restricted to clinical aspects of care but to include quality of life and the entire patient experience. The project will build on our experience gained through Keep Well and will focus on preventing as well as treating ill health by providing information and support to individuals in relation to health promotion, disease prevention, self-care, and rehabilitation and after care. There will be a focus on anticipatory care, early intervention and tackling health inequalities.

The provision of a new health centre in Maryhill will enable service re-design and development that will ensure that wherever appropriate and safe services and care will be delivered as close as possible to the point of need. Similarly, it will enable responsibility for decisions about patient care to be devolved to as close to the point of delivery as possible.

The designers will consult with clinical users and patients to achieve a good design that: fosters access to social support , seeks to lower reduce stress levels so that patients reach the point of consultation feeling as calm and relaxed as can be expected; offers an early welcoming point of orientation for moving around the building; delivers well planned waiting rooms to reduce fear and increase confidence; uses material that are robust as well as attractive; can capture the use of natural light and ventilation to help contribute to good energy efficient and environmental conditions throughout.

These qualities are evident in the design statement that was developed following a workshop involving representatives of patients, primary care contractors and CHP staff. This workshop built on the information gathered at a previous consultation event held in April 2012, where stakeholders expressed their aspirations for the new centre. These included:

- The new centre should be located close to existing centre (within 1 or 2 miles radius) but address current problems of poor access
- We should aim to provide a wide range of services in the new centre. We should continue all the services that currently operate in the existing centre and plan for new services e.g.
 - o Preparing for activity that is currently undertaken in acute hospitals but might increasingly be transferred to primary care
 - o Services for increasing numbers of older people
 - o Space to allow visits from mobile units (e.g. breast screening/ blood donor units)
 - o Services provided by partners such as social work, local housing associations, police would be welcomed
- The centre should be designed to allow access on a 24/7 basis, so that some services can operate beyond current working hours
- The building should incorporate flexible, multi- use space(s) that can be used by different services – and also by local voluntary organisations / community groups (including OOH access)
- The building should be welcoming to patients and provide a good working environment for staff. The design should promote team working among different professionals, support the patient pathway and be easy for all groups of patients to navigate. The design of the building should take security for staff and patients into account from the outset.

All of these aspirations are reflected in the Design Statement that is attached as Appendix 1.

5. Business Scope & Service Requirements

The core elements of the business scope for the project are identified as the minimum requirements within the table below. Intermediate and maximum elements will be considered if the cost / benefit analysis to be considered in detail at OBC permits.

Table 2: Potential Business Scope

	Min	Inter	Max
To enable the CHP to provide an integrated service spanning primary care, community health, social care and hospital services in the Maryhill area.	<input checked="" type="checkbox"/>		
To maximise clinical effectiveness and thereby improve the health of the population.	<input checked="" type="checkbox"/>		
To improve the quality of the service available to the local population by providing modern purpose built facilities	<input checked="" type="checkbox"/>		
To provide accessible services for the population of Maryhill and surrounding areas.	<input checked="" type="checkbox"/>		

To provide flexibility for future change thus enabling the CHP to continually improve existing services and develop new services to meet the needs of the population served.	<input checked="" type="checkbox"/>		
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.	<input checked="" type="checkbox"/>		
To provide additional services that are complimentary to the core services provided by the CHP		<input checked="" type="checkbox"/>	
To contribute to a new community hub for Maryhill contributing to the social, economic and physical urban regeneration of a deprived area		<input checked="" type="checkbox"/>	
Key Service Requirements			
GP practices	<input checked="" type="checkbox"/>		
A new dental health suite	<input checked="" type="checkbox"/>		
Health visitors and district nurses working in integrated teams	<input checked="" type="checkbox"/>		
Social Work staff, particularly those associated with older people and vulnerable adults	<input checked="" type="checkbox"/>		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	<input checked="" type="checkbox"/>		
Child and adolescent mental health services	<input checked="" type="checkbox"/>		
Child development services	<input checked="" type="checkbox"/>		
Community mental health services	<input checked="" type="checkbox"/>		
Personal care facilities in the community to support independent living for local disabled people (allowing them access to shopping and other community activity in the Maryhill area).	<input checked="" type="checkbox"/>		
Youth health services	<input checked="" type="checkbox"/>		
Sexual Health services	<input checked="" type="checkbox"/>		
Pharmacy	<input checked="" type="checkbox"/>		
Training accommodation for primary care professionals including undergraduate and postgraduate medical , dental students	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		<input checked="" type="checkbox"/>	
Maternity services	<input checked="" type="checkbox"/>		
Community Addiction Team clinic	<input checked="" type="checkbox"/>		
Older People's Mental Health services	<input checked="" type="checkbox"/>		
Carers services		<input checked="" type="checkbox"/>	
Community health services	<input checked="" type="checkbox"/>		
Community-led rehabilitation	<input checked="" type="checkbox"/>		
Community-led health improvement activity		<input checked="" type="checkbox"/>	
Local Stress Centre services		<input checked="" type="checkbox"/>	

Money advice services			<input checked="" type="checkbox"/>
Employability advice and support			<input checked="" type="checkbox"/>
Housing advice and support			<input checked="" type="checkbox"/>
Opportunities for volunteering			<input checked="" type="checkbox"/>
Crèche facilities			<input checked="" type="checkbox"/>

6. Risks, Contingencies and dependencies

6.1 Main Risks

The main project risks and mitigation factors are identified at a high level at the IA stage. As the project develops through the OBC and FBC stages a more detailed and quantified risk register will be prepared.

Table 3: Risks

Risk Categories	Description	Mitigation
Business Risks	Commercial – e.g. land acquisition	Early engagement with landowner / development partner
	Financial	Robust business case & procurement process
	Political Potential opposition to building on playing field site for one of the preferred sites	Encompass current legislation Early engagement with Glasgow City Council
	Environmental	Early sustainability briefing
	Strategic	Joint development agreement with partners
	Cultural	Develop public engagement process
	Quality	Detailed briefing & monitoring
	Procurement method	Adopt Hub process
	Funding	Robust business case model
	Organisational	Develop early project management framework and delegated authority limits
	Projects	Develop within Hub initiative
	Security	Document control strategy
Service Risks	Workforce	Manage within Hub process Staff engaged as stakeholders
	Technical	Employ strict change control management processes

Risk Categories	Description	Mitigation
	Cost	Employ strict change control management processes
	Programming	Plan & monitor with reference to an early warning strategy
	Operational support	Manage service User input effectively
	Quality	Share QA responsibility with Hub Teams/Wellspring
	Provider failure	Develop a Commissioning programme
	Resource	Manage for resource / succession planning
External Environmental Risks	Secondary legislation	Plan within timescales with development team
	Tax	Manage within change control process where possible
	Inflation	Manage within change control process where possible
	Global economy	Manage within change control process where possible

6.2 Constraints

The project is planned to be delivered via funding from Hub initiative. As such it must meet the criteria for award of funds from the Hub initiative, and meet the timescale set by the Hub of being operational by March 2015.

6.3 Dependencies

This Initial Agreement focuses on the case for the replacement of Maryhill Health Centre. A separate Initial Agreement is being prepared for a replacement for Woodside Health Centre. One of the options included in the proposed short list for the replacement of Maryhill Health Centre is the provision of a combined new centre for Maryhill and Woodside Health Centres (see Paragraph 8.5). Taking this option forward will be dependent upon this options also being included in the short list to be identified through the Woodside option appraisal process. This option is also dependent upon a willingness by Glasgow City Council to negotiate for the change of use of the site which is currently used as playing fields.

7. Exploring the preferred way forward

7.1 Main business Options

A long list of 9 options was identified. These were considered at a stakeholders' options appraisal workshop, attended by representatives of GP practices, dental services, the pharmacy and CHP services currently operating in the existing health centre together with partner organisations and PPF representation.

The 9 options were as follows (set out in Table 4 below)

Table 4: Options

Option	Description
1a	Do nothing
1b	Refurbish and extend current health centre
1c	Build new Maryhill Health Centre on current site
2a	Build new Maryhill Health Centre at Maryhill Rd/Skaethorn Rd.
2b	Build new Maryhill Health Centre at Gairbraid Avenue
2c	Build new Maryhill Health Centre at Hugo Street/Shuna Street
2d	Build new Maryhill Health Centre Queen Margaret Drive
3a	Build a new combined health centre for Maryhill and Woodside at Hugo Street/Shuna Street
3b	Build a new combined health centre for Maryhill and Woodside at Queen Margaret Drive

7.2 Criteria

These 9 options were considered against the criteria as set out in Table 5 below

Table 5: Investment criteria

Investment objective	Criteria
Improve access	Good pedestrian access <ul style="list-style-type: none"> - Easy walking - Near public transport Sufficient car parking Fully DDA compliant
Improve patient experience/ good working environment for staff	Welcoming building Easy to navigate Improve patient pathway Improved patient (and staff) safety

Promote joint service delivery	Promote team working Capacity for social work and other partners Capacity for other organisations to use space Design allows out of hours use of building
Sustainability	Energy efficient Reduce carbon footprint Reduce running costs
Contribution to regeneration of Maryhill	Clear signal of investment Catalyst for improvement Support to local businesses Attract other investors Consistent with Town Planning objectives

7.3 Critical Success Factors (CSFs)

Consideration was also given to the extent to which each option met the following critical success factors (as set out in Table 6)

Table 6: Critical Success Factors

Key CSFs	Broad Description
Strategic fit & business needs	How well the option: Meets the agreed investment objectives, business needs and service requirements & provides holistic fit & synergy with other strategies, programmes & projects.
Potential Value for Money	How well the option: Maximises the return on investment in terms of economic, efficiency, effectiveness and sustainability & minimises associated risks.
Potential achievability	How well the option: Is likely to be delivered within the Hub timescale for development (i.e. operational by April 2015) & matches the level of available skills required for successful delivery.

Supply-side capacity and capability	How well the option: Matches the ability of service providers to deliver the required level of services and business functionality & appeals to the supply side and provides the potential for the building to meet the standards reflected in the design statement
Potential affordability	How well the option: Meets the sourcing policy of the organization and likely availability of funding & matches other funding constraints.

7.4 Ranking the options

The 9 options were ranked as follows:

Option	Description	Score	Critical success factors (CSF)
1a	Do minimum	5.3	Does not meet any of the CSFs Current centre is inadequate, of poor fabric, with poor access and unfit for future service provision. There is a considerable programme of house building planned in the area, with over 800 new homes planned in the immediate vicinity. This will increase demand pressures on Maryhill Health Centre.
1b	Extend current centre	7.7	Does not meet any of the CSFs Site is very constrained and extension would not improve access. Concerns re value for money.
1c	Build a new Maryhill Health Centre on current site	11.9	Not value for money (due to extra cost of temporary accommodation) and concerns re achievability given restricted nature of the site while NHS services continued during construction.
2c	Build a new Maryhill Health Centre at Hugo Street/ Shuna Street	13.8	Meets all CSFs but scored poorly on access (too far from Maryhill Centre and long uphill walk from main bus route on Maryhill Road).
3a	Build a new combined health centre for Maryhill and Woodside at Hugo Street/ Shuna Street	13.8	Meets all CSFs but scored poorly on access for many patients using the current centre. Also some concerns re size of new centre and difficulties in bringing the GP and dental practices and pharmacies together from the 2 existing centres

2d	Build a new Maryhill Health Centre on playing fields at Queen. Margaret Drive	16.1	This site scored well on all criteria but there was concern re achievability re need to build on playing fields (need to discuss further with City Council).
2a	Build a new Maryhill Health Centre at Maryhill Road / Skaethorn Road	17.1	This site scored well on all criteria and meets all critical success factors
2b	Build a new Maryhill Health Centre at Gairbraid Avenue	17.2	This site scored well on all criteria and meets all critical success factors
3b	Build a new combined health centre for Maryhill and Woodside at playing fields at Queen Margaret Drive	17.9	This site scored well on all criteria. There were some concerns re achievability re need to build on playing fields (need to discuss further with City Council) and potential difficulties in bringing the GP and dental practices and pharmacies together from the 2 existing centres

7.5 Short list of options

From the above table the short list of possible options is identified as:

Option 1a – do minimum

Option 2a – build new Maryhill Health centre at Maryhill Road /Skaethorn Road

Option 2b - build new Maryhill Health centre at Gairbraid Avenue

Option 3b – Build a combined health centre for Maryhill and Woodside at Queen Margaret Drive.

7.6 Outline Commercial Case

Purpose of the Commercial Case

The Commercial Case assesses the possible procurement routes which are available for a project. Normally these include Frameworks Scotland, NPD and Hub revenue models. NHSGGC have consulted with Scottish Futures Trust and the advice is that the project should be developed based on the hub revenue financed model.

In a letter from the Acting Director – General Health & Social Care and Chief Executive NHS Scotland issued on 22 March 2011 it stated that the Scottish Government has agreed that a range of projects are to be funded through the NPD model and hub revenue financed model. Subject to meeting the guidance and funding conditions set out in the above letter, appropriate funding will be provided to

procuring bodies to support the delivery of these projects which includes the Maryhill Health Centre project.

The letter defines the components of the unitary charge to be supported by the Scottish Government as:

- 100% of construction costs (subject to the agreed scope of the project)
- 100% of private sector development costs (subject to an agreed cap)
- 100% of finance interest and financing fees (at prevailing Financial Close rates)
- 100% of Special Purpose Vehicle (SPV) running costs during the construction phase (subject to an agreed cap)
- 100% of SPV running costs during the operational phase (subject to an agreed cap)
- 50% of lifecycle maintenance costs.

This leaves the procuring authority to fund the element of the unitary charge that relates to Hard Facilities Management and the balancing 50% of lifecycle maintenance costs. Additionally, it will fully fund costs for soft FM, utilities and any equipment costs not included within the overall construction cost.

A full value for money and affordability assessment will be carried out at Outline Business Case stage.

Financial Situation

The current facilities which will be replaced by the proposed new development require investment in backlog maintenance to allow them to continue to provide a satisfactory level of clinical care in a safe environment for patients, staff and visitors. This has been assessed and included in the Board's Property and Asset Management Strategy.

Available Funding Resources

Maryhill HC/ Shawpark RC £269k

Woodside HC (Option 4 Only) £209k

Capital and Revenue Constraints

There will be a requirement to secure funding for fees and enabling costs to support the development of this project. A bid for this funding will be submitted.

Indicative Capital Costs

The table below presents the range indicative capital costs for each of the short listed options.

Table 7: Presenting indicative Capital Costs

Option No.	Description	Capital Cost Estimate £m
1	Do Minimum	£1.0m- £1.2m
2	Skaethorn Rd/Maryhill Rd – New Build	£12.5m- £13.5m
3	Gairbraid Ave – New Build	£12.5m- £13.5m
4	Combined Health Centre Maryhill/Woodside at Queen Margaret Drive - New Build	£24m-£26m

The capital cost estimates for new build options include equipment, optimism bias, professional fees, and inflation to mid point of construction.

Optimism Bias

Optimism Bias has been assessed in accordance with the Scottish Government and the HM Treasury Green Book Supplementary Guidance – Optimism Bias.

Revenue and Lifecycle Costs

It is assumed that these projects will be delivered via the Scottish Futures Trust Hubco DBFM model. SCIM guidance states that this route should be the default for all community new build projects.

The Hubco contract is proposed to be a Design, Build, Finance and Maintain arrangement which will include the provision of all hard facilities management and lifecycle costs. It will not include the provision of soft facilities management costs such as domestic and portering services.

The operating costs and annual service payment associated with this development will be examined in full during the OBC process together with comprehensive financial modelling to assess the revenue and life cycle costs and a full value for money and affordability appraisal will be undertaken as outlined within SCIM.

Overall Affordability

Recurring revenue funding of £269K (an additional £209k is also available from Woodside HC should option 4 become the preferred way forward) has been identified from the current resources to support the running of the new facility if the IA is implemented.

Further examination of efficiencies and revenue release will be undertaken in the development of the OBC. This will examine:

- Efficiencies from the provision of integrated services
- Reduced running cost of energy efficient facility
- Reduced cleaning cost within a modern building
- Reduced costs in respect of maintenance within hard facilities management
- Efficiencies in non clinical support

Non recurring costs in respect of significant backlog maintenance will be avoided. This has been identified as £1m in the Boards Property & Asset Management Strategy Report. The figures shown as “do minimum” option on the indicative capital cost table above includes VAT, fees, decant, double running and other enabling costs.

7.7 Financial Case

The Board has received conditional approval that a replacement Maryhill Health Centre would be funded via the West of Scotland Hub initiative, subject to approval through the business case process.

The Board has made provision within its capital resource limit for this project dependant on confirmation of the Hub funding.

The Board has experience of delivering similar type projects having recently completed the building of new Health Centres at Renfrew and Barrhead underway.

The Glasgow City CHP committee wholeheartedly supports the plan to improve the healthcare facilities available to the local population.

7.8 Management Case

The project, should it proceed as per the preferred way forward, will be managed by a Project Board chaired by the Head of Adult Mental Health, North West Sector. The Director, North West Sector will act as Project Sponsor.

The Project Board will comprise representatives from the Senior Management Group of the North West Sector, Glasgow CHP, and key stakeholders from the GP/User group, the PPF and the Board’s Capital Planning team. The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.

The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGC hub projects. This Group is chaired by the Glasgow City CHP Director and includes representative from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco. This governance structure is illustrated in Fig. 1. (attached as Appendix 2)

A Project Steering Group would also be required to manage the day to day detailed information required to brief and deliver the project. If procurement progresses through the West of Scotland Hub this would be the key delivery forum.

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

The Board anticipate that the Initial Agreement will be considered by the Capital Investment Group on 28th August 2012. Should approval be granted to move to OBC, then the indicative project timetable is as follows:

NHS GG&C Approval of IA	August 2012
CIG Approval of IA	August 2012
NHS GG&C Approval of OBC	January 2013
CIG Approval of OBC	February 2013
NHSGG&C Approval of FBC	June 2013
CIG Approval of FBC	September 2013
Construction Start	November 2013
Construction Completion	January 2015
Post Occupation Review	Mid 2015
Post Project Evaluation	+12 months from occupation

8. Conclusions and Recommendations

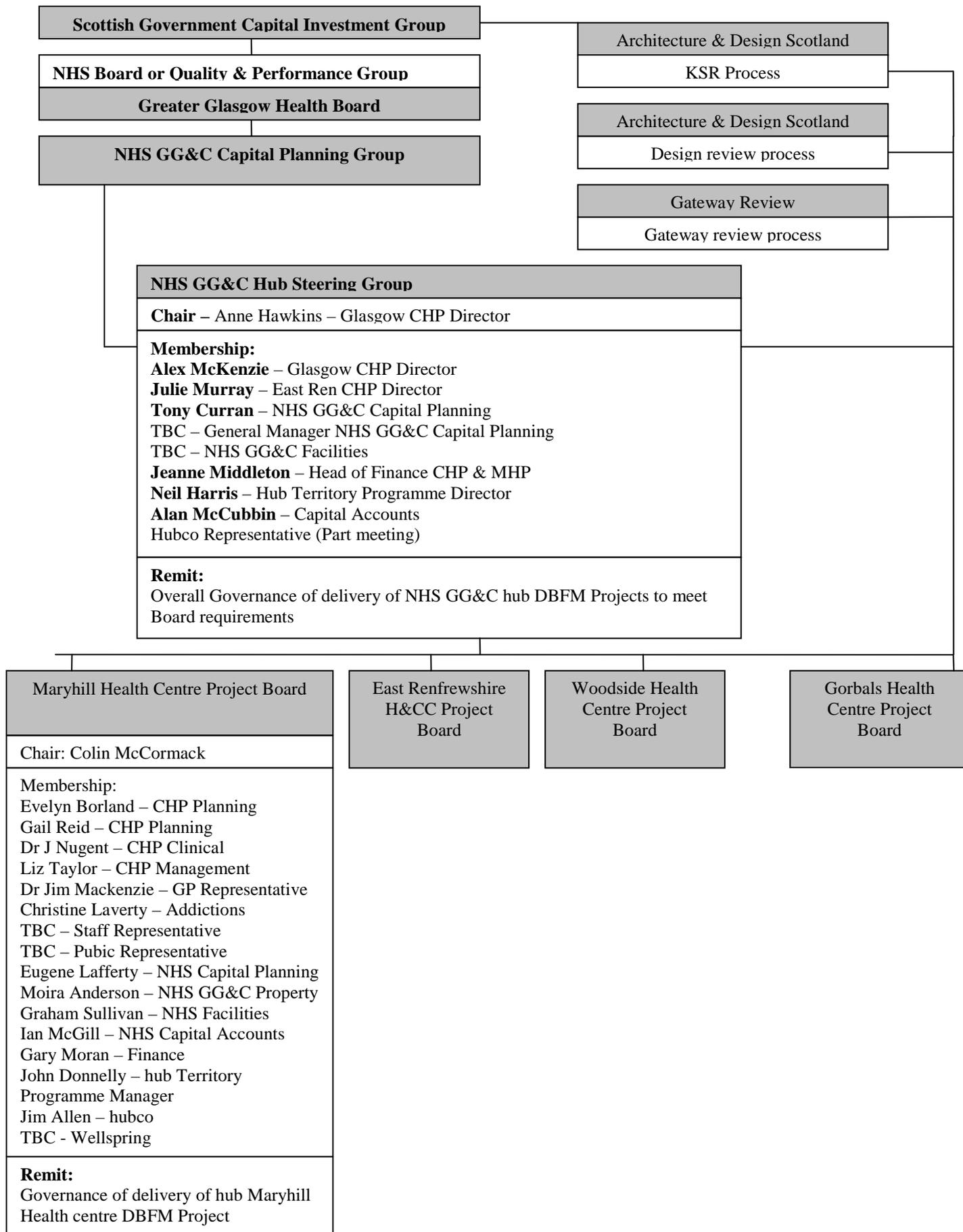
The paper offers a summary and rationale for the proposed new build Maryhill Health Centre through the HUB process. It is requested that the Capital Investment Group consider this Initial Agreement and that approval be granted to move to the development of an Outline Business Case.

Appendix 1 - Maryhill Design Statement



Maryhill Health
Centre - DESIGN STA

Appendix 2 – NHS GG&C – hub DBFM Projects – Project Governance Structure



NHS Greater Glasgow & Clyde

Maryhill Health & Care Centre

Project Brief

August 2012

DRAFT

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- 2.0 Client Requirements
 - 2.1 Initial Agreement
 - 2.2 Design Development
 - 2.3 Technical Requirements
 - 2.4 Accommodation requirements
 - 2.5 Operational requirements
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 - 2.7 Value for Money requirements
- 3.0 Budget, Funding & Timeline
 - 3.1 Budget
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- 4.0 Project Governance Arrangements
 - 4.1 Governance structures
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- 5.0 Site Selection
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- Appendix A Initial Agreement (including design statement)
- Appendix B NHS GG&C Design Action Plan
- Appendix C Accommodation Schedule
- Appendix D Value for Money Proformas
- Appendix E Maryhill HC Feasibility Study 2008
- Appendix F Agile Working Policy
- Appendix G Room Data Sheets
- Appendix H Operational Specifications
- Appendix I Internal Finishes Guidance
- Appendix J NHS GG&C Sustainability Policy Framework Statement
- Appendix K A+DS Circulation in multi-service facilities
- Appendix L Better Access to Healthcare booklet

1.0 Introduction

This document is the Project Brief for the new Maryhill Health & Care Centre.

The document has been compiled to provide an overview of the project requirements, the objectives of the project and the anticipated accommodation requirements based on the preliminary work completed to date.

A substantial amount of preliminary work has generated key documents and these are included within the Appendices. Where appropriate this document will refer to the Appendices rather than replicate the content of these.

Background

The full background to the project and the services drivers are included within the Initial Agreement which forms **Appendix A** to this document.

The West of Scotland has profound health challenges that resonate at the top of UK and European indices. Maryhill, where the new health and care centre is planned, represents one of the most deprived communities in Glasgow. 53% of the patients using Maryhill Health and Care Centre live in a SIMD 1 area (i.e. within the most deprived neighbourhoods as listed in the Scottish Index of Multiple Deprivation).

The levels of need in the area and the poor quality of the built environment, has led to Maryhill Town Centre, where the new health and care centre would be located, being designated by Glasgow City Council as one of 6 regeneration areas where investment should be targeted. The development of a new health and care centre would demonstrate in a very tangible and high profile way NHS Greater Glasgow and Clyde's commitment to working in partnership to tackling health inequalities, improving health and contributing to social regeneration in areas of deprivation.

The investment proposed will make a significant contribution to the achievement of the wider policy agenda and the local Corporate Objectives by providing modern and fit for purpose facilities for the provision of services across health and social care.

In particular the investment will:

- Enable speedy access to modernised and integrated Primary Care and Community Health Services that are progressing towards the achievement of national standards.
- Promote sustainable, cost effective primary care services and support a greater focus on anticipatory care.
- Improve the convenience of access to primary care services that are patient centred, safe and clinically effective
- Support the necessary ethos of team working that will result in the effective integration of services
- Deliver NHS Greater Glasgow & Clyde 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 in line with the Government's 2020 target 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 A+DS
- Meet statutory requirements and obligations for public buildings e.g. with regards to DDA
- Make a significant contribution to achieving the aims of the local regeneration strategy for the area.

Service users will see an improvement in the following:

- Physical environment and patient pathway
- Access to a range of services not previously available locally
- One door access to integrated community teams; this will improve service co-ordination and ensure that service users receive the best possible care from the professional with the skills best suited to their needs.
- A more co-ordinated approach to rehabilitation
- Speedier referral pathways between professionals.

Procurement

The procurement of the project has been agreed to be delivered through the hub initiative. This provides a recognised value-for-money solution to the development of public sector facilities. The west hub was formed in March 2012 and this project represents a part of the initial pipeline of projects.

The hub initiative was setup up and is managed on behalf of the Scottish Government by Scottish Futures Trust (SFT). The hub initiative is all about "working together to build better buildings, for better Public Services, for communities across Scotland..." Its primary aims are to:

- Provide a **more efficient, quicker, sustainable procurement methodology** for public sector bodies, resulting in improved value for money;
- Increase the scale of **joint service working and integration** between public sector organisations across Scotland resulting in better outcomes at the point of service delivery; and
- Increase opportunities for **strategic asset management** across public sector bodies.

The scope of the hub initiative, which is Territory based, covers the provision of services for the design, development and/or refurbishment of community based facilities, delivered by hub West Scotland Ltd (hubCo) and provides a new procurement option for Councils and other public sector bodies.

2.0 CLIENT REQUIREMENTS

2.1 Initial Agreement

The case for change is clearly outlined in the Initial Agreement (**Appendix A**). This outlines the existing population and health statistics, the current service provision, the business objectives and the critical success factors for the project. **The Initial Agreement is a key control document and the development of any project proposals must be set against Business Objectives and the Critical Success Factors outlined within it.**

The Initial Agreement also outlines the preliminary options appraisal work and stakeholder engagement carried out to date.

The Initial Agreement was submitted to the Scottish Government Capital Investment Group and will be considered for approval at their meeting on 28th August 2012.

2.2 Design Development Requirements

A Design Statement has been prepared following the workshop methodology of Architecture + Design Scotland. This process included the input from key stakeholders in two sessions that considered the key deliverables and “non-negotiables” in respect of the main areas of design. This will be used to assess emerging designs.

The Design Statement is included within the **Initial Agreement (Appendix A)**.

Design proposals will be subject to NHS design quality management tools. Design proposals will be assessed at key stages using NEAT (NHS Environmental Assessment Tool) and AEDET (Achieving Excellence Design Evaluation Toolkit). Design Teams must make allowances to tailor their design to achieve “excellent” scorings at each stage.

Whole life costing information must be provided by the design team for review by NHS GG&C.

NHS GG&C Design Action Plan

NHS GG&C’s Design Action Plan is included within **Appendix B**.

This document sets out the Design Action Plan for NHS Greater Glasgow and Clyde (NHSGGC) and outlines the Board’s vision for achieving design quality. It was developed in partnership with local authorities, staff and patient representatives and aims to develop the capacity of NHSGGC to support the delivery of design quality in healthcare facilities and services.

In setting out a vision for design quality, it attempts to provide context and background to the development of the Plan, as well as outlining the key principles that will inform the planning and design process.

The aim is to be realistic in what can be achieved and to set out, in detail, a Plan that will seek to influence the delivery of the Board’s vision for design quality. It is important also to recognise the progress already made by NHSGGC in delivering quality healthcare facilities and seeks to build on existing good practice.

The document sets out a direction of travel for NHS Greater Glasgow and Clyde, specifying a series of actions and responsibilities that are needed to strengthen the capacity of the organisation to deliver design quality.

Exemplar Design

The Scottish Futures Trust (SFT) have asked hub West Scotland to undertake an exemplar design process and design guide for a health project in the West Territory. The outputs of this design process will be evaluated and agreed and used across Scotland as an exemplar for the development of future primary care facilities. The timing and programming of this exemplar design will run in parallel with the programme for Maryhill Health and Care Centre. Where appropriate, in relation to programme and design development for this scheme agreed, outputs from the exemplar design should be considered and incorporated into the design for this project.

Circulation Spaces

It is recognised that the design of circulation space is a critically important aspect of the successful design of public buildings. Architecture & Design Scotland have

published a reference guide “**Circulation in multi-service facilities**” (**Appendix K**) which should be used to inform the design development process.

Circulation corridors which serve heavily used areas of the building, or areas with high percentage of users in wheelchairs or pushchairs, including GP practices, physiotherapy, podiatry and children’s services should be no less than 1800mm wide.

Access Standards

Good access to premises is a keystone to their functionality. This functionality goes much further than making sure that buildings have level access at entrances or quality accessible toilets. It is also about the details of how a building is used including the quality of its signage or the management of accessible car parking.

Designs should take cognisance of the recommendations of the **Better Access to Healthcare Buildings booklet (Appendix L)** which notes the key findings from a Public Involvement Group tasked by NHS GG&C to provide specialist guidance to support the Board’s Design Action Plan. The booklet highlights the key issues arising from designing for access for all and the critical role of stakeholder engagement at the early stages of the design process.

2.3 Technical Requirements

All designs must meet current healthcare design guidance (including but not limited to Scottish Health Planning Notes (SHPN, Scottish Health Technical Memoranda (SHTM), Scottish Health Facilities Notes, Health Building Notes (HBN) Health Technical Memoranda (HTM) Health Facilities Notes (HFN). Note where there is a current SHPN or SHTM relating to a subject then it takes precedence over the equivalent HBN or HTM.

Healthcare buildings in Scotland are also required to undergo **HAI-SCRIBE** (Healthcare Associated Infection – System for Controlling Risk In the Built Environment) and all designers and managers must ensure that they fully engage with their role in this process. Designers must have full independent access to all of the documentation and standards noted above and any updates to these during the commission.

2.4 Accommodation Requirements

An Accommodation Schedule is included in **Appendix C** which reflects the space requirements of all of the users and service providers who will occupy the building.

The accommodation schedule represents a considered estimate of the total space requirements. Elements such as circulation, wall thicknesses, boiler/plant space, toilet provision are generic figures based on typical buildings of this nature. The exact space requirements for these elements require being refined as the building form develops and takes shape. It is an integral part of the Design Team’s appointment to test the schedule provided for best-fit solution and to verify space requirements with all of the user groups in partnership with NHS CHCP management. In particular the designers will be tasked to:

- Provide optimal GIA without loss of service delivery capacity
- Solutions that deliver to key benchmark figures for Lifecycle and Facilities Management costs
- Solutions that deliver design innovation and efficiency
- Solutions with sufficient flexibility that can adapt to changing need and be planned to allow for simple future expansion space
- Solutions that will allow the community to optimise use of the building to its full potential

- Solutions that support operational efficiency
- Solutions that could offer faster and more efficient delivery process
- Solutions that provide a comfortable working environment with efficient and effective day lighting, lighting, heating and ventilation

The following is a list of general design requirements. Further detail is provided in the Design Statement.

Entrance

The entrance to the building and first impressions upon entering are critical to the success of the building. The entrance should be easily accessible, particularly by service users with disabilities, whether arriving by car or public transport. It should make a statement about the nature of the building. The entry should be obvious, without reliance on signage, and should make visitors feel welcome, secure and comfortable.

Accessibility

Universal access to the services delivered from the new building is paramount. Access into the building by all users is a fundamental requirement of the design. A careful strategy should be developed to deal with arrival of users with mobility difficulties via, car, taxi or wheelchair. Provision must be made to allow ambulances to safely enter the site and set-down.

Reception and main public space

The building will accommodate a wide range of services with varying arrangements for the management of the public. All building users should pass front main reception to access the building.

It is not intended that the receptions would be glazed in. Staff security measures should be designed in to the desk and it's relationship with adjacent occupied rooms. The desk must be fully DDA compliant.

Wayfinding through the building should be transparent without reliance on directional signposting.

It is envisaged that the main public space will provide a legible anchor for wayfinding and provide a central focal point to the variety of individual services.

Access to upper floors

Access should be by both stairs and by lift. A minimum of two public lifts should be incorporated in the design. These lifts will require to be large enough to accommodate motorised wheelchairs and double buggies.

At least one stair leading to all publicly accessible floors should be open, clear and easily identified from entering the building. It is envisaged that as many people as possible will use stairs rather than lifts. The option of colour coding lifts and stairs to be considered to ease direction-finding by service users.

Accepting the principle of disabled access to all parts of the building it is critical that designs make provision to ensure safe evacuation in the event of an emergency. It is envisaged that at least one fire-lift should be provided to ensure the easy and safe evacuation of staff and patients with mobility issues from the upper floors. It is considered at this stage that this may double as a staff/goods lifts.

Security

The building must be designed to include as many passive security elements as possible. There should be one public entry point and this should necessitate

everyone using it to pass front reception.

Rooms which are used out of hours should be grouped in a manner to minimise access to the rest of the building during these times.

Car parking should be designed/zoned to allow staff working late to access their cars in safety.

The building circulation should be designed to make public routes as transparent as possible and minimise blind corners.

Electronic Systems will be provided to enhance passive security, built into the design, rather than being the solution to security.

All rooms accessible by the public will have a panic alarm system. This will be infra-red/radio operated from individual fobs used by staff.

CCTV to cover perimeter of site, entry and exit points from the building, staff parking, entrance, public waiting areas, receptions, main circulation areas, lifts. CCTV is envisaged as a recording medium rather than a monitoring facility.

All rooms which will be used by Mental Health on a permanent or sessional basis should meet the full current requirements of the Royal Society of Psychiatrists.

Room Data Sheets

A series of typical room data sheets are provided in **Appendix G**. These are indicative of the solutions delivered in previous projects and have the benefit of demonstrating solutions which have been agreed with the Board's Infection Control, Facilities Management and Risk Management services. Room Data sheets are provided for the following rooms:

- GP Consulting Room - 14m² / 15m² / 16m²
- Bookable Consulting Room
- Treatment Room
- Dental Room
- DSR
- Reception Desk / Area
- Decontamination Room (single room + double room)
- Fully Accessible Toilet (or new standard)
- IT Comms Room
- Small meeting room
- Large Meeting Room
- Interview Room
- Mental Health Interview Room
- Physio Gym
- Physio Treatment Area
- Podiatry Room
- Podiatry workshop
- Pharmacy
- Observation Room
- Tea Prep
- Staff Room

Internal Finishes Guidance

A specification guide for the use of materials as internal finishes has been agreed within NHS GG&C with input from Capital Planning, Facilities Management, Infection Control and Risk Management. This is provided in **Appendix I** and should be used

when considering potential internal finishes.

2.5 Operational Requirements

Operational Hours

The public opening hours for the centre may change over the coming years as more health initiatives are delivered locally. In the first instance public opening hours are likely to be:

Core opening times:

Monday-Friday 8:30am — 6:00pm

Some sessional use may also occur during the following times:

Monday-Friday 8:00am — 9:00pm

Saturday-Sunday 9:00am — 5:00pm

Staff are likely to need access to and from the building from:

Monday—Friday 8:00am — 9:00pm

Saturday—Sunday 8:00am — 6:00pm

Each Service within the building has been asked to provide an **Operational Specification**, highlighting key operational requirements and hours of opening. These have been collated and are provided in **Appendix H**.

Agile Working

One of the opportunities within the new project will be the ability to create space which supports the Board's **Agile Working Policy**. A copy of the policy is included within **Appendix F**. Agile working is about modernising working practices and is broadly based on the following principles:

- Work takes place at effective locations and at effective times
- Flexibility becomes the norm rather than the exception
- Employees have more choice about where they work, subject to service considerations
- Space is allocated to activities, not to individuals
- The cost of doing work is reduced
- There is effective and appropriate use of technology
- Employees have the opportunity to lead balanced and healthy lives
- Work has less impact on the environment

New technologies can enable much of the work we do to be carried out from many locations other than offices. Agile working is a strategic approach to implementing:

- A range of flexible working options
- Environments that enable flexibility
- Technologies that support the practice of agile working
- New forms of collaboration that reduce the need for physical meetings and travel
- Culture change to enable greater organisational agility

The principles of Agile Working have been included within the Accommodation Schedule where possible, however it is anticipated that there will be further opportunities to implement this as the building design is developed in more detail, and it is a fundamental requirement that the design team provide expertise in exploring and exploiting these opportunities with the client group.

2.6 Sustainability & BREEAM

The factors affecting the sustainability of any project are multi-faceted and complex. These will be addressed in line with Scottish Government requirements to achieve targets for waste reduction and energy conservation in particular across the whole project life cycle.

Appendix J includes **NHS GG&C Sustainability Policy Framework Statement** and outlines the Board's strategic objectives in relation to Sustainability.

BREEAM and Innovation

Currently all new-build health-care projects in Scotland are required to achieve an **Excellent** BREEAM Healthcare rating (Building Research Establishment Environmental Assessment Method) and this is a fundamental requirement for this project. Further a minimum EPC rating of B+ is expected to be achieved, covering insulation, air tightness, energy use etc;

At design level hubCo is fully conversant with BREEAM and AEDET in order that all of the required early stage inputs are identified and managed.

BREEAM assessments are required at each stage of the pre-design, design, delivery and post occupancy review stages of a project and a qualified BREEAM assessor will facilitate these workshops. The BREEAM assessor will agree target BREEAM scores/categories on a project by project basis (target scores dependent on building type, whether new build or refurbishment, affordability targets, etc);

Alternative and Emerging Technologies

Design development must take proper account of the impact the building and its operational activity has on the environment. The use of alternative or emerging technologies will be dependent on the specifics of the project concerned. There are many ways of improving the environmental performance of a new project before resorting to the use of innovative or unproven technology. Designers should look to improved energy efficiency by enhancing the thermal performance of construction elements, heating system efficiency, and controls and lighting all contribute to reducing the environmental impact of construction and operation of new projects. The quality of construction which reduces heat loss by improving the air tightness of new construction is also fundamental as well as being a requirement of the Scottish Building Standards.

Design teams must "design out waste" and minimise the embodied energy contained within the construction materials. hubCo will encourage contractors to consider waste at all stages of the construction process

The design of the new building and it's future operation and maintenance should be considered in the context of environmental impact and sustainability. The designs should therefore promote and embrace environmentally sustainable development through innovative approaches to resource use, both in terms of construction and future operation – e.g. materials, energy, water and waste disposal, in order to deliver sustainable, resource-efficient health centres with low environmental impact. A BREEAM pre-assessment and a formal BREEAM assessment for the building should be undertaken at design and post-procurement stages, and achieve a minimum rating of "Excellent" when measured against the BREEAM healthcare Assessment method. Where opportunity exists, the design shall take account of the following:

- building design adopting 'green' materials from sustainable sources that are non-hazardous in their erection, maintenance and long term use and which maximise opportunities for eventual recycling;

- selection of materials from the BRE Green Guide to Specification that provide for 'A' ratings wherever possible;
- the use of innovative technology including low water consumption fittings and rainwater recycling for irrigation and WC flushing;
- the incorporation of methods of recycling and waste minimisation;

The consideration of the following opportunities, in relation to a philosophy of optimal energy efficiency and whole life costs, should be evident in the design:

- orientation - to provide useful solar gain and reduce the need for artificial lighting;
- façade design - to exclude overheating while permitting the benefit outlined above;
- fenestration design - to maximise beneficial natural day lighting and ventilation while minimising unwanted solar heat gain and controlling glare;
- building layout - to create sheltered, hence pleasant, external spaces and reduce heat loss via infiltration;
- ventilation - plan buildings such that natural through-ventilation can take place, therefore obviating or reducing the need for mechanical ventilation. Consider the use of stack ventilators in preference to mechanical ventilation where through-ventilation is not readily achieved through openable windows;
- building form - minimise area of external wall in order to reduce heat losses (as modified by building layout and ventilation above) insulation - high levels of insulation to reduce heat losses and hence reduce required heating installation to a minimal back up provision only;
- choice of energy efficient equipment, fixtures and fittings i.e., space and water heaters and light fittings;
- inclusion of measures to control energy consuming systems in response to demand, e.g. lighting control systems, CO2 based ventilation occupancy controls, heating zone controls etc.;
- the use of low and zero carbon technologies (where the investment is warranted), including but not limited to the use of CHP, solar thermal and photovoltaic energy, biomass fuels and heat pumps;
- the use of low emission plant and equipment, e.g. condensing boilers etc.;
- draught lobbies - inclusion of buffer zones at all entranceways;
- limitation of infiltration through quality of delivery and workmanship during construction; implement air leakage testing to prove performance and implement remedial works to achieve agreed standards.

Dynamic simulation modelling of the building should be carried out at key design gateways to demonstrate energy usage and the maintenance of comfort conditions within all areas, in order that key design decisions can be made in an informed and confident manner.

2.7 Value for Money

Value for Money

Given that by using the hub procurement route, the public sector Participants no longer have to use an OJEU process, the importance of demonstrating value for money on a project by project basis and over the life of the hub programme is critical. As a result the hub contract, sets out the basis for delivering value for money (Vfm). Value for Money in respect of the pricing of work is delivered through hubco's model of competitive tension through maintaining an open supply chain and tendering.

However the hub initiative is developed to provide added value through the delivery of additional benefits and these fall into the categories of Social/Community Benefits, Environmental Stewardship and Economic Gains. These are shown in the diagram included within Appendix 3. Following discussions with the Hub Steering Group it has been agreed to set-out these requirements at Programme level (ie. across the four projects set out in 3.2 below) and a Vfm sub-group has been established to agree these. The following areas have been identified to set specific Value for Money criteria, and these are detailed in the Vfm Proformas included within **Appendix D**. The key areas are as follows:

- **Design Efficiency**
- **Energy Efficient Solutions**
- **Designed for Multi-use**
- **Maximising Surplus Assets**
- **SME & Local Coaching & Development**
- **Agile Working Solutions**
- **Sustainable Employment Outcomes**
- **Catalyst for Wider Regeneration**
- **Involvement with Community Groups**

The Proformas detail each of these including the target outcomes and how and when these outcomes will be measured.

3.0 BUDGET, FUNDING & TIMELINE

3.1 *Hub Initiative*

This project will be procured through the hub initiative.

Part of the initial pipeline of the hub initiative in Glasgow is the development of four revenue-funded Health Centres for NHS GG&C. These projects have financial support from the Scottish Government, including 100% of the capital repayments and 50% of Lifecycle costs. This will cover approximately 85% of the total unitary charge for each project, the balance of which will be covered by revenue budgets from the existing premises that these will replace.

One of the conditions of the revenue support to these projects from Government is that they must be **operational** by the end of March 2015. The delivery of the projects to a fixed timeline is therefore a fundamental requirement.

The project budget is determined as cap. In this case the majority of the funding is being provided by Scottish Government and has been allocated to Boards on the basis of "capital equivalent" figures. In the case of Maryhill the financial caps are set as follows:

Total Capital Equivalent Cap	= £11,500,000
Furniture + Equipment Allowances	= £575,000
Client held Risk Allowance	= £575,000
Hubco Affordability Cap	= £10,350,000

Estimated Capital Repayment Charge	= £1,014,600 per annum
Hard FM costs Cap	= £93,450 per annum
Lifecycle costs Cap	= £75,650 per annum

As each project is developed the proposals must be developed with sufficient information to allow the Board to make assessments of recurring costs to ensure that they remain within their affordability limits. Figures must be developed for the following headings:

Heat, Light & Power

Domestic Services

Rates (including water)

Batching & Bundling

In order to achieve maximum value for money in respect of the management, and delivery of this DBFM (Design Build Finance & Maintain) project, it is a requirement that opportunities are explored to bundle the project with others running as part of the same programme of four projects, outlined in 2.8 above. The current working assumption has been that these will split into two bundles of two, however this needs to be tested against other permutations, taking account of project size, timescale and risk. All of this will be investigated during Stage 1 to enable a proposal for batching and bundling to be included within the Outline Business Case. Any projects that are agreed to be bundled with share a single Outline Business Case.

3.2 Timeline

One of the conditions of the revenue support to these projects from Government is that they must be **operational** by the end of March 2015. The delivery of the projects to a fixed timeline is therefore a fundamental requirement.

A timeline has been projected to achieve this end date across the four projects, and this is set-out below.

Whilst there will be opportunities to agree the adjustment of some of the dates **within** the stated end dates, NHS GG&C need plan this in advance to manage the increased risk and resource requirements around taking operational control. It is a requirement that within the programme no project is handed over within two weeks of another. Any changes to the timelines noted below need to be agreed in advance with the Project Board and the NHS GG&C hub Steering Group (see 4.0).

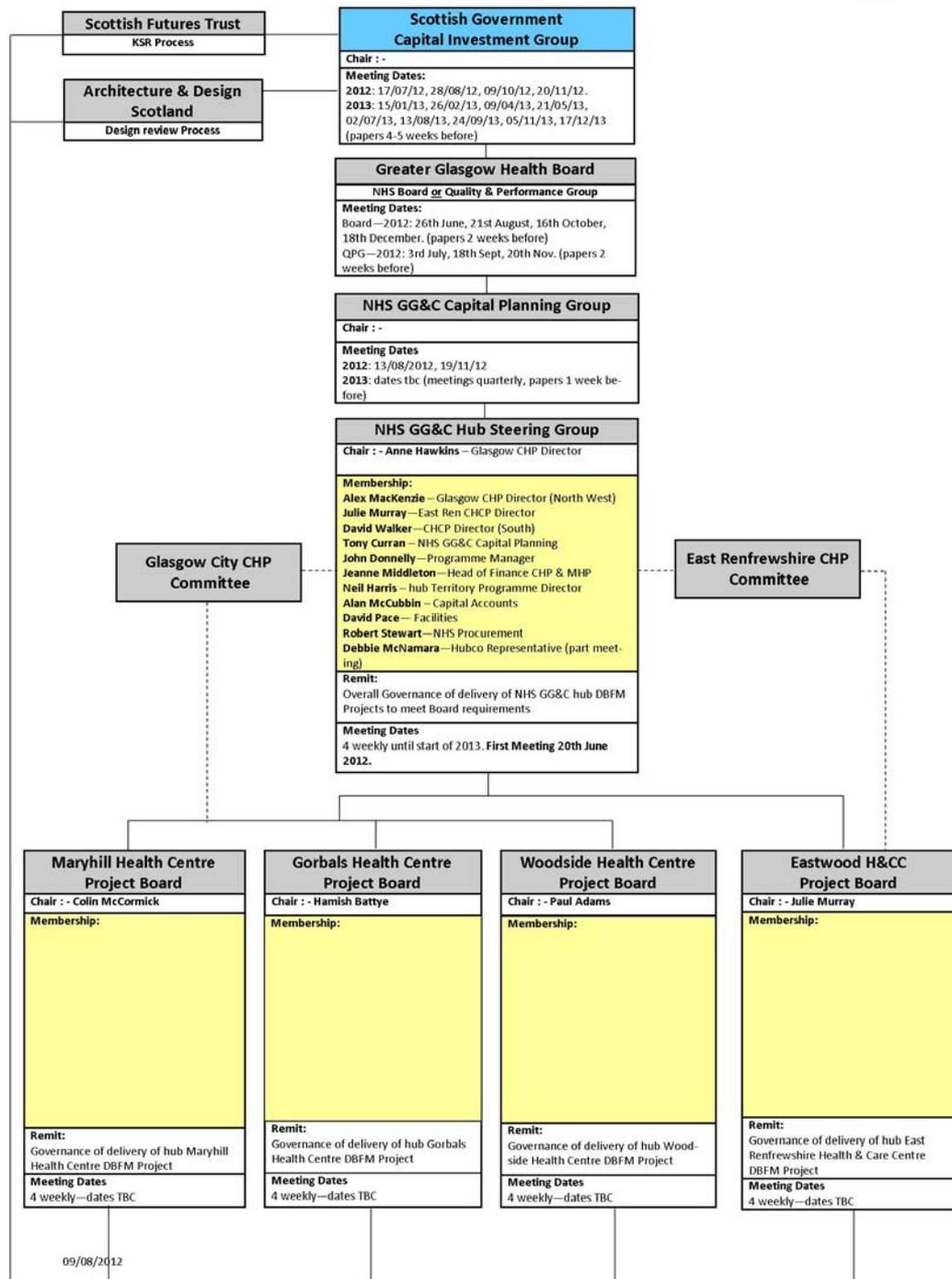
	Initial Agreement Submission	Outline Business Case	Full Business Case	Site Start	Operational
Maryhill Health Centre	24 th July 2012 (August meeting)	Feb 2013	Sept 2013	Nov 2013	Jan 2015
Eastwood Health & Care Centre	24 th July 2012 (August meeting)	Feb 2013	Sept 2013	Nov 2013	Jan 2015
Woodside Health Centre	4 th Sept 2012 (October meeting)	Apr 2013	Nov 2013	Jan 2014	Mar 2015
Gorbals Health Centre	4 th Sept 2012 (October meeting)	Apr 2013	Nov 2013	Jan 2014	Mar 2015

4.0 Project Governance

Programme and Project governance

A high level governance structure has been established to manage the four projects. This includes an individual Project Board for each project, chaired by the relevant CHP / CHCP, and an overarching **hub Steering Group** to manage the programme of four projects. This structure is illustrated in the diagram in Appendix1.

Each individual Project Board includes relevant stakeholder representation and will manage the design and business case development process for it's project. Each board in turn will report and feed information up to the Steering Group. It's role is to ensure that there is a consistent approach across each of the four projects and that opportunities for strategic advantage by having these projects developed in parallel are identified, considered and implemented. These may include service delivery, finance, common specification, facilities management or flexibility of accommodation. The governance diagram is shown below:



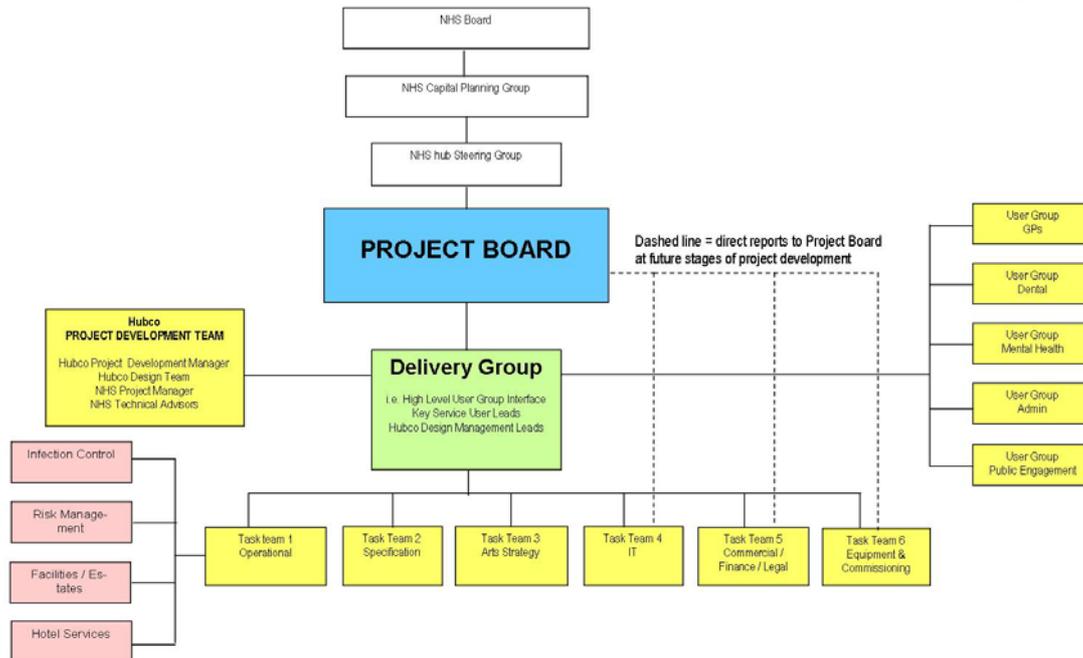
The hub Steering Group meets approximately 4-weekly and has responsibility for agreeing to the release of key approval documents (IA, OBC, FBC) from the Project Boards onto the formal Health Board and Scottish Government Approval systems.

Delivery Group and User Groups

It is recognised that there is a requirement to co-ordinate extensive stakeholder engagement into the design development process, alongside providing a central

decision making body to liaise with the design manager and designers. This has been successfully implemented in previous projects by the formation of a Delivery Group which brings forward the inputs from a series of user groups and task groups. This model is shown below and this approach has been agreed to be adopted for this project. It is anticipated that the Delivery Group will meet 2-weekly during key stages of the project design development.

NHS — Project Structure for hubco projects - (Version 2.0)



4.2 Change Control Procedures

A change Control procedure will be developed specifically to meet the requirements of the SCIM (Scottish Capital Investment Manual) guidance and tailored to fit within the contractual requirements of the DBFM contract that will be used to deliver this project.

The process will adopt the following principles:

- Clear process for raising potential changes
- Clear process for assessment of impact of proposed changes in relation to cost, programme and critical success factors.
- Clear process for approval or rejection of proposed changes
- Clear levels delegated authority

The change control process will be outlined in a formal document that will be agreed and signed-off by the Project Board and the hub Steering Group.

4.3 Design Sign-off

The following table outlines the anticipated sign-off processes for each stage of the design development. This approach has not yet been formally agreed by the Project Board but the principles outlined, or a very near version of it, are expected to be formally approved by the Board at their meeting in September 2012.

	Hub Steering Group	Project Board	Delivery Group	User Group
New Project Request	A	R		
Outline Design		A	R	
Scheme Design		A	R	
Stage 1 / OBC Stage Design	V	A	R	
Planning Application		A	R	
Departmental Layouts			A	R
Room Layouts			A	R
Stage 2 / FBC Stage Design	V	A	R	

R = Recommend

A = Approve

V = Verify

5.0 Site Information

5.1 Site Options Appraisal

As outlined in the Initial Agreement there is a requirement to test the briefing requirements across 4 potential solutions.

- 1 Do minimum with existing centre
- 2 Gardbraid Avenue
- 3 Skaethorn Street
- 4 Queen Margaret Drive Pitches

All of the sites are in the ownership of Glasgow City Council. Option 3 is an option if this project is co-located with the Woodside Health Centre project and, at time of writing, work is currently underway to test the viability of this option with the Woodside stakeholder group. The conclusion of this work will be confirmed in the Initial Agreement for Woodside which is due to be considered by the Capital Investment Group at their meeting in October 2012.

It is anticipated that a formal Options Appraisal process will be undertaken by hubco as Part of their Stage 1 works and that this will be concluded in Autumn 2012.

5.2 Site Information

An earlier Feasibility study was conducted by Cooper Cromer architects in 2008 and this is included within **Appendix E**. This is provided primarily as background information, but includes information on the existing site and the sites outlined in options 2 and 3 above.

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

Project Development Manager

Job Title

Project Development Manager (PDM)

Employing Company

PSDP Sponsor Organisation - through MSA

Location

Glasgow

Reports to

Operations and Supply Chain Director

Direct Reports

TBC

Main Purpose of the Role

- To manage the delivery of estate design and development projects. The PDM will ensure that New Projects are professionally project managed throughout the design development (Stages 1 and 2) and construction phases, to deliver all aspects to schedule, within budget and to high quality standards, exceeding, where possible, Participant expectations.
- To drive forward programmes of project activity across a range of partners and stakeholders in order to ultimately achieve Financial Close on property development projects;
- To deploy a wide range of people management skills in order to achieve a satisfactory outcome. These will include leadership, motivation, negotiation and facilitation of team working;
- To manage the process of selection of supply chain partners following New Project approval;
- To lead a dedicated team of individuals representing organisations selected from the supply chain, in accordance with the hWS Supply Chain Selection Method Statement and with specific responsibilities such as Quality Control, FM/Estates Management, Lifecycle Management, Property Development and others as required;
- To manage and co-ordinate this team in a manner that will ensure positive, professional and cohesive results from others in the supply chain throughout the development process.

Key Responsibilities and Tasks

- Management of the production of the Stage 1 and Stage 2 reports to the required timescales;
- Producing and managing a master programme and the necessary subordinate programmes for delivery of the given project/projects from inception through to construction completion/occupation;
- Tracking progress against the Project Plan and managing changes to the Project Plan;
- Accurately perceiving the key issues of the project and their effective communication to the Participants, the Territory Programme Team and to the wider project team;

- Drawing up a project work plan, allocating tasks to individuals, agreeing times and costs and ensuring that the work is completed on time, within budget and to the required quality level;
- Establishing clear project roles and responsibilities then managing, facilitating and supporting the project team to ensure that everyone is successful;
- Actively manage risks and issues, taking appropriate corrective action as required;
- Maintaining good working relationships internally, externally and with the Participants;
- Attending all progress and properties related meetings and preparation of a minute/file note of each meeting for internal distribution and record keeping;
- Provide regular progress updates against stated project objectives and prepare the final Value for Money report;
- Alerting the Operations and Supply Chain Director and other appropriate members of staff to significant problems regarding a project as soon as they become apparent;
- Attending regular progress meetings chaired by the Operations and Supply Chain Director;
- Ensuring project documentation is defined, maintained and that effective change control is undertaken;
- Ensuring that Health and Safety standards are established, monitored and maintained;
- Ensuring that projects are developed and delivered in accordance with health and safety legislation, best practice and hWS's Health and Safety related KPIs;
- Ensuring projects are developed and delivered in accordance with the Participant's sustainability requirements and hWS's sustainability related KPIs;
- Co-ordinating with the CEO and Operations and Supply Chain Director, contract documentation, budgets and other related matters;
- Establishing a working relationship with Participants, NHS, Local Health Authority departments, other public sector bodies, resident groups and other stakeholders;
- Ensuring that the results and lessons are learned internally and externally;
- Organising appropriate celebrations, e.g. turf cutting, topping out ceremonies;
- Taking part in periodic reviews of performance on projects, with the aim of improving the services provided and the success of the Company in delivering developments;
- Keeping abreast of technical developments, changes of law in fields of interest and helping to ensure that the hWS remains seen as a leader in these fields;
- Assist the Operations and Supply Chain Director by carrying out any other ad-hoc tasks as directed.

Maintain Participant engagement

- Operate procedures to allow effective Participant engagement;
- Ensure effective communication with all Participants, stakeholders and community groups.

Maintain positive feedback from stakeholders

- Implement the local customer communication plan, supporting the Operations and Supply Chain Director as a point of contact for Participants;

- Develop strong relationships with the Territory Program Team and the Participants.

Maintain relationships with the Territory Programme Team (TPT)

- Engage with and maintain strong relationships with the TPT;
- Consult with the TPT on matters relating to New Projects;
- Consult with the TPT on matters regarding the Participants, Stakeholders and Community Planning Partnerships.

Person Specification

Experience/Education

- Demonstrable experience in managing medium to large complex projects with multi organisations across public or private sector;
- Experience gained in building design, M&E services design, property maintenance or construction.

Skills, Knowledge and Abilities

- Communication - Communicate, using the right medium, different aspects of the project to various individuals and groups. Enable the flow of relevant information to interested parties at various stages of the project. Communicate relevant information to and from the project team;
- Team Building - Able to engender a culture of openness and collaboration between public and private sector team members;
- Negotiation – be able to discuss and reach agreement among stakeholders with different views and objectives. Ability to manage conflict;
- Organisation - Has an ability to prioritise effectively, together with a systematic approach to workload management, reviewing progress and revising in the light of changing circumstances;
- Is able to prepare work in advance, effectively withstanding workload pressures, and can thus consistently meet deadlines;
- Problem Solving - Is able to identify problems and obstacles; resolve and overcome problems using practical solutions and by using a variety of methods and approaches.

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

Commercial Manager

Job Title

Commercial Manager

Employing Company

PSDP Sponsors - through MSA

Location

Glasgow

Reports to

Operations and Supply Chain Director

Direct Reports

None

Main Purpose of the Role

- Managing all legal and commercial aspects of projects delivered through hWS;
- Identifying and securing funding for DBFM projects;
- Support the Operations and Supply Chain Director and Project Development Manager(s);
- Support and develop strong working relationships with the hWS team, the Participants and the Territory Programme Team;
- Ensure a consistent and agreed commercial approach is applied across all the New Project Developments;
- Manage senior debt and equity funders on Project Finance matters (in consultation with financial advisors and modellers, if appropriate) including technical due diligence and funding competitions;
- Ensure commercial and legal elements are actively managed to facilitate timely contract finalisation;
- Ensure that VfM is being achieved through the supply chain delivery partners.

Key Responsibilities:

New Project Development:

- Support the Project Development Manager(s) on commercial matters;
- Lead on negotiations with supply chain members regarding appointments and contracts for new projects;
- Ensure proposals from all the supply chain delivery partners are consistent and offer VfM;
- Lead on commercial matters as required by the Project Development Manager;
- Management of the production of DBFM project financial models (assisted by the financial modeller where appointed);
- Compete and appoint hWS advisors (e.g. legal, financial, independent certifier etc.);
- Compete and appoint funders legal advisors on DBFM projects or as required;

- Identify sources of funding and managing the selection process for funders, working in consultation with any appointed financial adviser (if appropriate);
- Preparation of necessary documentation (to include the hWS Investment Report, the funding Preliminary Information Memorandum and the Funding Review Report) for selection and approval of preferred funder/s in consultation with any appointed financial adviser;
- Ensure timely provision of any hWS Board approval and support papers;
- Ensure the construction and supply chain partners are providing VfM.

General

- Provide a sounding board for commercial issues related to project finance and cost within the hWS and Participant team;
- Input into development team progress meetings;

Person Specification

Experience/Education

- Preferably a degree level / HND in a related subject;
- Minimum 5 years in a project finance environment or similar;

Knowledge/Skills

- Technical requirements of healthcare, leisure, schools and other public sector assets;
- Legal and financial structuring requirements of healthcare, leisure, schools and other public sector assets;
- Project Finance;
- Development and investment appraisal;
- Lease negotiation and landlord and tenant matters;
- Land/building acquisition;
- Town planning;
- Establishing supply chains and appointment of professional consultants;
- Construction contracts and their management;
- Project management of development schemes;
- Ability to open negotiations and promote development opportunities utilising good communication, presentation, organisation and negotiations skills;
- Sound analytical ability for the commercial and risk aspects of transactions;
- Experience with working with senior debt lenders and equity providers in a project finance environment.

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

1 INCEPTION AND FEASIBILITY

- 1.1 Obtain Hub West Scotland Limited's requirements, budget and timetable. Agree the stage the tender design and construction design is to be taken to.
- 1.2 Obtain the Employer's Requirements and advise Hub West Scotland Limited of any further information, which in the opinion of the Architect Hub West Scotland Limited should obtain in respect of any matter, which might affect the Contractor's Proposals.
- 1.3 Advise Hub West Scotland Limited of any aspect of the Employer's Requirements that in the Architect's opinion should be questioned by Hub West Scotland Limited.
- 1.4 Advise on need for services by other consultants and/or specialists.
- 1.5 Confirm key requirements, constraints, procurement method, organisational structure and other consultants and/or specialists engaged on the project.
- 1.6 Facilitate communications between Hub West Scotland Limited and any other consultants and/or specialists engaged on the project in relation to significant design matters.
- 1.7 Obtain all available information about the site or building from Hub West Scotland Limited or other appropriate party.
- 1.8 Advise on any special services required in relation to easements and/or other legal agreements.
- 1.9 Visit the identified separate sites and carry out an initial options appraisal.
- 1.10 Co-operate with and pass information to any CDM Co-ordinator appointed in accordance with the Construction (Design and Management) Regulations 2007.
- 1.11 Prepare proposals and make application for outline planning permission.
- 1.12 Carry out such studies as may be necessary to determine the feasibility of the Employer's Requirements.
- 1.13 Investigate effect of statutory standards and construction safety on concept design.
- 1.14 Assist NHS GG&C to develop a Schedule of Accommodation.
- 1.15 Review with Hub West Scotland Limited alternative design and construction approaches and cost implications.
- 1.16 Develop approved designs to show spatial arrangements, type of construction, materials, appearance and detailed proposal for structural and building services systems and update outline specification.
- 1.17 Advise on the need to obtain planning permission approvals under the Building Acts and/or Regulations and other statutory requirements, and the responsibility for obtaining these.
- 1.18 Obtain from Hub West Scotland Limited and Employer information on ownership and any lessors and lessees of the site, any existing buildings on the site, boundary fences and other enclosures, and any known easements, encroachments, underground services, rights of way, rights of support and other relevant matters.
- 1.19 Advise on the rights and responsibilities of owners or lessees including the Party Wall Act 1996, rights of light, rights of support, rights of way; provide information and undertake any negotiations.
- 1.20 Develop Hub West Scotland Limited's requirements.

- 1.21 Advise on the need for specialist contractors, sub-contractors and suppliers to design and execute part of the works to comply with the architect's requirements
- 1.22 Advise on environmental impact and prepare report.
- 1.23 Submit the developed Hub West Scotland Limited requirements for the Hub West Scotland Limited approval.

2 CONTRACTOR'S PROPOSALS

- 2.1 Analyse the Employer's requirements and advise on the scope of the Contractor's Proposals.
- 2.2 Assist in the preparation of the Contractor's Proposals.
- 2.3 Provide information to discuss Contractor's Proposals with and incorporate input of other consultants and subcontractors.
- 2.4 Provide information for the preparation of an approximation of construction cost.
- 2.5 Consult with planning authorities, building control authorities, fire authorities, environmental authorities, licensing authorities, statutory undertakers and others as appropriate to determine the extent of requirements.
- 2.6 Provide the Contractor with drawings, notes, sketches, details etc for taking off quantities for tender purposes.
- 2.7 Provide the Contractor with technical information to seek firm quotations from specialist subcontractors or suppliers.
- 2.8 Provide the Contractor with drawings for incorporation in the Contractor's Proposals to illustrate the proposed Works.
- 2.9 Provide the Contractor with notes to enable Hub West Scotland Limited to prepare written submissions to amplify the drawings and describe the scope and nature of the proposed Works.
- 2.10 Provide the Contractor with programming information for the post contract design work to assist Hub West Scotland Limited in determining a realistic programme for the proposed Works.
- 2.11 Prepare special presentation drawings and technical information for the use of Hub West Scotland Limited or others.
- 2.12 Prepare 3D visual model of preferred proposed scheme.

3 TENDER ACTION

- 3.1 Appraise tenders from specialist subcontractors or suppliers with other consultants where appointed and report to the Contractor.
- 3.2 Provide the Contractor with relevant information for the submission of Contractor's Proposals and for the Contract Sum Analysis.
- 3.3 Assist the Contractor in any way that may reasonably be required in respect of negotiations with the Employer after the submission of the tender and prior to the award of the Contract.
- 3.4 Revise construction information to reflect any concluded negotiations with the Employer including any adjustments to the tender sum (where instructed).
- 3.5 Provide the Contractor with information and documents including any drawings for incorporation into the Contract.

4 DESIGN DEVELOPMENT

- 4.1 Develop scheme design and detailed proposals from the design contained in the Contractor's Proposals.
- 4.2 Provide information to discuss proposals with and incorporate input of other consultants into scheme design and detailed proposals.
- 4.3 Provide information to other consultants for their preparation or revision of cost estimates.
- 4.4 Advise the Contractor if any design development is likely to affect materially the cost of the Works compared with the design contained in the Contractor's Proposals.
- 4.5 Lead the design team and co-ordinate all the elements of design including the design work of other consultants, subcontractors and suppliers, and integrate such work into the overall design of the Works.
- 4.6 In the event of a proposed change to the design, advise the Contractor of the effects of the proposed change upon the design of the Works and upon design work generally.
- 4.7 Consult with planning authorities.
- 4.8 Consult with building control authorities.
- 4.9 Consult with fire authorities.
- 4.10 Consult with environmental authorities.
- 4.11 Consult with licensing authorities.
- 4.12 Consult with statutory undertakers.
- 4.13 Prepare and submit applications for full planning permission.
- 4.14 Participate with the Contractor or the Employer in discussions and / or negotiations with tenants or others identified by Hub West Scotland Limited and Employer.
- 4.15 Conduct exceptional negotiations with planning authorities.
- 4.16 Advise Hub West Scotland Limited/the Contractor on revisions to scheme design to deal with requirements of planning authorities.
- 4.17 Prepare and submit revised planning application.
- 4.18 Prepare and submit applications for approvals under Building Acts and/or Regulations and other statutory requirements.
- 4.19 Prepare and give building notice under Building Acts and/or Regulations.
- 4.20 Negotiate if necessary over Building Acts and/or Regulations and other statutory requirements and revise production information.
- 4.21 Conduct exceptional negotiations for approvals by statutory authorities
- 4.22 Negotiate waivers or relaxations under Building Acts and/or Regulations and other statutory requirements.

5 PRODUCTION AND INFORMATION

Architect's Services ("the Architect")

- 5.1 Prepare production drawings.
- 5.2 Prepare schedules and specifications of materials and workmanship, which may reasonably be required by the Contractor to construct the Works.
- 5.3 Provide information, with other consultants where appointed, for the preparation of bills of quantities and/or schedules of work.
- 5.4 Provide information to discuss proposals with, and incorporate input of other consultants into production information.
- 5.5 Provide the Contractor with general arrangement drawings, interface details, performance specifications and other technical information reasonably necessary to seek quotations from subcontractors and suppliers.
- 5.6 Assist the Contractor in the evaluation of quotations received from subcontractors and suppliers.
- 5.7 Examine subcontractors' and suppliers' drawings and details, with particular reference to tolerances and dimensional co-ordination, finish, durability, appearance and performance criteria, and report to the Contractor.
- 5.8 Co-ordinate production information from other consultants and specialist subcontractors.
- 5.9 Provide information to other consultant's subcontractors or suppliers for any necessary revisions of their proposals.
- 5.10 Provide information for revisions to cost estimate.
- 5.11 Advise the Contractor on a timetable for the supply of production information.
- 5.12 Prepare plans for proposed building works for the approval of landlords, funders, freeholders, tenants or others as requested by the Contractor and Employer.
- 5.13 Submit plans for proposed building works for the approval of landlords, funders, freeholders, tenants or others as requested by the Contractor.

6 OPERATIONS ON SITE

- 6.1 Attend meetings as required by the Contractor in connection with the design of the Works and inspect generally the progress and quality of the work.
- 6.2 Provide further construction information required in order to meet the requirements of the Contract,
- 6.3 Advise the Contractor concerning drawings and samples to be submitted to the Employer.
- 6.4 Advise the Contractor on any requirement for sample taking and carrying out tests of materials, components, techniques and workmanship.
- 6.5 Review and comment on design information provided by other consultants and/or specialists as required.
- 6.6 As required by the Contractor, visit the sites of extraction and fabrication and assembly of materials and components to inspect materials and workmanship before delivery to site and report to the Contractor.
- 6.7 As required by the Contractor; inspect materials delivered to the site; visit the Works to inspect progress and quality; observe the conduct and examine the results of tests on or off site; report to the Contractor.

Architect's Services ("the Architect")

- 6.8 Provide general advice in relation to the operation and maintenance of the project.
 - 6.9 Provide 'as built' drawings.
 - 6.10 Assist the Contractor in the compilation of operation and maintenance (O&M) manuals as may be specified in the Main Contract.
 - 6.11 Review and advise on compliance with statutory requirements and the Contract.
 - 6.12 Advice on resolution of defects as required.
-
- 1. NOTE: Payment requirements in relation to any statutory fees (e.g. planning) are to be separately stated.

Architect's Services ("the Architect")

7 DRAWINGS AND INFORMATION TO BE PRODUCED BY THE ARCHITECT

- 7.1 Details of site boundaries.
- 7.2 Site layout & building footprints.
- 7.3 Setting out drawings.
- 7.4 Plans, sections and elevations.
- 7.5 Large scale external wall sections.
- 7.6 Large scale stairwell plans and sections.
- 7.7 Architectural drawings for subcontractor design elements.
- 7.8 External envelope construction details.
- 7.9 Building interior construction details.
- 7.10 Fire protection drawings and specifications.
- 7.11 Doors, windows and ironmongery schedules.
- 7.12 Large scale plans and wall elevations of WC's and special fit out areas e.g. kitchens, laboratories and reception areas.
- 7.13 Co-ordinated reflected ceiling plans.
- 7.14 Partitioning layouts and details
- 7.15 Joinery details.
- 7.16 Finishes schedule.
- 7.17 Hard landscaping design in conjunction with the appointed consulting engineer
- 7.18 Design of external structures and features.
- 7.19 Site contouring.
- 7.20 Site cross sections.
- 7.21 Soft landscaping, planting plans/specifications in conjunction with the landscaping consultant and / or subcontractor.
- 7.22 Coloured presentation drawings.
- 7.23 Interior designs if applicable.
- 7.24 Furniture layouts if applicable.
- 7.25 Window cleaning and other external access equipment.
- 7.25 Sample Boards
- 7.26 Gross/Net area Calculations
- 7.27 Site Survey
- 7.28 Advise on Life cycle costing
- 7.28 Compliance with Disability Discrimination Act

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

Scope of Service (QS)

Project:	4 x DBFM Health and Care Centres (inc Reference Design Cost Analysis)
Discipline	Quantity Surveyor

1.0 Core Services

1.1 Generally

- 1.1.1 Attend Client, Design, Project, Site and other meeting as provided under this Appointment.
- 1.1.2 Prepare regular monthly cost reports. Advise the PDM (Project Development Manager) of any decisions required and obtain authorisation

1.2 Preparation (RIBA Outline Plan of Work 2007)

- 1.2.1 Liaise with PDM and the Professional Team to determine the Client's initial requirements and to develop the Client's Brief.
- 1.2.2 Advise the Professional Team and PDM on demolition, strip-out, site investigation and enabling works contracts required before the Building Contract.
- 1.2.3 Liaise with the Professional Team and procure demolition, strip-out, site investigation and enabling works contract required before the Building Contract.
- 1.2.4 Liaise with the Professional Team and advise the Client of its obligations under the CDM Regulations.
- 1.2.5 Comply with the CDM Regulations insofar as they relate to this Appointment.
- 1.2.6 Advise the PDM on specialist services, including consultants, contractors, sub-contractors and suppliers, required in connection with the Project.
- 1.2.7 Advise on the cost of the Project. Advise on the cost of alternative design and construction options.
- ~~1.2.8 Advise on alternative procurement options.~~
- 1.2.9 Visit the Site. Advise the PDM on any factors likely to affect cost, time or method of implementation.
- 1.2.10 Prepare an initial budget estimate to test feasibility proposals.
- 1.2.11 Prepare a preliminary cost plan and cash flow forecast.
- 1.2.12 Advise on the likely effect of market conditions.

1.3 Design (RIBA Outline Plan of Work 2007)

- 1.3.1 Prepare, maintain and develop a cost plan and cash flow forecast.
- 1.3.2 Advise on the cost of the Professional Team's proposals, including effects of site usage, shape of buildings, alternative forms of design, procurement and construction etc. Advise on any cost variances to the allowances contained in the cost plan.
- 1.3.3 Measure gross floor areas.
- ~~1.3.4 Measure net lettable/saleable floor areas.~~
- ~~1.3.5 Confirm the scope of the Building Contract to the Client/PDM and advise on additional works required by third parties.~~

1.4 Pre-Construction (RIBA Outline Plan of Work 2007)

- ~~1.4.1 Advise on tendering and contractual procurement options. Prepare recommendations for the PDM's consideration.~~
- 1.4.2 Liaise with hWSs insurance advisers and advise on construction related insurances (excluding the administration of claims).
- 1.4.3 Liaise with Client/hWSs legal advisers and advise on warranties/third party rights etc.

- 1.4.4 Liaise with the Client/hWSs legal advisers and advise on the bonds for performance and other purposes.
- 1.4.5 Liaise with the Client/hWSs legal advisers on use and/or amendment of standard forms of contract or contribute to drafting of particular Client requirements.
- 1.4.6 Obtain tender pricing drawings and specifications from the PDM and the Professional Team.
- 1.4.7 Liaise with the PDM and the Professional Team and prepare tender pricing documentation.
- 1.4.8 Prepare bills of quantities, or other pricing documents, for inclusion in tender documents.
- 1.4.9 Advise on suitable tenderers for the Building Contract. Prepare recommendations for the PDM's consideration.
- ~~1.4.10 Investigate prospective tenderers and advise the Client on their financial status and technical competence. Prepare recommendations for the Client's approval.~~
- ~~1.4.11 Attend pre- and post-tender interviews.~~
- ~~1.4.12 Arrange delivery of tender documents to selected tenderers.~~
- 1.4.13 Check tender submissions for errors, omissions, exclusions, qualifications, inconsistencies etc.
- 1.4.14 Liaise with the Professional Team and advise on errors, omissions, exclusions, qualifications and inconsistencies between the tender documents and the tenders received. Prepare recommendations for the PDM's consideration.
- 1.4.15 Advise on the Primary Contractors design and construction programmes and method statements.
- 1.4.16 Liaise with the Professional Team and prepare a tender report. ~~Prepare recommendations for the Client's approval.~~
- 1.4.17 Conduct negotiations with tenderers. Prepare documentation to confirm adjustments to the tender sums. Prepare recommendations for the PDM's consideration.
- 1.4.18 Liaise with the PDM and the Professional Team and advise on methods of progressing design and/or construction works prior to the execution of the Building Contract.
- 1.4.19 Obtain confirmation that required Contractor insurances are in place prior to commencement of works on the Site.
- 1.4.20 Obtain contract drawings and specifications from the PDM and the Professional Team. Liaise with the Client's legal advisers, prepare the contract documents and deliver to the Client and the Contractor for completion.
- 1.4.21 Maintain and develop the cost plan and the cash flow forecast.

1.5 Construction (RIBA Outline Plan of Work 2007)

- 1.5.1 Visit the Site periodically and assess the progress of the Project for interim payment purposes.
- 1.5.2 Prepare recommendations for interim payments to the Contractor.
- 1.5.3 Advise on the cost of variations prior to the issue of instructions under the Building Contract.
- 1.5.4 Agree the cost of instructions, excluding loss and expense claims, issued under the Building Contract.
- 1.5.5 Advise on the rights and obligations of the parties to the Building Contract.

1.6 Use (RIBA Outline Plan of Work 2007)

- 1.6.1 Prepare recommendations for interim payments and release of retention funds.
- 1.6.2 Prepare the final account or similar financial statement. Facilitate agreement to the final account or similar financial statement from the parties to the Building Contract. For the purposes of this clause the final account or similar financial statement excludes the assessment of loss and expense claims.
- 1.6.3 Prepare recommendations for the payment of liquidated and ascertained damages.

1.7 Prime Cost Contracts/Two Stage Tender

- 1.7.1 ~~Liaise with the Client's legal advisers and advise on use and/or amendment of bespoke forms of contract or contribute to drafting of particular Client requirements.~~
- 1.7.2 Obtain agreement from the Contractor to the Cost Plan.
- 1.7.3 Agree a breakdown of the cost plan with the Contractor consistent with the work package procurement strategy.
- 1.7.4 Agree the Contractor's entitlement to recovery of preliminaries, overheads and profit.
- ~~1.7.5 Assist the Contractor in the preparation of work package tender and contract documents.~~
- 1.7.6 Price work package tender documents to provide a benchmark for assessing tender returns.
- 1.7.7 Review work package tender returns. ~~Prepare recommendations for the Client's approval.~~
- 1.7.8 Review and revise the cost plan and cash flow forecast as work packages are let.
- 1.7.9 Check interim valuations and final accounts from the Contractor, sub-contractors and suppliers. Prepare payment recommendations for the Client's approval.
- ~~1.7.10 Advise on expenditure not recoverable under the terms of the Building Contract.~~

1.8 Design and Build / DBFM Contracts

- 1.8.1 Liaise with the Client and the Professional Team and prepare the employer's requirements.
- 1.8.2 Liaise with the Professional Team and advise on errors, omissions, exclusions, qualifications and inconsistencies between the employer's requirements and the contractor's proposals. ~~Prepare recommendations for the Client's approval.~~
- 1.8.3 Liaise with the Professional Team and prepare cost studies to assess alternative contractor's proposals. ~~Prepare recommendations for the Client's approval.~~
- 1.8.4 Liaise with the Professional Team and assist with specialist enquiries to assess alternative contractor's proposals. ~~Prepare recommendations for the Client's approval.~~
- 1.8.5 Liaise with the Professional Team and conduct negotiations with the Contractor. Obtain documentation from the Professional Team to confirm the agreed design and/or performance specifications. ~~Prepare recommendations for the Client's approval.~~
- 1.8.6 Advise on the cost of variations, excluding loss and expense claims, proposed by the Contractor prior to the issue of instructions under the Building Contract.
- 1.8.7 Agree the cost of instructions, excluding loss and expense claims, proposed by the Contractor under the Building Contract.

2.0 Supplementary Services

2.1 General

- ~~2.1.1 Provide services for the Client's and/or any third party's organisational move to new premises.~~
- ~~2.1.2 Provide services for the Client's and/or any third party's fitting out or direct works contracts.~~
- ~~2.1.3 Prepare bills of quantities for mechanical and electrical services.~~
- ~~2.1.4 Price bills of quantities for mechanical and electrical services.~~
- 2.1.5 Prepare a cost analysis based on agreed format or special requirements.
- 2.1.6 Prepare a cost analysis of the final account.
- 2.1.7 Provide estimates of replacement costs for insurance purposes.
- 2.1.8 Provide services in connection with insurance claims.
- 2.1.9 Facilitate, set up and manage value engineering exercises.
- 2.1.10 Facilitate, set up and manage early warning and risk reduction meetings.
- 2.1.11 Attend and contribute to early warning and risk reduction meetings.
- 2.1.12 Participate in ~~Facilitate, set up and manage~~ a two-stage tendering process.
- ~~2.1.13 Facilitate, set up and manage target cost and/or guaranteed maximum price contracts.~~
- 2.1.14 Participate in ~~Facilitate, set up and manage~~ partnering and/or collaborative working contracts.

- 2.1.15 Participate in Facilitate, set up and manage 'Lessons Learned' or other workshops.
- ~~2.1.16 Act as the Client's partnering adviser.~~
- ~~2.1.17 Provide specialist procedural advise to comply with EU Regulations and/or other legislation.~~

2.2 Financial

- ~~2.2.1 Advise on the financial implications of developing different sites.~~
- 2.2.2 Advise on the preparation of development appraisals.
- 2.2.3 Advise on the cost implications of alternative development programmes.
- 2.2.4 Prepare sustainability cost studies.
- 2.2.5 Prepare life cycle cost studies and estimates of annual running costs.
- 2.2.6 Advise on and evaluate capital tax allowances, grants or other financial assistance available in respect of the Project.
- 2.2.7 Prepare applications for capital tax allowances, grants or other financial assistance available in respect of the Project.
- 2.2.8 Advise on VAT payable in respect of the Project. Provide a breakdown of the cost plan, interim valuations and final account or similar financial statement for VAT purposes.
- ~~2.2.9 Carry out off-site inspections of subcontractors' and suppliers' premises for interim payment purposes.~~

2.3 Contractual

- 2.3.1 Provide specialist quantity surveying advice on the interpretation of contracts and contractual clauses.
- ~~2.3.2 Liaise with the Client's legal advisers and advise on the use and/or amendment of bespoke forms of contract or contribute to the drafting of particular Client requirements.~~
- 2.3.3 Advise on the Contractor's entitlement to extensions of time. Analyse and report on the Contractor's application(s) for extensions of time. Prepare recommendations for the PDM's consideration.
- 2.3.4 Advise on the cost and contractual consequences arising from an acceleration instruction.
- 2.3.5 Advise on the Contractor's entitlement to loss and expense. Analyse and report on the Contractor's loss and expense(s) claims. Prepare recommendations for the Client's approval.
- 2.3.6 Prepare documentation and/or provide advice to support adjudication proceedings. Attend adjudication proceedings.
- 2.3.7 Prepare documentation and/or provide advice to support mediation proceedings. Attend mediation proceedings.
- 2.3.8 Prepare documentation and/or provide advice to support arbitration and/or litigation proceedings. Attend arbitration and/or litigation proceedings.
- ~~2.3.9 Advise the Client on the selection, terms of appointment and fee structures for the Professional Team.~~

2.4 Project-Specific Services

- 2.4.1 The projects will be delivered using a bespoke DBFM contract / Project Agreement and generally under the terms of the Supply Chain Agreement entered into by the tendering consultant.
- 2.4.2 Engage as required with the FM Contractor and Funder to assist in achieving Financial Close at the end of hWS Stage 2.

Scope of Service (CDM)

Project:	4 x DBFM Health and Care Centres (inc Reference Design Cost Analysis)
Discipline	CDM Co-ordinator

1.0 Core Services

1.1 Generally

- 1.1.1 Attend Client, Design, Project, Site and other meeting as provided under this Appointment.
- 1.1.2 ~~Prepare regular monthly cost reports. Advise the Client of any decisions required and obtain authorisation~~
- 1.1.3 Advise the Client of its duties under the CDM Regulations.

1.2 Preparation (RIBA Outline Plan of Work 2007)

- 1.2.1 Obtain written confirmation of appointment as CDM Co-ordinator from Client.
- 1.2.2 Advise on the authorities under the CDM Regulations, the Health & Safety Executive or the Office of Rail Regulation that require notification of the Project. Advise on, or prepare, the relevant notices.
- 1.2.3 Advise on requirements of the CDM Regulations in respect of the Project. Liaise with the Client and the Professional Team to determine the Client's initial requirements and to develop the Client's Brief.
- 1.2.4 Obtain a copy of the Client's Brief. Advise on requirements of the CDM Regulations in respect of the Project.
- 1.2.5 Advise the Client on the application of the CDM Regulations for demolition, strip-out, site investigation and enabling works contracts required before the Building Contract.
- 1.2.6 Advise the Client on the obligations required to be included in contracts with the Professional Team under the CDM Regulations.
- 1.2.7 Advise the Client on the competency of the Professional Team in connection with the CDM Regulations.
- 1.2.8 Advise the Client on the competency of the other consultants in connection with the CDM Regulations.
- 1.2.9 Liaise with the Professional Team of their obligations under the CDM Regulations. Review and comment upon the Professional Team's performance in respect of the CDM Regulations.
- 1.2.10 Liaise with the Professional Team and the Client and obtain copies of all available information, maps, plan, surveys, reports or other documentation relating to the Project and any adjacent areas.
- 1.2.11 Receive the existing health and safety file from the Client and advise upon its adequacy for the Project. Update the existing health and safety file for use in connection with the Project.
- 1.2.12 Prepare a new health and safety file for the Project.
- 1.2.13 Ensure that notice is given to the Health and Safety Executive or the Office of Rail Regulation of the particulars noted in Schedule 1 of the CDM Regulations.
- 1.2.14 Advise the Client on regulation 8 (election by clients) of the CDM Regulations.
- 1.2.15 Visit the Site. Advise the Client on the CDM Regulation in connection with the Project.

1.3 Design (RIBA Outline Plan of Work 2007)

- 1.3.1 Ascertain the information required under the CDM Regulations for the Project.
- 1.3.2 Advise the Client on the adequacy of the arrangements proposed for complying with the CDM Regulations for the Project.
- 1.3.3 Review the information available from the Client and all designers. Advise the Client of any additional information, inspections, surveys or tests that may be required in connection with the CDM Regulations.
- 1.3.4 Agree the health and safety file format with the Client.

- 1.3.5 Liaise with the Client and Professional Team and establish the programme and the information required to complete the health and safety file for the Project.
- 1.3.6 Obtain the information required from the Client and the Professional Team and prepare and maintain the health safety file for the Project.
- 1.3.7 Liaise with the Professional Team and provide the information required for the design of the Project in connection with the CDM Regulations.
- 1.3.8 Advise on health and safety implications of the Professional Team's design proposals.
- 1.3.9 Review and comment upon the Professional Team's compliance with regulations 11(3), 11(4), 11(5), 11(6) and 18(2) of the CDM Regulations.
- 1.3.10 Advise the Professional Team on their obligations under the CDM Regulations to take account of workplace regulations.
- 1.3.11 Facilitate, set up and manage design review workshops with the Client and the Professional Team in connection with the CDM Regulations.
- 1.3.12 Ensure that an amended notice is given to the Health and Safety Executive or the Office of Rail Regulation of the particulars noted in Schedule 1 of the CDM Regulations.
- 1.3.13 Advise the Client on regulation 9 (arrangements for managing projects) of the CDM Regulations.
- 1.3.14 Advise the Client on the implementation of regulation 5 (co-operation), regulation 6 (co-ordination) and regulation 7 (the general principles of prevention) of the CDM Regulations.

1.4 Pre-Construction (RIBA Outline Plan of Work 2007)

- 1.4.1 Liaise with the Client and the Professional Team and establish the programme and the information required to complete the pre-construction information for the Project.
- 1.4.2 Obtain the information required from the Client and the Professional Team and prepare and maintain the pre-construction information for the Project.
- 1.4.3 Agree an appropriate allowance for the Contractor's mobilisation period with the Client and include this in the pre-construction information.
- 1.4.4 Advise the Client on contents of the pre-construction information required under the CDM Regulations before it is issued for tender.
- 1.4.5 Advise the Client on appropriate tools to assess the Contractor's competency and its proposals for managing the Project in accordance with the CDM Regulations.
- 1.4.6 Advise the Client on the obligations required to be included in the Building Contract under the CDM Regulations.
- 1.4.7 Advise the Client on the competency of the Contractor in connection with the CDM Regulations.
- 1.4.8 Advise the Contractor of its obligations under the CDM Regulations. Review and comment upon the Contractor's performance in respect of the CDM Regulations.
- 1.4.9 Advise the Client on the requirements relating to the appointment and duties of the principal contractor required under the CDM Regulations.
- 1.4.10 Provide the Contractor with a copy of the health and safety file for use in connection with the Project.
- 1.4.11 Liaise with the Client and the Professional Team and establish the programme and information required to complete the Contractor's construction phase health and safety plan for the Project.
- 1.4.12 Obtain the information required from the Client and the Professional Team required for the Contractor's construction phase health and safety plan for the project.
- 1.4.13 Advise the Client on the Contractor's proposals for the construction phase health and safety plan.
- 1.4.14 Advise the Client on whether works can commence on the Site in compliance with the CDM Regulations.
- 1.4.15 Ensure that an amended notice is given to the Health and Safety Executive or the Office of Rail Regulation of the particulars noted in Schedule 1 of the CDM Regulations.

- 1.4.16 Advise the Client on regulation 9 (arrangements for managing projects) of the CDM Regulations.
- 1.4.17 Advise the Client on regulation 16(b) (construction phase plan) of the CDM Regulations.

1.5 Construction (RIBA Outline Plan of Work 2007)

- 1.5.1 Monitor and report to the Client on the Contractor's performance in managing and updating the construction phase health and safety plan.
- 1.5.2 Advise the Client on the development of the design of the Project in connection with the CDM Regulations.
- 1.5.3 Liaise with the Client, the Professional Team and the Contractor and establish the programme and the information required to complete the health and safety file for the Project.
- 1.5.4 Obtain the information required from the Client, the Professional Team and the Contractor and prepare and maintain the health and safety file for the Project.
- 1.5.5 Provide the Client with a completed health and safety file for the Project.
- 1.5.6 Liaise with the Client, the Professional Team and the Contractor and advise upon a handover plan, or similar management tool, identifying the roles and responsibilities of the Client, the Professional Team and the Contractor under the CDM Regulations. Establish review, approval, variation and reporting procedures. Prepare recommendations for the Client's approval.

1.6 Use (RIBA Outline Plan of Work 2007)

- 1.6.1 Liaise with the Client, the Professional team and the Contractor and advise upon a defects administration plan, or similar management tool, to identify the roles and responsibilities of the Client, the Professional Team and the Contractor under the CDM Regulations. Establish review, approval, variation and reporting procedures. Prepare recommendations for the Client's approval.

2.0 Supplementary Services

2.1 General

- ~~2.1.1 Provide services for the Client's and/or any third party's organisational move to new premises.~~
- ~~2.1.2 Provide services for the Client's and/or any third party's fitting out or direct works contracts.~~
- ~~2.1.3 Provide services in connection with insurance claims.~~
- 2.1.4 Attend and contribute to early warning and risk reduction meetings.
- 2.1.5 Participate in Facilitate, set up and manage 'Lessons Learned' or other workshops.
- ~~2.1.6 Carry out an audit and report to the Client on the Contractor's proposals for managing workplace and health and safety aspects of the Project.~~
- ~~2.1.7 Carry out an audit and report to the Client on the Contractor's performance in managing workplace and health and safety aspects of the Project.~~
- 2.1.8 Visit the site periodically during the construction phase and report to the Client on the Contractor's compliance with the CDM Regulations.

2.2 Project-Specific Services

- 2.2.1 The projects will be delivered using a bespoke DBFM contract / Project Agreement and generally under the terms of the Supply Chain Agreement entered into by the tendering consultant

Appendix D – Scope of Service (Services Engineer)

Project:	DBFM Health Centres
Consultant Discipline	MECHANICAL AND ELECTRICAL SERVICES ENGINEER

Where reference is made to the Employer in this scope of Service, this should be considered to mean hWS and NHSGGC for the purposes of this appointment. Specific reference is also made to the completed Supply Chain Agreement entered into by the consultant.

1 SERVICES

- 1.1 Obtain West Hub Scotland's requirements, budget and timetable. Agree the stage the tender design and construction design is to be taken to.
- 1.2 Prepare specifications and tender drawings for the Works to agreed stage.
- 1.3 Provide additional M&E information to enable bills of quantities to be prepared for the Works.
- 1.4 Advise West Hub Scotland as to the suitability for the execution of the Works of firms selected for competitive tendering and agree tender list.
- 1.5 Prepare any report or additional documentation required for consideration of any alternative M&E proposals for the execution of the Works.
- 1.6 Assemble documentation and drawings for issue to firms selected to tender and despatch to suit an agreed procedure.
- 1.7 Analyse the tenders received and recommend to West Hub Scotland on selection.
- 1.8 Assist with negotiations on any proposed M&E sub-contract(s).
- 1.9 Comment technically on the preparation of formal sub-contract documents relating to selected tenders for carrying out the Works or any part thereof.
- 1.10 Collaborate throughout with other members of the design team and the subcontractors selected by West Hub Scotland to ensure that detailed designs and co-ordination drawings for engineering services are developed in a manner compatible with the structural and architectural concepts.
- 1.11 Provide such further M&E information as is necessary to enable the subcontractors to prepare installation drawings.
- 1.12 Examine the Sub-contractor's proposals for the execution of the Works insofar as these reflect upon the design intent. Comment to the design team as may be necessary.
- 1.13 Collaborate with other members of the design team in resolving any problems, which may arise from the subcontractor's installation drawings.

- 1.14 Make such visits to the site as necessary to satisfy himself that the M&E installations are executed generally according to the M&E designs and specifications and otherwise in accordance with good engineering practice.
- 1.15 Attend site for any purpose additional to the visits required by above
- 1.16 Inspect or witness the testing of materials or equipment during manufacture.
- 1.17 Advise West Hub Scotland or the design team as to the need to vary any part of the Project for any reason relating to the M&E installations.
- 1.18 Initiate instructions for any minor variations to the Works within powers delegated by West Hub Scotland to the Services Engineer. Confirm proposals to the design team.
- 1.19 Initiate proposals to the design team for the issue of instructions relating to any necessary major variation to the Works.
- 1.20 Provide technical information to the quantity surveyor appointed by West Hub Scotland to enable the value of any M&E variation to the Works to be agreed.
- 1.21 Provide M&E technical information to the quantity surveyor appointed by West Hub Scotland to enable interim valuations of the Works to be made and certificates issued.
- 1.22 Examine subcontractor's detailed proposals for carrying out commissioning procedures and performance testing. Comment to West Hub Scotland as may be necessary.
- 1.23 Examine the results of subcontractor's commissioning and the documentary records produced.
- 1.24 Prepare and witness commissioning and testing procedures and input to, review and comment on all necessary associated documentation for permanent record thereof.
- 1.25 Inspect the Works on completion and, in conjunction with site staff, record any defects.
- 1.26 Receive, examine and comment copies of record drawings, operating and maintenance manuals and any other documentation prepared by subcontractors.
- 1.27 Input to, review and comment on completion of the Works on all record drawings, operating and maintenance manuals.
- 1.28 Provide M&E technical information to the quantity surveyor appointed by West Hub Scotland to enable final accounts for the Works to be agreed.
- 1.29 Assess all M&E data relating to the Works for settlement of subcontractor's final accounts and report to West Hub Scotland.
- 1.30 Assist in settling any dispute or difference relating to the Works, which may arise between West Hub Scotland and the Employer or subcontractors including the detailed examination of a financial claim but not extending to advising West Hub Scotland following the taking of any step in or towards litigation or arbitration.

1.31 Advise West Hub Scotland with regard to any dispute or difference following on from those requirements described above.

Note: The projects will be delivered using a bespoke DBFM contract / Project Agreement and generally under the terms of the Supply Chain Agreement entered into by the tendering consultant. The consultant will be expected to engage with the Funder and FM contractor where appropriate and as required.

Appendix D – Scope of Service (BREEAM Consultant)

Project:	DBFM Health Centre
Consultant Discipline	BREEAM ASSESSMENT

Where reference is made to the Employer in this scope of Service, this should be considered to mean hWS and NHSGGC for the purposes of this appointment. Specific reference is also made to the completed Supply Chain Agreement entered into by the consultant.

Provide a full BREEAM Assessment service from Concept Design to Post Construction.

Concept Design Stage

1. Be an integral member of the design team to identify credits available to achieve required standard
2. Identify site wide credits dictated by location (transport, ecology, flood risk etc)
3. Ensure a BREEAM Accredited Professional (AP) is made available to give expert advice on built environment sustainability, environmental design and environmental assessment. The BREEAM AP will facilitate the design team's efforts to successfully schedule activities, set priorities and negotiate trade-offs required to achieve a target BREEAM rating when the design is formally assessed.
4. The BREEAM Assessor will conduct a pre-assessment workshop ensuring the development targets the required credits for the achieved target rating to achieve a sustainable building.
5. Identify early any possible innovation credits that can be achieved for the development.
6. Ensure the credits targeted are also the most financially viable for that project.

Detailed Design Stage

1. Hold a BREEAM workshop with the design team to review the BREEAM assessment in light of any design modifications since the pre-assessment
2. Provide the design team with detailed guidance on the requirements of each target
3. Allocate actions for each target to the relevant design team member
4. Continue to act as an advisor to the Design Team ensuring understand exactly what is required of them at an early stage.
5. Continually monitor the progress of evidence submission, ensuring compliance and advising accordingly.
6. Keep the Design team updated on the progress with updated trackers.
7. Ideally submit the Design Stage submission prior to construction.
8. Ensure a high quality report is submitted to the British Research Establishment (BRE).
9. Ensure the report is QA's before submission
10. Issue the Design Stage Interim Certificate to the design team, please note the building is not BREEAM compliant until the Post Construction Certificate is awarded.

Post Construction Stage

1. Hold a construction team workshop with the design team. The workshop will cover the scope of the BREEAM Assessment and will discuss the opportunities for ensuring the Design rating continues to be met during the construction phase. This meeting will also highlight any areas of risk and suggest strategies for monitoring progress during the construction phase.
2. Set actions for the Design Team as a result of the workshop and issue trackers.
3. Attend a site visit ensuring the actions agreed during the design stage have been implemented and write the site visit report and take evidential photographic evidence.
4. Produce a final post construction certificate report giving the final BREEAM rating recommended by the Assessor
5. Ensure the quality of the Post Construction report is of the same standard as at the Design Stage.
6. Issue the Post Construction Certificate to the client, the building now has a compliant BREEAM Rating

Note: The projects will be delivered using a bespoke DBFM contract / Project Agreement and generally under the terms of the Supply Chain Agreement entered into by the tendering consultant. The consultant will be expected to engage with the Funder and FM contractor where appropriate and as required.

Appendix D – Scope of Service (Civil and Structural Engineer)

Project:	DBFM Health Centres
Consultant Discipline	STRUCTURAL AND CIVIL ENGINEER

Where reference is made to the Employer in this scope of Service, this should be considered to mean hWS and NHSGGC for the purposes of this appointment. Specific reference is also made to the completed Supply Chain Agreement entered into by the consultant.

1 PRE-TENDER STAGE

- 1.1 Obtain hWS's requirements, budget and timetable. Agree the stage the tender design and construction design is to be taken to.
- 1.2 Examine any site investigation information provided to the Consulting Engineer and discuss with hWS the need for arrangements to be made for geotechnical and contamination investigations of the site.
- 1.3 Outline to hWS the limitations of the site on the Works caused by the topography and any reasonably identifiable previous uses thereof where such matters are apparent from the documents and other information provided by hWS
- 1.4 Visit the site and study data and information relating to the Works, which are reasonably accessible to the Consulting Engineer, and consider reports relating to the Works, which have either been prepared by the Consulting Engineer or have been prepared by others and made available to the Consulting Engineer by hWS.
- 1.5 In conjunction with the Services Engineer advise hWS on the necessity for any further investigation and if necessary obtain such information as is reasonably available from documents on the existence and extent of public services such as water, gas, electricity, sewerage, culverts, tunnels and telecommunications services and comment to hWS on any effect that these may have on the Works, both during construction of the Works and on completion. Provide a written brief for any further investigation works as required.
- 1.6 Discuss with hWS and the Consulting Engineer's obligations under the Health and Safety at Work Act etc and any relevant statutory instrument issued under that Act.
- 1.7 Prepare an Information Required Schedule.
- 1.8 Discuss with hWS the need for arrangements to be made for and define the extent of topographical and dimensional surveys of the site, surveys to obtain details of construction in existence on or adjacent to the site, special investigations or model tests.
- 1.9 Develop hWS's requirements into a definitive brief for the Works. Both hWS and the Consulting Engineer shall work to the brief.
- 1.10 Where applicable, examine the designs contained within the Employer's Requirements and propose alternative design solutions for hWS to price during the tender phase.

- 1.11 Contribute to and develop with hWS a programme for the whole of the design and construction of the Works.
- 1.12 Prepare an outline tender design of the Works to agreed stage.
- 1.13 Provide sufficient preliminary information in relation to the Works in the form of advice, sketches or drawings necessary to indicate the design intent, reports or outline specifications to enable hWS to prepare his tender.
- 1.14 Provide a report at intervals to be agreed on the progress of the design in relation to the programme.
- 1.15 Consult with hWS and specialist subcontractors to examine various design solutions to develop the most cost effective design.
- 1.16 Review with hWS alternative design and construction approaches and cost implications.
- 1.17 Advise hWS upon the content and viability of subcontractor tender proposals

2 POST-TENDER STAGE

After receiving hWS's instruction to proceed to the Post Tender Stage:

- 2.1 Integrate into the design of the Works any requirements of specialist consultants or subcontractors.
- 2.2 Co-operate with any CDM Co-ordinator appointed in accordance with the Construction (Design and Management) Regulations 2007.
- 2.3 Develop the design of the Works in collaboration with hWS and prepare sufficient calculations, drawings, schedules and specifications to enable hWS to construct the Works excluding drawings and designs for temporary works, formwork and shop fabrication details, all to a programme agreed with hWS. In the case of reinforced concrete work, general arrangement drawings and drawings of both standard and non-standard details should be prepared including bar bending schedules for the Works.
- 2.4 Prepare such calculations and details relating to the Works as may be required for submission to any appropriate statutory authority including any submissions or applications for planning consents and approvals.
- 2.5 Provide regular reports at intervals to be agreed on the progress of the design in relation to the programme.

3 CONSTRUCTION STAGE

- 3.1 Advise hWS on the need for special inspections or tests arising during the construction of the Works.
- 3.2 Advise hWS if any design development is likely to affect materially the cost of the Works compared with the design contained in the tender.

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

RACI Matrix : New Project Delivery and Development Method Statement



RACI Matrix: NPD MSA

R = Responsible: This is the person responsible for performing a task. The intention is that each activity will have one person responsible for overseeing/delivering that activity - there should not in general be any occurrences where more than one R has been nominated for a particular task but this may occur due to the specifics of the hub model.

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RACI Matrix: NPD MSA		Participants			hubCo					Supply Chain	
		Relevant Participant(s) Director	TPT Project Director	Cost Advisor	Chief Executive Officer	Operations and Supply Chain Director	Project Development Manager	Commercial Manager	CDMC	Supply Chain Partner - Construction	Supply Chain Partner - Design
STAGE 1 Process											
1	Receive and review the New Project Request				C	A	R	C		C	C
2	Accept New Project Request		I		C	A	R				
3	Darft, finalise and gain approval for Project Execution Plan	C	C	C	C	A	R	C	C		
4	Establishment of Project Board/project Director/Project Team	A	R		C	C				I	I
5	Appointment of the Project Development Team	C	C		C	A	R	C		C	C
6	Project Kick off meeting and Team Build	C	C	C	C	A	R	C	C	C	C
7	Establish Risk Strategy	C	C	C	C	A	R	C	C	C	C
8	Establish Risk Management plan	C	C	C	C	A	R	C	C	C	C
9	Implement Project Development Programme	I	I	I	I	A	R	I	I	I	I
10	Establish Project Monitoring , Reporting and Governance	C	C	I	I	A	R	C	I	I	I
11	Adjustments to the New Project Approval Process and Pricing Report	C	C	C	I	C	A	R			
12	Agree hubco deliverables for Participant's OBC	A	R		I	I	C				
13	Agree process for demonstrating continuous improvement and VfM	C	C		I	A	R	C		C	C
14	Project Milestone Gateway Checklists	A	R			C	C	C			
15	Execute Communications Plan & Consultation Strategy	A	C		I	I	R				

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16	Comply with the requirements of the Construction (Design and Management) Regulations 2007		C		I	C	C		A	R	C
17	Formally appoint CDM Coordinator		I		I	A	R		C	I	I
18	Prepare pre-construction PCIP		C			C	A		R	C	C
19	Comply with health and safety plan and produce the health and safety file.					C	C		A	R	C
20	Essential relationships and adjacencies	C	C			I	A				R
21	Establish required impact, functionality and operational policy	C	C			I	A				R
22	Design Quality - The DQI Process	C	C			I	A			C	R
23	Identify all relevant standards	C	C			A	R	C	C	C	C
24	Design Options Appraisal - Process		C		I	C	A		C	C	R
25	Commercial considerations / Funding terms		C	C	I	C	A	R		C	
26	Confirm Construction and Estates Maintenance Affordability Caps		C	C	C	C	A	R		C	
27	Identify Criteria that demonstrate VfM		C	C		C	A	C			
28	Agree Lifecycle Strategy and Affordability Cap		C	C		C	A	R			
29	Consult with community and users	C	C	C	C	A	R				
30	VfM - FM and Lifecycle costs		C	C	I	C	A	R			
31	VfM - DBFM Funding Strategy		C	C	I	C	A	R			

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		Relevant Participant(s) Director	TPT Project Director	Cost Advisor	Chief Executive Officer	Operations and Supply Chain Director	Project Development Manager	Commercial Manager	CDMC	Supply Chain Partner - Construction	Supply Chain Partner - Design
32	Check 1 - Design Guide Compliance		C			C	A		C	C	R
33	Check 2 - Approval Gateway Checklist		I	I	C			C		C	I
34	Obtain Stage 1 Approval		I	A	C	C	R	C			
STAGE 2 - Process											
1	Stage 2 Project Development process		C	C		A	R	C	C	C	C
2	Review and Update Risk Register and Risk Management Plan.		C	I	I	A	R	C	C	C	C
3	Agree New Project development programme		I	C	I	A	R	I	I	C	C
4	Reconfirm Approval Criteria established at Stage 1		C		I	A	R	C		I	I
5	Agree adjustments to the Pricing Data		C	C	I	C	A	R		C	
6	User Requirements Consultation		C		I	C	A			A	R
7	Demonstrate Flexibility and Innovation		C			A	R		C	C	R
8	Reviewable Design		C				A		C	C	R
9	Design Development to RIBA Stage E (F&G in reality) Including;plans,drawings and specification		C	C		I	A	C	C	C	R
10	Secure Planning Approval (including report on all conditions and strategy for dealing with same)		C		I	A	R			C	C
11	Procuring Process for 3rd Party Funder		I	I	C	A	R	C			
12	Develop the Stage 2 Submission		C	C	I	A	R	C	C	C	C

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13	Pre Full Business Case Gateway checklist	A	R	C	I	I	C	C			
14	Approval of Participants' and Shareholder FBC/Investment papers	A	R	C	I	A	R	C			
15	Development of Project Agreement Schedules		C	C	I	C	A	R		C	C
16	Land Matters Resolution Plan	C	R	C	C	A	R	C			
17	Development of DBFM Project Agreement Schedules		C	C	I	C	A	R		C	
18	Prepare Construction Contract and agree final contract sum		C	C	I	C	A	R		C	
19	Prepare detailed cost plans and agree lifecycle model		C	C	I	C	A	R		C	
20	Secure final consents/discharge pre-development planning conditions		I		I	I	A			R	C
21	Secure utility supplies				I	I	A			R	
22	hubco duties of Client in relation to the CDM Regulation		C		I	C	A		R	C	C
23	Prepare Independent Tester appointment (DBFM)		C	C	I	C	A	R	C	C	
24	Prepare and agree third party agreements		C	C	I	C	A	R			
25	Planning the management of any residual risks		C	C	I	A	R	C			
26	Demonstrate VfM		C		I	A	R	C			
27	Check 1 - Design Compliance		C			I	A			C	R
28	Check 2 - Approval Gateway Checklist	A	C			C	R				

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29	Issue a Stage 2 submission	I	C		I	A	R				
CONTRACT FINALISATION											
30	Resolution of Conditions precedent	C	C	C	C	A	R	C	C	C	C
31	Funder Due Diligence	I	I	C	C	A	R	C	C	C	C
32	Completion of contract documentation	C	C	C	C	A	R	C	C	C	C
33	Resolving any residual risks identified in Stage 2 submission	C	C	C	C	A	R	C			
34	Manage Contract Finalisation/Conclude Project Agreement	C	C	C	C	A	R	C			
35	Approach to Continuous Improvement	C	C		I	A	R			C	C
36	Delivery, Handover and Maintenance of DBFM Projects	C	C		I	C	A		C	R	
POST CONTRACT CLOSE - Construction, Commissioning and Handover											
37	Provide construction certificates to Project Development Manager	I	I	I	I	I	A	I	C	R	
38	Manage post project evaluation process	C	C	C	C	A	R	I	C	C	C
39	Assist the Relevant Participant(s) with the formal opening and publicity	A	C		C	C	R			C	
40	Prepare final evaluation report of the scheme during development, incorporate the interim report, identify lessons to be learned and arrange feedback.	I	I	I	I	A	R			C	C
41	Provide all record drawings, operating manuals, and the health and safety file	I	I	I		I	A		R	C	
42	Ensure that defects are reported and rectified during the defects period.	I	I	I	I	I	A			R	

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43	Ensure that performance benchmarks/criteria are established for the scheme to enable post-project evaluation to be effectively completed.	C	C	C	I	A	R	C		C	C
POST CONTRACT CLOSE - Operational and Operational Management											
1	Carry out final DQJ assessment	C	C			A	R			C	C
2	Carry out defects survey as per Constructing Excellence	C	C		I	I	A			R	
3	Carry out customer satisfaction surveys	C	C		I	A	R				
4	Agree the defects sign off procedures	C	C		I	I	A	I	C	R	
5	Arrange for user groups to visit the site to gain familiarity with the building and engineering services	C	C		I	I	A			R	
6	Confirm technical commissioning programme with hubco board and Primary Suppliers	C	C		I	I	A			R	
7	Testing and Commissioning (Internal Services)	C	C		I	I	A		C	R	
8	Testing and Commissioning (External Services)	C	C		I	I	A		C	R	
9	Agree with the Relevant Participant(s) the involvement of employer staff in technical issues	C	C		I	I	A		C	R	
10	Confirm that all user groups have received a demonstration of the engineering services	C	C		I	I	A		C	R	
11	Set up arrangements for operational commissioning	C	C		I	I	A		C	R	
12	Provide copies of reports on all tests and inspections	I	I		I	I	A		C	R	
13	Provide record drawings, operating manuals and production confirmation manuals	I	I		I	I	A		C	R	
14	Provide confirmation that all necessary planning, building control and Health and safety consents and / or approvals have been achieved	I	I		I	I	A		C	R	

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

MEETING:

VENUE:

DATE:

ATTENDEES:

Name	Title

AGENDA

1. Apologies for Absence
2. Agreement of Previous Minutes
3. Health and Safety
4. Matters Arising
5. Contractor's Report and Programme Update
6. Review of RFI schedule status
7. Architectural Matters
8. Structural Matters
9. M&E Matters
10. Relevant Participant / hWS Matters
11. Tenant Matters
12. Funding Body Matters
13. Security and Access
14. Financial Information
15. Causes of Concern / Risk Items
16. Any Other Business
17. Date of Next Meeting

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

PROJECT DETAILS

HUB WEST PROJECT IDENTIFIER	
Project Title	
Project Status	
Participant	
Participant Lead(s)	
Site Location	
Procurement Type	
FM Services	
Approx Building Area	
Affordability Cap	
Current PC and Prelims	
Business Plan PC and Prelims	
Unitary Charge	
Environmental Aspirations	

PROJECT DESCRIPTION

EXECUTIVE SUMMARY

PROJECT PROGRAMME

Key Project Programme dates	
New Project Request issued by Participant	
Board Decision on NPR	
hWS 20 day NPR Due Diligence Period Ends	
Stage 1 Commencement	
Stage 1 Completion (3 months)	
Stage 1 Participant Approval (2 months)	
Stage 2 Commencement	
Stage 2 Completion (6 months)	
Stage 2 Participant Approval (3 months)	
Planning Application Submission (target)	
Planning Determined (target)	
Contract Finalisation	
D&B contractor selected	
FM contractor selected	

Construction Start On Site	
Facility Available	

PROJECT APPROVAL GOVERNANCE AND FUNDING APPROVAL

Governance:	Achieved? (Yes or No)	When? (Actual or Forecast)
Initial Agreement CIG Approval		
Outline Business Case CIG Approval		
Full Business Case CIG Approval		
FBC Addendum		
NHS Board / Committee Approvals (1)		
NHS Board / Committee Approvals (2)		
SFT Pre-NPR Review		
SFT Pre-Stage 1 Approval Review		
SFT Pre-Close Review		

STRATEGIC SUPPORT SERVICES

SERVICE	SUPPLIER	VALUE (£)	PARTICIPANT AGREEMENT	APPOINTMENT	ACTION

PROJECT RED RISK

PROJECT RED RISK	OWNER	ACTIONS/COMMENTS

BOARD APPROVALS

ITEM	STATUS

PROJECT SUPPLY CHAIN

Main Contractor	
FM Contractor	
Architect	
Building Services	
Civil/Structural	
CDM C	
BREEAM Assessor	
Quantity Surveyor	
Design Stage	

PROJECT PROGRESS / REPORTING

PDM REPORT	ACTIONS / COMMENTS

CM REPORT	ACTIONS / COMMENTS

KEY ACTIONS FOR NEXT PERIOD

ACTION	BY WHOM

Appendix 1	Project Execution Documentation
Section 3.0	Meetings and Reporting
Annex I	Stakeholder Engagement

Hub Stakeholder Communication Plan

1. Introduction

This paper sets out a proposed stakeholder communications plan for the new health centres being developed through the hub initiative.

2. Background and aim

Within the Outline Business Case we are expected to include a communications plan.

The aim of the plan is to detail the action to be taken by NHSGG&C to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

3. Context

The development of 4 new health centres is a major investment in improving health services in Greater Glasgow.

The communications plan takes account of the similarities among the 4 projects – and therefore sets out a range of core communication activity. However due regard must also be taken of the specific requirements of each project.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

4. Stakeholders

The main stakeholders in the project are:

4.1 Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- *East Renfrewshire Council*
- Glasgow CHP Committee / *East Renfrewshire CHCP committee*
- West of Scotland Hub Team
- Project Board for each development
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- CHP Management Team and Managers in North West and South Sectors

- *East Renfrewshire CHCP Management Team*
- Respective Locality Groups for Maryhill, Kelvin and Canal area, Gorbals and Eastwood areas
- Public Partnership Forum/ Patient user groups
- Staff Partnership Forum
- Staff in Glasgow CHP *and East Renfrewshire CHCP*

4.2 External

- Local MSPs/Councillors (*East Renfrewshire may consider councillors as internal stakeholders*)
- Glasgow City Council Social Care Services
- Community Planning Partners (including local housing associations)
- Local community organisations
- Local voluntary sector organisations with a connection to health services
- Local people
- Staff in NHSGG&C (i.e. wider than Glasgow CHP and East Renfrewshire CHCP)
- *Staff in East Renfrewshire Council (wider than East Renfrewshire CHCP staff)*

5. Existing communication mechanisms

5.1 Formal Structures/ mechanisms for communication with stakeholders

- NHSGG&C, CHP /CHCP and Council Committee meetings
- Hub Steering Group meetings
- Local community Planning Partnership structures (boards, officers' groups etc.)
- CHP and sector management team meetings (*and CHCP management meetings*)
- Public Partnership Forum regular meetings
- Regular project board and delivery group meetings
- Meetings of GP forum in each area
- Meetings of Staff Partnership forum
- Local voluntary sector networks and Third Sector interface organisations
- Local housing networks (e.g. Essential Connections Forum).
- BATH – Better Access to Health Group (NHSGG&C wide involvement structure for people with disabilities).

5.2 Less formal means of communication

- Newsletters and team briefs - NHSGG&C Health News, Staff News, *East Renfrewshire Council newsletter*,
- Web sites (NHSGG&C, Glasgow CHP, *East Renfrewshire CHCP and Council*)

- SOLUS Screens in local community health venues (including current Maryhill Health centre)
- PPF newsletters/ e mail communications to people/organisations on local databases (e.g. in North West the recently updated PPF database comprises 120 local organisations)
- Local Community Councils (meetings and newsletters)

6. New communication /involvement structures

6.1 Public/patient involvement group(s) for each hub project

Public involvement in the development of the new centres will be overseen by the respective Public Partnership Forum (PPF) in each CHCP/Sector. Engagement with the public will extend beyond the PPF committee to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new health centres.

A sub group of the PPF, led by the respective Head of Planning, supported by their PPF officer, will take responsibility for wider public engagement as the project progresses. This group will comprise 2/3 members of the PPF Executive Committee and representatives of a range of patient groups in the area (as described above). They will report via the PPF Officer to the Delivery Group and also submit regular reports to their respective PPF Executive Committee.

6.2 User groups

Each service and/or staff discipline will have a representative on the user group for each project. It is expected that each member of the Delivery Group will communicate regularly with their respective user group – through meetings and/or e mails.

7. Communication Plan

The proposed plan is set out in Appendix 1

Appendix 1 – Hub Stakeholder Communication Plan

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	Anne Hawkins on behalf of Partnership Directors	As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups Relevant Head of Planning responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Hub Steering Group	Programme/progress Updates, general Information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Team for each project. Hub West of Scotland	Regular monthly meetings	Reports
Core Team	Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	<i>Weekly tele conference, fortnightly meetings and/or ad hoc as required?</i>	Telephone, email, face to face meetings, reports and briefings.
Principals Group?	<i>Review of Project Progress, regarding design, construction, affordability, etc</i>	<i>NHS Project Director/Project Manager, Consultant PSC – Project Manager & Cost Adviser, + PSCP Senior Manager</i>	<i>Quarterly or ad-hoc as required</i>	<i>Telephone, email, face to face meetings, briefings</i>
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
CHP?CHCP Committee	Programme Update, General Information relating to Territory development, project pipeline updates.	SRO	As per action plan. Also regular update reports to Committee meetings	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
<i>Principal Supply Chain Partner (PSCP)</i>	<i>Framework, High Level Information Pack, & Procurement</i>	<i>Project Manager SRO</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.</i>
<i>Professional Service Contracts (PSC – PM and CA)</i>	<i>High Level Information Pack Framework & Procurement Information</i>	<i>Project Director Project Manager</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, briefings, e-mail and telephone</i>
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project . Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)	As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
CHP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings (monthly)	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
PPF & BATH Group LCPP boards in North West, South Glasgow and East Renfrewshire	Programme Updates, general Information relating to Project	SRO/Head of Planning	As per action plan./ depending on local circumstances	As appropriate dependant on issue to be communicated.
Locality Groups in North West and South Glasgow and East Renfrewshire	BATH to review plans in respect of disability access/ease of use by patients with different disabilities.	Link with NHS GG&C Corporate Engagement team re BATH involvement at appropriate stages of development	Regular updates to PPF Executive Committee on public engagement activity	
GP forum in each area (to keep GPs outwith health centres advised of developments)			Regular reports on progress Update on progress as required - 6monthly or annually	Presentation to Forum by Director/Head of Planning (to keep other GPs in area informed)
CHP/CHCP staff	Project Updates, general information relating to Project	SRO/Head of Planning to provide information to Communications officers who will draft material	As per required. Team briefs Staff newsletter	As appropriate dependant on issue to be communicated
	Any changes to staff working conditions/practices arising from new developments	Head of HR to report Staff Partnership forum	Staff Partnership forum representatives are members of CHP/CHCP committee and will therefore be receiving regular updates via Committee reports	
	Staff teams who will be working in new centres	Head of Planning/Design Team	As required	Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
General public /patients	Regular updates on initial plans and then progress	Head of Planning to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council Newsletters E-newsletters SOLUS screens Articles in partner newsletters (e.g. local housing organisations)
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Planning to liaise with Health Improvement team to disseminate among partners PPF officer to issue regular e mail updates to organisations on PPF database	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through PPF database

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

Request for Information (RFI)

Contract:					Contract no.:			RFI no:		
Issued to:					Copies to:			Date:		
Received:	Client	<input type="checkbox"/>	Subcontractor	<input type="checkbox"/>	Engineers	<input type="checkbox"/>	Other			
Subject:										
INFORMATION REQUIRED										
Include sketch or photos etc below										
Response required by (date):					Signed:					
Answer(s) please complete this section and return to hWS -										
Fax number										
Email:										
Name:				Date:			Signed:			

Request for Information Log

Contract:						Contract No.:	
Date Issued	Ref. No.	Content	Date Required	Date Received	CVI Reference	Issued To	
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Request for Information Log

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Request for Information Log

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

Change Request No:	
Date Issued:	
Current Status:	
Response Required:	
Required Sign-off Date:	

MAJOR CHANGE REQUEST



[Project Name]

Change Title:	
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STAGE 1: IDENTIFICATION AND JUSTIFICATION

Change Requested By:	Originator [Lead Participant / Participant / Primary Contractor / Other]
Description of Change(s): <i>(Change Originator to Complete)</i>	[Detailed Description of Proposed Change]
Justification for Change: <i>(Change Originator to Complete)</i>	[Provide Detailed Justification of Reasons for the Proposed Change]
Identification & Justification Approved by Participant Project Director	[Name]
	[Signature]
	[Date]

Consultants Affected:	<input type="checkbox"/> Architect	<input type="checkbox"/> Structural Engineer	Reason for Change:	<input type="checkbox"/> Participant Change
	<input type="checkbox"/> Services Engineer	<input type="checkbox"/> Civil Engineer		<input type="checkbox"/> Tenant Change
	<input type="checkbox"/> Quantity Surveyor	<input type="checkbox"/> Landscape Architect		<input type="checkbox"/> Site Condition
	<input type="checkbox"/> Acoustic Consultant	<input type="checkbox"/> Fire Engineer		<input type="checkbox"/> Design Development
	<input type="checkbox"/> FM Contractor	<input type="checkbox"/> Other (.....)		<input type="checkbox"/> Contractor Proposal

Status Key:	A	Approved – Proceed	B	Approved with Comments - Incorporate & Proceed
	C	Rejected with Comments - Resubmit	D	Rejected
	U	Under Discussion		

STAGE 2: COST, AFFORDABILITY AND FUNDING

To be completed by hWS

Evaluation of Change – Programme and Cost Implications: <i>(hWS to Complete after review with relevant personnel)</i>	Programme	
	PDM / CM	
	Design Team	
	Contractor	
	LCM Cost Implications <i>(DBFM Only)</i>	
	FM Cost Implications <i>(DBFM Only)</i>	
Costs Assessed by hWS	[Name]	
	[Signature]	
	[Date]	

To be completed by Participant

Evaluation of Affordability: <i>(Participant Financial Director to Complete)</i>	Capital Funding	
	Revenue Funding	
	Overall Assessment	
Affordability Assessment Approved by Participant Financial Director	[Name]	
	[Signature]	
	[Date]	

Assessment of Impact – Additional Funding Requirements and Source: <i>(Participant Client Group to Assess and Complete)</i>	Capital / Revenue Funding Review	
	Funding Source & Implications	
Affordability Assessment Approved by Participant Client Group	[Name]	
	[Signature]	
	[Date]	

STAGE 3: APPROVALS

Approval Forum and Date: <i>(As required)</i>	Participant	
	Project Board	
	PDT	
	Other	
Participant Approval to Proceed: <i>(Participant Project Director)</i>	[Name]	
	[Signature]	
	[Date]	

STAGE 4: INSTRUCTION

Confirmation of Instruction Issued to:	[Issued To]
Instruction Issued by hWS PDM	[Name]
	[Signature]
	[Date]
Checked by hWS OSCD	[Name]
	[Signature]
	[Date]

CHANGE AUTHORISATION PROCEDURE – GENERAL NOTES

The following procedure has been produced to manage the major Change Control Process as required under hub West Scotland (hWS) TPA with all projects procured on a Design and Build (DBDA) or a Design, Build, Finance & Maintain (DBFM) basis. This procedure relates to any change to the base design following the submission of the Stage 1 Approval and where a design freeze is mandatory. Thereafter, it will continue to be used until Financial Close is achieved with the Primary Contractor and then during the Construction Stage until the completion of the project. Any potential impact on the established Affordability Cap must be identified and recorded.

Each member of the Project Delivery Team (PDT) must have a working knowledge of the Change Authorisation Procedure. All PDT members, including the Participant(s) and Primary Contractor are contractually required to implement the system in a proactive and efficient manner under the terms of the Territory Partnering Agreement (TPA).

The purpose of the procedure is to assist in the control of variations by capturing all relevant and salient information in order to comprehensively assess the overall implications of a variation. It is not intended to make the variation identification and appraisal exercise any more protracted. Not all sections will require to be completed for every proposed variation.

The request for a change can only come from either the Participant or the Primary Contractor / Design team. When the requirement/request for the change is identified the party responsible must complete the Change Request using the following notes as guidance:

GENERAL

1. **Change Reference:** Starting at number one (1), these are incremented by one for each and every change and must relate directly to the relevant entry on the Master Change Control Register which is updated by the PDM.
2. **Date Issued:** Original date the Change Request for first issued by the Change Originator
3. **Current Status:** refer to the Key at the end of P3 for details
4. **Response Required:** Date when an initial response is required which should normally be within 5 working days
5. **Required Sign-off Date:** Last date at the change can be implemented without material impact on the project
6. **Change Title:** General description of the required change

STAGE 1 – IDENTIFICATION AND JUSTIFICATION

7. **Change Requested By:** Originating Organisation such as the participant or Primary Contractor
8. **Description of Change:** Precise detail of the proposed change. Sufficient information must be provided to enable other Professional and Project Team members to assess its impact with relevant sketches or other information
9. **Justification of Change:** Provide reasons, ie, operational requirements, statutory obligations, change in brief
10. **Signature:** Participant Project Director to sign off that 'in principal' that the Change should be progressed
11. **Consultants Affected:** Design team members to be notified of the change
12. **Reason for Change:** Indicate why the change is required as noted

STAGE 2 – COST AFFORDABILITY AND FUNDING (HWS)

13. **Programme:** Once responses have been received and collated, programme implications to be identified
14. **Costs:** Any costs associated with implementation of the change, ie statutory or design team fees, to be included
15. **Construction:** Identify any construction costs associated with change (plus or minus)
16. **LCM :** Generally applicable for DBFM projects only – identify Lifecycle implications (if any)
17. **FM Cost:** Generally applicable for DBFM projects only – identify Facilities Management implications (if any)
18. **Costs Assessed by hWS:** hWS to complete when all relevant information has been populated.

STAGE 2 – COST AFFORDABILITY AND FUNDING (PARTICIPANT)

19. **Capital Funding:** Confirm that Capital funding is in place if additional costs are required
20. **Revenue funding:** Confirm that revenue funding is available to enable change required
21. **Cost Implications:** Note any issues relative to the provision of construction funding (ie, savings identified elsewhere)
22. **Overall Affordability:** Any other comments

ASSESSMENT (CLIENT GROUP – EDUCATION, SOCIAL WORK, THIRD SECTOR ETC)

23. **Capital / Revenue Funding:** Confirmation that funding is available
24. **Source:** Source of the funding any and any further financial implications / comments

STAGE 3 – APPROVALS

25. **Participant:** Senior Office with required delegated authority to implement change and all implications
26. **Project Board:** Confirmation that Project Board has ratified the change
27. **PDT:** Ratification that the Project Delivery team understand and are to implement the change
28. **Other:** As required

STAGE 4 – INSTRUCTION

29. **Confirmation of Instruction:** Any further explanatory notes including status updates (ie, rejected and reasons)
30. **Instruction Issue:** Final instruction by hWS Project Development Manager after approval by Participant / Primary Contractor
31. **Check:** Final check by hWS Operations & Supply Chain Director.
32. **End**

Appendix 1 Project Execution Documentation
Section 6.0 Change Control
Annex L Change Control Sequence

Appendix 1 Project Execution Documentation

Section 9.0 Handover

Annex M Section 9.2 Handover Meeting Agenda and Checklist

MEETING: Project Handover Meeting

VENUE:

DATE:

ATTENDEES:

Name	Title

AGENDA

- 1.0 Apologies for Absence
- 2.0 Previous Minutes / Actions
- 3.0 Consultants Comments and Relevant Participant's Acceptance of Practical Completion
 - 3.1 Consultant Inspections and Review of Commissioning
 - 3.2 Statutory Inspections
 - 3.3 Certificate of Practical Completion and Snag List
 - 3.4 Handover of Spares and Keys
 - 3.5 Meter Readings
- 4.0 Health and Safety File/O&M Manuals
 - 4.1 Handover of Files
 - 4.2 Outstanding Information for Inclusion in Files
- 5.0 Financial Matters
 - 5.1 Valuations Pending
 - 5.2 Final Account
- 6.0 Relevant Participant's Issues/Comments
- 7.0 Defect Liability Period and Defect Correction Procedure
- 8.0 Any Other Business

Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

Appendix I – Communications Plan

Introduction

This paper sets out a proposed stakeholder communications plan for the new Maryhill health centre being developed through the hub initiative.

Background and aim

The aim of the communications plan is to detail the action to be taken by NHSGG&C to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

Context

Maryhill Health Centre is one of 4 new health centres being developed through the hub initiative in Greater Glasgow and Clyde.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

Stakeholders

The main stakeholders in the Maryhill project are:

Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- Glasgow CHP Committee
- West of Scotland Hub Team
- Project Board for the development
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- CHP Management Team
- North West Sector Management Team
- Locality Groups for Maryhill, Kelvin and Canal area,
- Public Partnership Forum/ Patient user groups
- Staff Partnership Forum
- Staff in Glasgow CHP

External

- Local MSPs/Councillors Glasgow City Council Social Care Services
- Community Planning Partners (including local housing associations)
- Local community organisations
- Local voluntary sector organisations with a connection to health services
- Local people
- Staff in NHSGG&C (i.e. wider than Glasgow CHP)

Existing communication mechanisms

Formal Structures/ mechanisms for communication with stakeholders

- NHSGG&C, CHP and Council Committee meetings
- Hub Steering Group meetings
- Local community Planning Partnership structures (boards, officers' groups etc.)
- CHP and sector management team meetings
- Public Partnership Forum regular meetings
- Regular project board and delivery group meetings
- Meetings of GP forum
- Meetings of Staff Partnership forum
- Local voluntary sector networks and Third Sector interface organisations
- Local housing networks (e.g. Essential Connections Forum).
- BATH – Better Access to Health Group (NHSGG&C wide involvement structure for people with disabilities).

Less formal means of communication

- Newsletters and team briefs - NHSGG&C Health News, Staff News,
- Web sites (NHSGG&C, Glasgow CHP)
- SOLUS Screens in local community health venues (including current Maryhill Health centre)
- PPF newsletters/ e mail communications to people/organisations on local databases (e.g. in North West the recently updated PPF database comprises 120 local organisations)
- Local Community Councils (meetings and newsletters)

New communication /involvement structures

Public/patient involvement group(s) for each hub project

Public involvement in the development of the new centres will be overseen by the North West Public Partnership Forum (PPF). Engagement with the public will extend beyond the PPF committee to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new health centres.

A sub group of the PPF, led by the Head of Planning, supported by their PPF officer, will take responsibility for wider public engagement as the project progresses. This group will comprise 2/3 members of the PPF Executive Committee and representatives of a range of patient groups in the area (as described above). They will report via the PPF Officer to the Delivery Group and also submit regular reports to the North West PPF Executive Committee.

User groups

Each service and/or staff discipline will have a representative on the user group for each project. It is expected that each member of the Delivery Group will communicate regularly with their respective user group – through meetings and/or e mails.

Communication Plan

The proposed plan is set out in the following table.

Hub Stakeholder Communication Plan

Stakeholders:	Information Required:	Information Provider:	Frequency of Communication:	Method of Communication:
Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	What specific information is required by each stakeholder group?	Who will provide the information?	How often will information be provided?	By what method will the communication take place?
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	Anne Hawkins on behalf of Partnership Directors	As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups Relevant Head of Planning responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Hub Steering Group	Programme/progress Updates, general Information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Team for each project. Hub West of Scotland	Regular monthly meetings	Reports
Core Team	Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	Regular weekly meetings	Telephone, email, face to face meetings, reports and briefings.
Principals Group	Review of Project Progress, regarding design, construction, affordability, etc	NHS Project Director/Project Manager, Consultant PSC – Project Manager & Cost Adviser,+ PSCP Senior Manager	Quarterly or ad-hoc as required	Telephone, email, face to face meetings, briefings
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
CHP Committee	Programme Update, General Information relating to Territory development, project pipeline updates.	SRO	As per action plan. Also regular update reports to Committee meetings	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Principal Supply Chain Partner (PSCP)	Framework, High Level Information Pack, & Procurement	Project Manager SRO	As stated in High Level Information Pack.	Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.
Professional Service Contracts (PSC – PM and CA)	High Level Information Pack Framework & Procurement Information	Project Director Project Manager	As stated in High Level Information Pack.	Meetings, correspondence, Bidders Day, briefings, e-mail and telephone
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project. Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)	As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
CHP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings (monthly)	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
PPF & BATH Group LCPP boards in North West, South Glasgow and East Renfrewshire Locality Groups in North West GP forum (to keep GPs outwith health centres advised of developments)	Programme Updates, general Information relating to Project BATH to review plans in respect of disability access/ease of use by patients with different disabilities.	SRO/Head of Planning Link with NHS GG&C Corporate Engagement team re BATH involvement at appropriate stages of development	As per action plan./ depending on local circumstances Regular updates to PPF Executive Committee on public engagement activity Regular reports on progress Update on progress as required - 6monthly or annually	As appropriate dependant on issue to be communicated. Presentation to Forum by Director/Head of Planning (to keep other GPs in area informed) Articles in North West Sector GP newsletter
CHP/CHCP staff	Project Updates, general information relating to Project Any changes to staff working conditions/practices arising from new developments Staff teams who will be working in new centres	SRO/Head of Planning to provide information to Communications officers who will draft material Head of HR to report Staff Partnership forum Head of Planning/Design Team	As per required. Team briefs Staff newsletter Staff Partnership forum representatives are members of CHP/CHCP committee and will therefore be receiving regular updates via Committee reports As required	As appropriate dependant on issue to be communicated Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/engage in discussion re developments.

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General public /patients	Regular updates on initial plans and then progress	Head of Planning to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council Newsletters E-newsletters SOLUS screens Articles in partner newsletters (e.g. local housing organisations) Twitter Displays in current Maryhill Health Centre
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Planning to liaise with Health Improvement team to disseminate among partners PPF officer to issue regular e mail updates to organisations on PPF database	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through PPF database Twitter

