NHS Greater Glasgow & Clyde

Maryhill Health Centre

Outline Business Case
V Final

CONTENTS

v Final 24 May 2013

1 Project Title and Proposed Investment

This Outline Business Case summarises the planned investment in the development of a new Maryhill Health Centre.

The title of the project is as follows:

"Modernisation and redesign of primary and community health services for Maryhill"

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 provision of a new health centre in Maryhill will enable service re-design and development that will ensure that wherever appropriate 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 existing Health Centre is located some way behind Maryhill Road, on an elevated site, accessed by Shawpark Street. It contains 4 GP practices (serving a practice population of 27,083) and a range of community health services including community dental health services and pharmacy.

The current building is a mix of single storey and two 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.

There is a considerable programme of house building planned in the Maryhill 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.

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.

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.

2 Executive Summary

2.1 Introduction

The following Outline Business Case (OBC) provides evidence that the proposed project is affordable, deliverable and robust. The project is predicated on the basis that there is a clear and long held view amongst the Maryhill community, Glasgow City CHP (North West Sector), Health Centre patients, GPs and community care professionals that the current Health Centre facility in Maryhill is inadequate. The OBC also provides clear guidance on project objectives, timescales, measurability and governance.

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.

Some of the challenges to health and wellbeing identified in NHS Scotland's publication "*Building a Health Service Fit for the Future (2005)*" are "an ageing population, persistent health inequalities, a continuing shift in the pattern of disease towards long term conditions and growing number of people with multiple conditions and complex needs".

The need to respond to changes in population needs, and to implement the vision set out in *Achieving Sustainable Quality in Scotland's Healthcare: a 20:20 Vision*, will demand significant changes in the way health services are provided and a need to increase the quality of health interventions offered and to focus efforts on more holistic, integrated care.

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 provision of a new health centre in Maryhill will enable service re-design and development that will ensure that wherever appropriate 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 have consulted extensively with clinical users and patients to achieve a good design that: fosters access to social support, seeks to lower and 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 materials 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.

2.2 Existing situation

The current Maryhill Health Centre was built in the 1970's and 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 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 two 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.

In summary the current health centre facilities are inadequate and improvements are required to provide the following:-

- A platform for sustaining and expanding clinical services, in line with the current and future model 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',* '*Equally Well'* and *'Renewing Scotland's Public Services'*.
- A platform for meeting satisfactory levels for attracting and retaining suitable levels and calibre of staff, supporting job satisfaction and reducing staff absence.
- Facilities which have a low carbon footprint that will help to achieve Scottish Government carbon emissions targets

- Facilities which meet the required quality standards necessary to provide patient-centred, safe and effective care
- Facilities which are flexible and adaptable to meet future demands for health and care services
- Facilities that enable effective and efficient use of the CHP's resources.

2.3 Strategic Context

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.

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

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

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

The proposals within the Maryhill OBC demonstrate planned improvements in the areas identified in these documents, in particular;

- Improving access for patients
- Ensuring up-to-date and agreed suite of care pathways
- Giving increased priority to anticipatory care
- Taking steps to ensure more effective partnership between the different primary care professionals
- Targeting resources to tackling the persistent health inequalities experienced by people living in an area of deprivation.

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.

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 4.2 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.

2.4 Background

The 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 which fails 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 and furthermore there is a significant backlog in maintenance and with plant and equipment at an age which is well beyond their design life. The building is amongst the least energy efficient proprieties in Glasgow CHP.

Existing Maryhill Health Centre

Figure 2.1

The current service provided in Maryhill Health Centre is unable to support the required focus on anticipatory care and reducing inequalities in health set out in "**Better Health, Better Care: Action Plan (2007)**"and Equally Well.

Limitations in space prevent optimum delivery of services – and restrict the ability to use the health centre as a base for GP and AHP training (e.g. lack of interconnecting rooms to supervise students). There is limited training / seminar space and / or rooms that can be used flexibly e.g. for youth health, and other health improvement activity or services provided in partnership with voluntary sector and local community health organisations.

2.5 Service Objectives

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

The Corporate Plan sets out the following five strategic priorities:

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

Further detail on service objectives and strategic aims is included in section 4.3.

2.6 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.

2.7 Critical Success Factors

The key stakeholders have undertaken a review of the Investment Objectives and potential benefits, identifying the following list of Critical Success Factors:

- 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 economy, 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) and 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 organisation and likely availability of funding & matches other funding constraints.

2.8 Summary of Short listed Options

The short list of feasible options for the project is summarised as follows:

Option 1a: **"do minimum"**	This option would incur minor interior upgrade works to improve the building. This option would fail to meet the service and project objectives. However it has been included as an option to provide a baseline so that the extra benefits and costs of the other options can be measured against it.
Option 2a: **"build new Maryhill Health centre at Maryhill Road/Skaethorn Road**	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered viable – but there are some issues regarding the accessibility of the steeply sloping site, potential traffic problems on a busy junction, and was thought to be too far from Maryhill Town Centre to be ideal.
Option 2b: **" build new Maryhill Health centre at Gairbraid Avenue**	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered to be the best in terms of improving access, being close to Maryhill Town Centre (and not too far from the site of the existing health centre), with potential synergies arising from its location beside Maryhill Burgh Hall and Maryhill Leisure Centre (thereby making a bigger impact in terms of supporting the Maryhill Town Regeneration Plan).

Table 2.1

There was a further short list Option 3b "build a combined health centre for Maryhill and Woodside" but this was withdrawn from the short list, following the approval for the Initial Agreement for Woodside, which recommended that this option should not proceed.

2.9 The Preferred Option

The preferred option to emerge from the option appraisal exercise was **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.

2.10 Results of economic and financial appraisal/s

The following tables are expanded upon fully within this document and provide a summary of the economic and financial appraisals that have been undertaken to validate the delivery options.

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

Initial Capital Cost Estimates

Option	Initial Capital Cost Estimate
Option 1 a– Do Minimum	£404,000
Option 2a – build new Maryhill Health centre at Maryhill Road/Skaethorn Road	£12,099,369
Option 2b – build new Maryhill Health centre at Gairbraid Avenue	£12,105,977

Table 2.2

The table below shows the analysis for the short listed options.

'* Based on Initial Capital Cost estimates plus Prelims (10.83%), Overheads & Profit (4%), New Project Development Fee (7.67%), Additional Management Costs (2.54%), DBFM Fees (2.13%), Hubco (1.83%).

VfM Analysis

25 year Life Cycle		Do Minimum	Build new Maryhill Health centre at Maryhill Rd/Skaethorn Road	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	£19,160,598	£19,167,207
Cost per benefit point	b/a	£472,597.24	£324,206.40	£210,860.36
Appraisal Element		**Option 1a**	**Option 2a**	**Option 2b**

Table 2.3

2.11 Outcome

The results of the Economic and Financial Analysis consolidate the position of **Option 2b** as the preferred option.

2.12 Benefits Realisation

The Benefits Criteria articulated in this document are all desirable outcomes for the project that can be achieved by the Preferred Solution, **Option 2b.**

Further detail on Benefits for the project is included in section 4.14.

2.13 Cost of Preferred Option – Stage 1

Following the options appraisal Hubco has provided maximum tender cost for the provision of Option 2b – New Build at Gairbraid Avenue - as follows:

Output	**Maryhill Health Centre**
Capital Expenditure (capex & development costs	£11,226,555
Total Annual Service Payment	£37,651,000

Table 2.4

2.14 Summary of Key Dates

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

Project Phases

Stage 2: Consideration of OBC	**2 July 2013**
Stage 3: Submission of FBC	**2 October 2013**
Stage 4: Start on site	**23 February 2014**
Completion date	**15 April 2015**
Services Commencement	**15 April 2015**

Table 2.5

2.15 Scottish Capital Investment Manual (SCIM) Compliance

This OBC has been prepared in accordance with the requirements of the Scottish Capital Investment Manual (SCIM) and presents the programme's objectives, benefits, risks, costs and other relevant information.

3 Introduction

3.1 Initial Agreement Document

In compliance with the requirements of the Scottish Capital Investment Manual (SCIM) an Initial Agreement document (Final), was developed and has been approved by the Capital Investment Group (CIG) on 9th November 2012 see Appendix A.

The Initial Agreement document presented the Strategic Case for the project, and this has been reviewed within this Outline Business Case.

3.2 OBC Purpose and Compliance

The overall purpose of the Outline Business Case is to justify and demonstrate the proposals for the development of the new Maryhill Health Centre.

This Outline Business Case complies with and meets the requirements of the Scottish Government Health Directorate (SGHD) Capital Investment Manual (June 2010). The OBC framework promotes the development of investment benefits, costs, risks and management procedures in a systematic way to ensure that NHS Greater Glasgow & Clyde present a convincing argument that the proposed investment is financially sound, within affordability constraints and presents the way for moving forward.

The preparation of the Outline Business Case forms part of Phase 2 of the SCIM guidance covering the following sections.

- Step 4 : Economic Case (Demonstrating value for money)
- Step 5 : Commercial Case (Procurement and Contractual Arrangements)
- Step 6 : Financial Case (Considers costs and affordability)
- Step 7: Management Case (Management Structure and Tools for delivery).

3.3 OBC Structure

The structure and content of the Outline 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 Initial Agreement document and prepares the way for the Full Business Case document which will develop the preferred option in further detail.

In summary the objectives of the Outline Business Case document are to.

- Review the Initial Agreement (IA) document, particularly the Strategic Case
- Re-validate the short-listed options in the IA
- Undertake analysis and due process to demonstrate how each of the short-listed options best meets the (non-financial) measurable benefits

- Undertake a financial and economic appraisal to demonstrate value for money
- Identify the preferred option taking into account the non-financial benefits that would be achieved, the costs and risks.
- Present a sustainability case for the proposals
- Demonstrate the ability of NHS Greater Glasgow & Clyde to afford the preferred option
- Summarise the management, procedures and protocols that would be put in place to achieve successful delivery.

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

Section	Description
1. Project Title and Summary of Proposed Investment	As stated
2. Executive Summary	Provides a summary of the Outline Business Case (OBC) content and findings.
3. Introduction	Provides the background and methodology used in preparing the OBC.
4. Strategic Case	Reviews the Initial Agreement and establishes the strategic context of the proposed investment, both in terms of national and local clinical services in NHS Greater Glasgow & Clyde. This section sets down the profile of NHS Greater Glasgow & Clyde, its aims, aspirations and constraints on service delivery.
5. Economic Case	Identifies the process by which the short listed options were established and summarises the assessment of the options, in terms of non-financial benefits, costs and risks. An overall assessment of the preferred option, based on value for money, is then established.
6. Preferred Option	Summarises the Preferred Option and the reasons for selection. Various aspects and implications associated with progressing with the preferred option are then investigated in order that NHS Greater Glasgow & Clyde have a clear idea of how this would impact on current services.
7. Sustainability Case	Considers NHS Greater Glasgow & Clyde policy on developing sustainable facilities. This section also

Section	Description
	considers the benefits, issues and associated implications associated with the development of the scheme in line with the proposed approach.
8. Commercial Case	Identifies the contractual arrangement and risks associated with the proposed options for procurement, together the payment implications and accountancy treatment.
9. Financial Case	Considers the costs (including capital, revenue and other costs) associated with the preferred option and the associated impact on NHS Greater Glasgow & Clyde, and the consequential affordability.
10. Management Case	Summarises the approach to the management of the project, based on the preferred approach, including NHS Greater Glasgow & Clyde governance structure, management team, programme implications and risk management.
Conclusion	Provides a summary of the findings within the OBC.

Table 3.1

3.4 Procurement Approach to Date

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

Delivery is provided through a joint venture company (hub West Scotland) which brings together local public sector Participants, 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 for the purpose of delivery of both projects at the same time – the purpose of this approach and the benefits are outlined in the summary report to this and Eastwood Health and Care Health Centre OBCs.

KEY STEPS IN OBC DEVELOPMENT

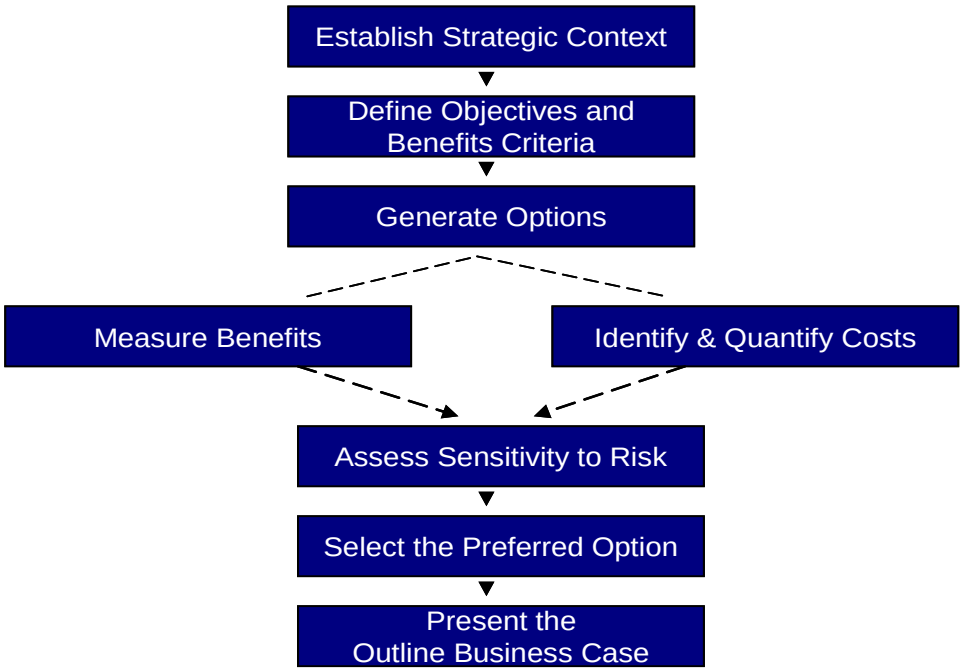

Figure 3.1

NHS Greater Glasgow & Clyde have appointed various groups to ensure that visibility and accountability is achieved at various levels of the organisation and this includes a wide range of stakeholders involved in the project. The following diagram represents the key levels in the governance process.

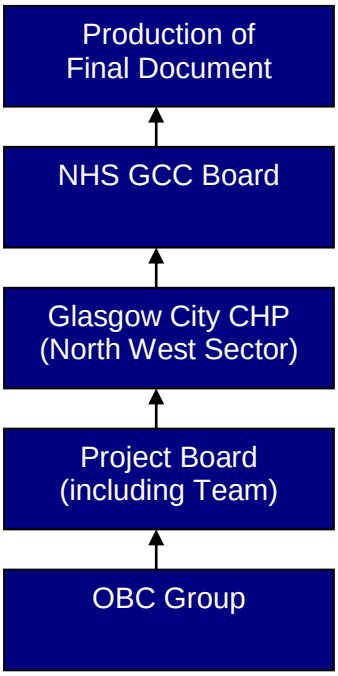

Figure 3.2

The organogram below demonstrates NHS Greater Glasgow & Clyde's approach to the governance of this project up to Outline Business Case (OBC) stage.

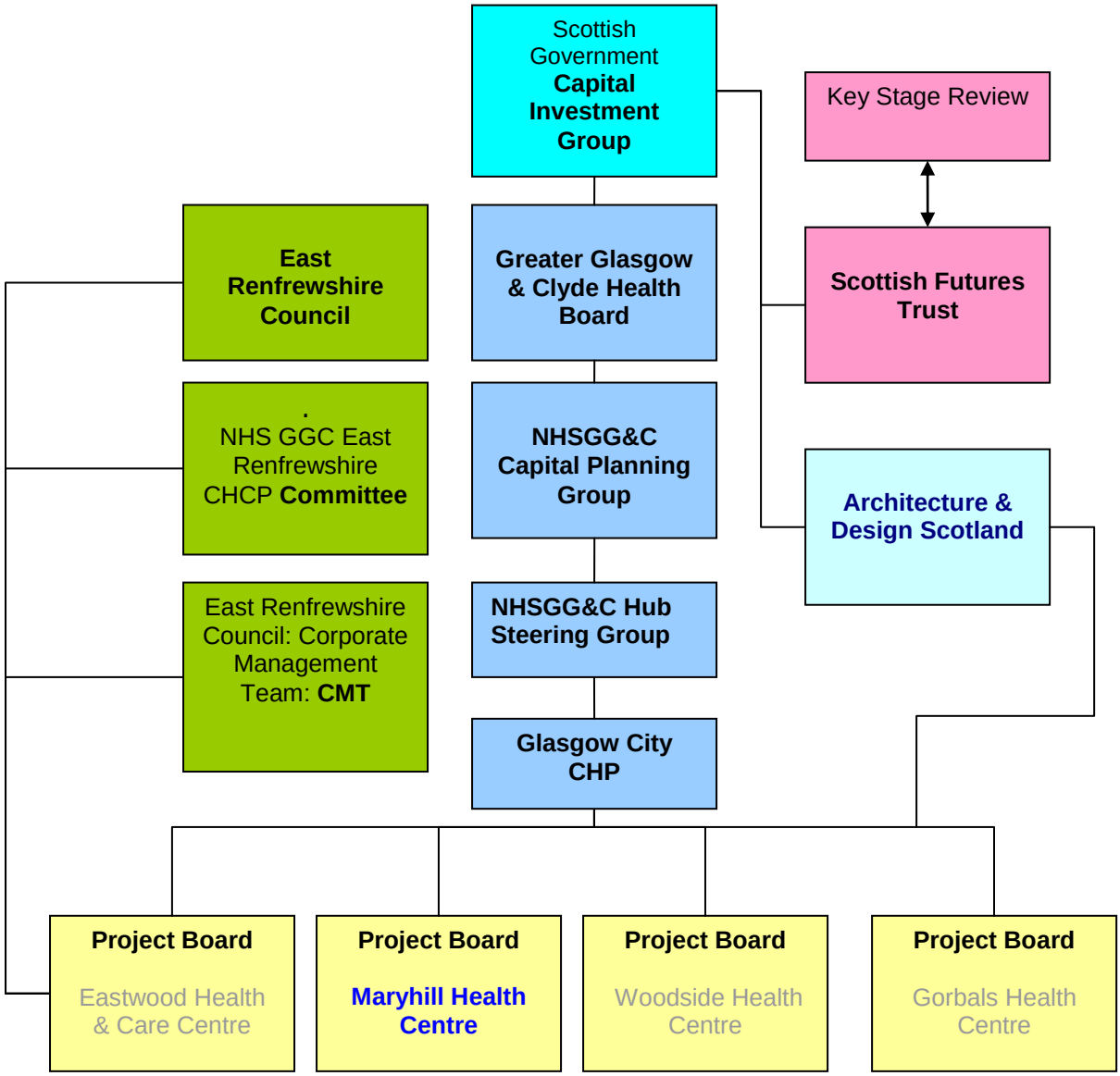

Figure 3.3

3.5 Full Business Case and Procurement Route

Based on the assumption that the OBC is endorsed by CIG committee, the project will progress with the development of a Full Business Case document. This will seek to demonstrate the following:

- Identify the best market place opportunity for achieving value for money
- Present the proposed commercial and contractual arrangement for the proposed deal
- Demonstrate in more detail the proposed scheme and that it is fully affordable

- Demonstrate in more detail the management arrangements and protocols for successful delivery.

Subject to the preferred solution based on the value for money analysis, as described later in this business case, NHS Greater Glasgow & Clyde plan to use the hub initiative for the development of the Full Business Case and subsequent delivery of the project. The role of the various members of the Project Team; Clinical Lead and Key Stakeholders is included within Section 10 of this document.

3.6 Further Information

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

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4 Strategic Case

4.1 Profile of NHS Greater Glasgow & Clyde

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.

There are 6 CHPs/CHCPs in the area covered by NHS GG&C – each coterminous with their respective local authority area. Each CHP / CHCP is responsible to the NHS GG&C Board and corporate management team for their contribution to the NHS GG&C's fulfilment of the commitments made in the board's 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.

The 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 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 e.g.

- 43% of Glasgow data zones are in the 15% most deprived category
- 244,587 Glaswegians live in a deprived area (approximately 42% of the city's population)
- 147 of Glasgow's data zones are in the bottom 5% - this accounts for almost half the Scottish total (45%)
- From 2001 Glasgow's BME population has risen from 3.24% to 11.45% of the city's population.

4.2 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 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.

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

Table 4.1

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.

	Maryhill East	Maryhill West	Wynford	Scotland
Alcohol related hospital admissions (rate per 100k)	1,839	1,930	1,603	1,088
Drugs related hospital admissions (rate per 100k)	201.8	152.5	201.1	85.1

Table 4.2

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

Table 4.3

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

Table 4.4

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%

Table 4.5

4.3 Strategic Aims

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 for the Board. It will also support the achievement of the board's share of national targets as set out within the Local Delivery Plan.

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

The Corporate Plan sets out the following five **strategic priorities:**

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

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

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

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

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

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

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

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

- Improved experience of care for older people in all our services.

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

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

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

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

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

"Delivering Quality in Primary Care National Action Plan: Implementing the Healthcare Quality Strategy for NHS Scotland" in Primary Care was published on 19th August 2010. We believe that the proposals within the Maryhill OBC demonstrate planned improvements in the areas identified in the action plan, in particular:

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

The emphasis on making best use of resources, providing integrated care and improving the quality of health and other public services, was reinforced in '*Renewing Scotland's Public Services',* (the Scottish Government's response to the *'Christie Commission Report')*. The ethos behind the new health centre will support the change these documents have identified as needed.

4.4 Existing Arrangements

4.4.1 Maryhill Health Centre

Primary and community health services for Maryhill are currently provided from Maryhill Health Centre. 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 which fails 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 and furthermore there is a significant backlog in maintenance and with plant and equipment at an age which is well beyond their design life. The building is amongst the least energy efficient proprieties in Glasgow CHP.

A further description and details of the deficiencies and constraints of the building is provided in 4.9.

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)

New Services

In addition to the above services, the following new services are planned for the new Maryhill Health Centre:

- Addictions
- Specialist children's services and Child and Adolescent Mental Health Services
- Primary Care Mental Health Services
- Local carers services on a visiting basis
- Local community health services (e.g. local stress centre, alcohol counselling service, money advice) on a visiting basis.

4.5 Existing Business Strategies

4.5.1 General

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.

4.5.2 National Strategies

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.

4.5.3 Local Strategies

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

4.6 Quality Outcomes

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.

4.7 HEAT Targets

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

4.7.1 HEAT Targets 2013/14

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.

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	Location of new health centre in same street as Maryhill Leisure Centre and Maryhill Burgh Halls will support better working partnership between Glasgow

2014	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 BREAAM 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.
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.

HEAT Standard	How new centre will help achieve standard
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)

Table 4.6

4.8 Clinical Need

General

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 brief summary of key health statistics for the immediate area served by Maryhill Health Centre is provided in section 4.2.

4.8.1 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.

4.8.2 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.

4.8.3 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).

4.8.4 Inequalities

Primary Care Dental Services have previously responded to the needs of inequalities groups on an *adhoc* 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.

4.9 Existing Health Centre Facilities and Constraints

The Health Centre was built in 1970s and the physical condition of the premises is of a standard that is representative of a building over 35 years old which fails to meet modern healthcare standards in terms of functional requirements, special needs, compliance with current clinical guidance, fire regulations and infection control measures. Furthermore there is a significant backlog in maintenance and with plant and equipment at an age which is well beyond their design life. The building is amongst the least energy efficient properties in the Glasgow CHP area

Due to the significant changes that have taken place over the last 35 years in the NHS, including expansion of Primary Health Care Services, the accommodation is cramped throughout and is characterised by inadequate GP consulting rooms, limited community staff accommodation and overcrowded and noisy waiting areas. Hence, the experience for patients who are receiving care in these conditions is not pleasurable. Similarly, staff working in the building are constantly frustrated by a lack of space and the poor functional suitability of the buildings and inevitably these impact upon their ability to deliver effective and efficient services. There have been a number of incidents of threatening behaviour by patients and other concerns regarding staff safety which in part are attributable to the poor environment of public areas within the current centre.

The current service provided in Maryhill Health Centre is unable to support the required focus on reducing inequalities in health set out in *"Better Health, Better Care".* In recent years the expansion of primary care has resulted in new services being developed which the building has been unable to accommodate. There are also a number of services which practices and the CHP would wish to develop, in accordance with the proposed model of care in the future e.g. enhanced services under the General Medical Services (GMS) contract, the ability to refer patients directly for social support (e.g. money advice, carers' services) to voluntary organisations who are running sessions within the health centre.

These would be impossible to provide in the existing facilities. Lack of appropriate accommodation for locally based clinical services and community teams has restricted their development and not enabled these benefits to be delivered to date.

The Deep End reports have highlighted the high levels of workload and stress experienced in GP practices in areas of deprivation and the need to target resources to support staff working in these challenging circumstances.

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.

4.9.1 Health and Safety Defficiencies of Maryhill Health Centre Facilities

The current health centre site is land locked and can only be accessed by pedestrians by either a rather long twisting and stepped path or a steep climb from Maryhill Road. The existing car park is an awkward shape – without adequate turning space – and there is very limited on-street parking. This results in poor parking practices in the car park, which pose a danger to pedestrians and makes access for those with disabilities more difficult.

There is only one lift in the building which is small, (e.g. only one wheelchair or buggy can be accommodated at a time). Maintenance has been carried out over the years to keep the building operational – but the windows are of poor design, in terms of both energy efficiency and comfort for patients and staff.

The current positioning of the pharmacy results in groups of patients waiting for methadone prescriptions. This can make addictions patients feel exposed and potentially ill-at-ease, while staff and other patients can find the behaviour of this group of patients intimidating.

4.10 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:

Building	**D**
Engineering	**D**
Functional suitability	**D**
Space utilisation	**F**
Quality	**D**

Statutory standards **D**

Fire **D**

Environment **G**

Under the NHS GGC 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.

4.11 Critical Success Factors

Notwithstanding the desire that all investment objectives and resulting benefits will be achieved, the Project Team met and reviewed the factors considered essential to this scheme and identified a list of Critical Success Factors deemed essential to the project being considered successful. 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 are listed in section 5, Table 5.3.

4.12 Investment Objectives

A review of the Investment Objectives arrived at as part of the Initial Agreement process was undertaken to ascertain that they were still valid for the project. The review confirmed the key investment objectives for the project and determined SMART objectives in accordance with the SCIM guidance (including baseline data for measurement and timing of assessment of the objectives) is provided.

The Investment Objectives are listed in section 5, Table 5.2.

4.13 Business Scope and Service Requirements

The project scope is essentially the design and development of facilities that meet the Investment Objectives described in Section 4.12. However, in order to establish project boundaries, a review was undertaken by key stakeholders, and the following items were established in relation to the limitation of what the project is to deliver.

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

	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	☑		
Social Work staff on site	☑		
Allied Health Professional services (AHPs), including a physiotherapy gym which will be available for local community use in the evenings	☑		
Specialist children's evaluation and disability services	☑		
Child and adolescent mental health services	☑		
Community mental health services	☑		
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).	☑		
Youth health services	☑		
Sexual Health services		☑	
Training accommodation for primary care professionals including undergraduate and postgraduate medical and dental students	☑		
Secondary care outreach clinics including the Glasgow Women's Reproductive Service		☑	
Community Addiction Services		☑	
Community health services and community-led rehabilitation and health improvement activity		☑	
Local Stress Centre services		☑	
Money advice services			☑
Employability advice and support			☑
Housing advice and support			☑

Opportunities for volunteering			☑

Table 4.7

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 4 Hub areas and benefit from cross fertilisation of ideas from all design teams. Information will be shared between design teams by use of common shared information portals (all Architectural teams are already sharing best practice)
- Maximising the sustainability of the development, within the CHP's resources, and meeting the mandatory requirement of "Excellent" under the BREEAM Healthcare assessment system
- The development of a design that gives high priority to minimising life cycle costs
- Achieving *"Secure by Design"* status
- Complying with all relevant Health literature and guidance including, but not limited to, Scottish Health Technical Memorandum (SHTM), Scottish Health Planning Notes (SHPN's) and Health Briefing Notes (HBN's).
- Within the relevant guidance, maximise use of natural light and ventilation
- In conjunction with the Infection Control Team, develop a design that minimises the risk of infection. To facilitate this, the design will be considered in conjunction with the NHS "HAIScribe" system
- Comply with CEL 19 (2010) - A Policy on Design Quality for NHS Scotland - 2010 Revision which provides a revised statement of the Scottish Government Health Directorates Policy on Design Quality for NHS Scotland. CEL 19 (2010) also provides information on Design Assessment which is now incorporated into the SGHD Business Case process.

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

External views and landscaping; the connection of waiting areas and staff work areas and restrooms to the natural landscape is known to contribute to well-being and to relaxation. Consideration will be given to designing these areas to have an outlook to a planted area or to views of nature. It has been agreed to allocate 0.5% of the total build cost to develop quality art and environmental aspects as integral to the building.

The position of the new centre in Gairbraid Avenue provides opportunities to improve pedestrian access to the Maryhill Canal paths and to Maryhill Leisure Centre.

4.14 Benefits Criteria

Key stakeholders have given further consideration to the Investment Objectives (in Section 4.12) in order to establish the relative value of each objective, the key benefits and beneficiaries, and the potential benefits criteria that have been used during the Outline Business Case stage, to assess the options.

The following table summarises the key project benefits.

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 heath 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
	Improve the experience of	Survey of staff and users/patients	Uplift in satisfaction

3	access and engagement to primary health care services for people within one of the most deprived areas in Scotland.	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	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	Monitor referrals from GP practices to local health improvement services (smoking cessation, healthy eating, employability, money advice, stress management, alcohol counselling) Monitor referrals to local Social Work carers team Improved working between NHS and SW staff to support older people – measured though performance framework for Rehab Teams Improved working between NHS and SW children's teams - increased IAF and joint case review etc.	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 Less children in need of residential care
5	Deliver NHS GGC wide planning goals and support service strategies	Shift balance of care – monitor delivery in acute/ primary care Bed days/emergency admissions/ multiple admissions 65+, admissions from LTCs Reshaping care for older people – monitor delayed discharges, admissions, numbers supported in community Tackling inequalities – Inequalities sensitive practice in primary care – best practice shared and rolled out , GP access Use of outreach and other methods to engage with vulnerable patients Keep Well LES activity Active locality groups – engagement of GPs, buddying arrangements for contingencies, shared good practice	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
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	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.	Staff satisfaction survey at end of year 1. Monitor absence records and contrast to previous. Monitor staff turnover rates	Uplift in satisfaction Decrease in absence rates Decrease in staff turnover

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	Use of quality design and materials to create a pleasant environment for patients and staff HAI cleaning audits (regular NHSGG&C process) Building contributes to improvement of Maryhill area - supports development of new civic hub in Gairbraid Avenue (complementing Maryhill Burgh halls and Maryhill Leisure Centre)	Provide a clinical environment that is safe and minimises any HAI risks Building makes a positive contribution to health
9	Meet Statutory requirements and obligations for public buildings e.g. with regards to DDA	Carry out DDA audit and EQIA of building. Involve of BATH (Better Access to Health) Group in checking building works for people with different types of disability Engagement with local people to ensure building is welcoming – PPF to carry out survey of users	Building accessible to all Positive response from users of the building
10	Contribution to the physical and social regeneration of the whole area	Building contributes to improvement of Maryhill town centre area Engagement of local people in developing art work and landscaping for the centre.	New health centre helps create new civic hub for Maryhill 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
11	Potential achievability for long and short term within realistic timescale and future flexibility	Centre up and running within timescale and within budget	New centre built and space maximised for use by a range of different services.

Table 4.8

4.15 Strategic Risks

At a Workshop on 13 March 2013, the key stakeholders undertook an exercise to establish the key risks associated with the proposed investment. Whilst there will be many risks to the project, the key stakeholders have considered what they perceive to be the main risks which are considered to contribute collectively to the majority of the risk value (approximately 80%). A summary of the key risks identified is contained in Appendix B.

4.16 Constraints

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

Financial

NHS 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.

Programme

Maryhill Health Centre cannot start on site until the OBC/FBC approvals are complete and the transfer to hub/alternative funding model has been agreed.

Quality

Compliance with all current health guidance.

Sustainability

Achievement of BREEAM Health “Excellent” for new build.

4.17 Dependencies

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

5 Economic Case

5.1 Options Considered

5.1.1 General

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

The approach adopted for developing the options involved representatives from a range of stakeholders from the community including users, general practitioners, NHS Greater Glasgow and Clyde, patients and local residents in a series of workshops.

5.1.2 Categories of Choice Assessment / Long List of Options

The "*Categories of Choice Assessment*" considered a wide range of potential options and established their viability and consideration for further review. The options considered at the IA stage are summarised as follows.

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

5.1.3 Options Shortlist

The long list of options covered a wide range of potential solutions in line with the options framework and established options covering a number of categories of choice. Each of these options was then assessed against the investment objectives and critical success factors by Key Stakeholders to establish viable options and an options shortlist.

The short-listed options included within the Initial Agreement document are summarised in the following table.

Option 1a: **"do minimum"**	This option would incur minor interior upgrade works to improve the building. This option would fail to meet the service and project objectives. However it has been included as an option to provide a baseline so that the extra benefits and costs of the other options can be measured against it.
Option 2a: **"build new Maryhill Health centre at Maryhill Road/Skaethorn Road**	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered viable – but there are some issues regarding the accessibility of the steeply sloping site, potential traffic problems on a busy junction, and was thought to be too far from Maryhill Town Centre to be ideal.
Option 2b: **" build new Maryhill Health centre at Gairbraid Avenue**	This option would allow the replacement of the current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre. This option was considered to be the best in terms of improving access, being close to Maryhill Town Centre (and not too far from the site of the existing health centre) with potential synergies arising from its location beside Maryhill Burgh Hall and Maryhill Leisure Centre (thereby making a bigger impact in terms of supporting the Maryhill Town Regeneration Plan).

Table 5.1

There was a further short list Option 3b "build a combined health centre for Maryhill and Woodside" but this was withdrawn from the short list, following the approval for the Initial Agreement for Woodside, which recommended that this option should not proceed.

5.2 Evaluating the Short-listed Options

The SCIM Guidance includes the need to review the short listed options included in the OBC. The Board have undertaken such a review during the early stages of the Outline Business Case. A workshop was held to re-assess these short listed options on 29th November 2012. This essentially comprised a re-appraisal of the SWOT analysis and it was re-established that the 3 remaining short listed options as identified in the above section should be taken forward for further analysis.

5.3 Non-Financial Benefits Appraisal

A workshop was held on 29th November 2012 to appraise the options in non-financial terms. The workshop attendees appraised the options against the previously developed and weighted non-financial benefit criteria.

5.3.1 Overview

A key component of any formal option appraisal is the assessment of non financial benefits that are likely to accrue from the options under consideration. The non financial

benefits appraisal comparison was undertaken in an open and transparent environment. A range of stakeholders were invited to participate in the workshop held to develop this Outline Business Case.

The benefits appraisal had three main stages

- Identification of the benefits criteria
- Weighting of the benefits criteria
- Scoring of the short listed options against the benefits criteria.

Although comparison of the relative non financial benefits of the options presented allows comparison to be made in this area, the outcome is critical in assessing the overall value for money presented by each of the options most commonly measured by the Net Present Cost (NPC) per unit of benefit delivered.

5.3.2 Summary of Workshop / Roles

The workshop was undertaken on 29th November 2012 and was attended by approximately 45 stakeholders, comprising a cross section of the following distinct groups:

- Management Representatives
- Clinical Representatives and staff
- Patient / Public Representatives.

The workshop commenced with an explanation of the background and context to explain how the option appraisal process fits within the Outline Business Case process. The workshop continued with a review of the investment objectives and the Critical Success Factors identified at Initial Agreement stage, identifying the benefits associated with each and scoring those benefits all of which is described in more detail below.

5.3.3 Non-Financial Benefits Criteria

The role of the benefit criteria in the non financial appraisal is to provide a basis against which each of the options can be evaluated in terms of their potential for meeting the objectives of the proposed investment.

Individual criteria have differing degrees of importance in determining the preferred solution to emerge from the benefits appraisal. As a result it is necessary to rank the criteria in order of importance and then to allocate a weighting, which reflects the degree to which each criterion will affect the outcome of the options scoring exercise.

The workshop commenced by reviewing and refreshing the investment objectives and critical success factors associated with the proposed project.

The table below sets out the investment objectives with an explanation of the factors considered against each.

Investment Objective	Weighting	Factors considered
Improve access	20%	Good pedestrian access - Easy walking - Near public transport - Close to Maryhill Town Centre Sufficient car parking Fully DDA compliant
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
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
Sustainability	15%	Energy efficient Reduce carbon footprint Reduce running costs
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

Table 5.2

5.3.4 Weighting the Benefits Criteria

As some criteria have a greater bearing than others on the outcome of the benefits appraisal it is necessary to rank in order of importance. The proposed weighting of the criteria was agreed by the Project team and then presented for discussion at the options appraisal event, where it was approved.

The rationale for the agreed weighting was as follows:

1. Prime Objective (weighting 30%) - Improve patient experience / create a good working environment for staff

The prime reason for building a new health centre is to improve services for patients (and ultimately to improve patient outcomes). The Healthcare Quality Strategy also identifies that better working conditions for staff are important in supporting more effective patient care.

2. Core objectives supporting the prime objectives (weighting 20% each)

2.1 Promote joint service delivery

Promoting joint service delivery is closely allied to improving the patient pathway. It will support more effective anticipatory care and more holistic responses to patients' health problems. This reflects the recommendations in the Deep End report 18 (2012) that "*better integrated care for patients with multiple and complex social problems can prevent or postpone emergencies, improve health and prolong independent living"* and the emphasis placed by Delivering Quality in Primary Care Action Plan, Scottish Government, May 2010 on the value of integrated care and the need for primary care professionals to engage with local community resources to improve health.

2.2 Improve access

Improving access is vital in helping to reduce barriers to patient engagement with NHS services. This is core to NHSGG&C's commitment to tackling health inequalities. *"One of the key challenges in meeting our aspirations will be how we address unmet need and differential uptake of service which lead to the health gap and premature mortality for people in equality groups or living in persistent poverty." (NHSGG&C Corporate Plan 2013-16).*

3. Important secondary objectives (weighting 15% each)

3.1 Contribution to the regeneration of Maryhill

Any investment in new health facilities should have maximum impact on the physical and social environment of the area. The new health centre in Maryhill should support our goal of tackling inequalities and improving health and wellbeing in the local community.

3.2 Sustainability

The new health centre should contribute to the achievement of NHSGG&C's energy reduction target, as part of the Scottish Government's commitment to sustainable development. A sustainable building will reduce running costs and allow us to provide services on the site into the foreseeable future.

The paper that was distributed to members of the Maryhill Project Board and Maryhill Delivery Group, setting out the proposed weighting is attached as Appendix K.

5.3.5 Scoring the Options

The scoring of the options against the benefits criteria is designed to assess the extent to which the potential solutions meet the objectives of the proposed investment.

Scoring provides a means to assess how each of the options compares both in relation to the optimal position (i.e. meeting all the criteria in their totality) as well as in relation to the other options.

The benefits score, when contrasted with the whole life cost (derived from the Net Present Cost within the economic appraisal) provides a means by which the overall value for money delivered by the short-listed options can be assessed.

The attendees with the assistance of a facilitator debated each of the benefit criteria in the context of each option and a single consensus score was generated using the option scoring scale shown in Table 5.3 below.

Options scoring scale

0	1	2	3	4	5
Not at all	To some extent	Satisfactory	good	Very good	Excellent

Table 5.3

The application of this scoring scale allows scope to differentiate the options against each of the criteria, as such the resultant output should provide a more robust overall assessment of the options.

The team's total consensus scores for each option were then collated and the options ranked according to the weighted scores. The results of the benefits scoring is summarised in Table 5.4 Benefit Appraisal Weighted Scores Table.

Benefit Appraisal Weighted Scores Table

Option Nr	Option Description		Improve access	Improve patient experience/good working environment for staff	Promote joint service delivery	Sustainability	Contribute to the Regeneration of Maryhill	Total weighted score	% of total possible score
		Score	1.7	1.2	1.3	0.9	0.8		
		Weight	20%	30%	20%	15%	15%		
1a	**Do Minimum**	Weight Score	**34**	**36**	**26**	**13.5**	**12**	**121.5**	**24.3%**
		Score	2.6	2.8	3.1	3.7	2.8		
	Build new Maryhill Health centre at Maryhill Road/Skaethorn Road	Weight	20%	30%	20%	15%	15%		
2a		Weight Score	**52**	**84**	**62**	**55.5**	**42**	**295.5**	**59.1%**
		Score	4.6	4.3	4.7	4.6	4.7		
	Build new Maryhill Health centre at Gairbraid Avenue	Weight	20%	30%	20%	15%	15%		
2b		Weight Score	**92**	**129**	**94**	**69**	**70.5**	**454.5**	**90.9%**

Table 5.4

Outcome: - The table shows that **Option 2b 'Build new Maryhill Health Centre at Gairbraid Avenue'** has the highest Non Financial Benefit Score with **Option 1a ' Do Minimum'** achieving the lowest score.

Critical Success Factor Benefits

CSF Nr	Critical Success Factor Description	Benefit
1	**Strategic fit & business needs**	In line with NHS strategy: - Promotes anticipatory care - Promotes integrated care - Supports shifting balance of care Ability to meet future service demands
2	**Potential Value for Money**	Big enough for needs now – and potential to meet future needs. Flexibility to meet changing demands in future
3	**Potential achievability**	Makes best use of available resource
4	**Supply – side capacity and capability**	Ability to deliver within budget
5	**Potential affordability**	Can be built within HUB timescale (open by April 2015)

Table 5.5

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

YES - would meet the critical success factors.

NO - would not meet the critical success factor.

MAYBE - would meet it to some extent.

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

Do minimum				
	Yes	**No**	**Maybe/ don't know**	**Comments**
Strategic fit	2	28	4	
Supply side capacity	0	33	1	
Value for money	7	24	3	
Affordability	15	7	12	Some respondents who ticked YES commented they did not feel this would be a good use of resource
Potential achievability	19	6	9	
New health centre at Skaethorn Street				
Strategic fit	25	4	5	
Supply side capacity	22	2	10	
Value for money	3	11	20	
Affordability	0	11	23	Concerns expressed re costs associated with steep site
Potential achievability	12	2	20	Concerns expressed re potential delays due to difficulties of building on steep site
New health centre at Gairbraid Avenue				
Strategic fit	34	0	1	One participant provided a return only for Gairbraid Avenue, giving a total of 35 responses for this option, compared with 34 responses for the 'Do Minimum' and 'New Centre at Skaethorn Street'.
Supply side capacity	32	0	3	
Value for money	23	1	11	
Affordability	18	1	16	
Potential achievability	22	0	13	

Table 5.6

5.3.6 Quantifying the Options

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

Initial Capital Cost Estimates

Option	Initial Capital Cost Estimate
Option 1 a– Do Minimum	£404,000
Option 2a – build new Maryhill Health centre at Maryhill Road/Skaethorn Road	£12,099,369*
Option 2b – build new Maryhill Health centre at Gairbraid Avenue	£12,105,977*

Table 5.7

* = These initial Capital Cost estimates were provided by hubco. These costs were based on a 4374 sqm facility @ £1,466 per sqm plus allowances removal of existing retaining walls, cut and fill, piling, extra basement accommodation, sewer work around, water attenuation, potential mine workings, contamination risk and allowance for mechanical ventilation. They also include Prelims (10.83%), Overheads & Profit (4%), New Project Development Fee (7.67%), Additional Management Costs (2.54%), DBFM Fees (2.13%), Hubco (1.83%).

The table below shows the analysis for the short listed option.

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	£19,160,598	£19,167,207
Cost per benefit point	b/a	£472,597.24	£324,206.40	£210,860.36
Rank		**3**	**2**	**1**

Table 5.8

5.3.7 Summary and Conclusion

The results of the benefit scoring exercise indicate a clear hierarchy and consistent gap with regard to each benefits overall performance in relation to the level of benefits.

Option 2b: 'Build new Maryhill health centre at Gairbraid Avenue ' - This option consistently outperforms the others with 90.9% of the available scoring.

5.4 Risk Workshop and Assessment

5.4.1 Overview

The objective of performing a risk assessment is to:

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

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

The project participants risk workshop was held on 13 March 2013. The outcome of the workshop is a detailed risk register for the project, which is included in Appendix B.

The risk register identifies:

- The risk description
- The score (probability x impact) per risk
- The risk type (as per SCIM guidelines)
- The potential impact (time or cost)
- The proposed mitigation strategy per risk
- The risk owner or manager.

The risk register will drive the ongoing management of the risk register throughout the remaining phases of the project, namely FBC and construction.

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

Quantification of the cost of project risks is included within the assessment of optimism bias for each short-listed option.

Risk Rating Matrix

A five by five 'probability' and 'impact matrix' has been used in association with the Joint Risk Register on all Frameworks Scotland Programmes as this is the basis of assessing seriousness of the risk exposure within the NHS and Public Sector as a whole. The matrix is illustrated below:

Probability and Impact Matrix

Impact						
	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Likelihood				

Risk Rating
High
Medium
Low

Table 5.9

A traffic light system as noted below is used to illustrate the priority of risks. Again, this reflects the requirements for all Frameworks Scotland Programmes.

Traffic Light System

Likelihood			Impact	
Almost Certain	5	x	5	Catastrophic
Likely	4	x	4	Major
Possible	3	x	3	Moderate
Remote	2	x	2	Minor
Rare	1	x	1	Insignificant

Table 5.10

5.4.2 Risk Types

According to the SCIM guidelines risks fall into three main categories:

- **Business**: remain within the public sector and cannot be transferred
- **Service**: occur within the design, build and operational phases of a project and may be shared between the public and private sector
- **External**: environmental risks which relate to society and which impact on the economy as a whole.

5.4.3 Key Risks associated with the Options on the Short List

The following table highlights the key risks and scores of the short listed option extracted from the Risk Register attached in Appendix B.

Ref No:	Risk Description	Risk Rating (1-25)
4	NPR not approved/released to hWS on programme	**20**
7	failure to commit to project within timescales	**20**
9	unable to manage project	**20**
10	unable to manage project	**20**
11	complexity involved in the 4 projects - new territory	**20**
18	failure to agree lease terms with independent contractors e.g. dentist etc	**20**
27	Building is not completed Q1 2015	**20**
28	SI demonstrates there is significant ground risk in mine workings	**20**
29	The SI recommends a more significant foundation solution	**20**
30	SI reveals significant contaminated land	**20**
43	Financial close date is not achieved	**20**
48	Commercial deal for land not completed by NHSGGC and GCC	**20**

Table 5.11

5.4.4 Risk Analysis and potential cost implication

The outcome of the Risk Cost analysis exercise to establish the potential costs associated with the recorded risks is included in Appendix B.

These risks are in addition to the site specific risks identified in the options appraisal.

5.4.5 Summary and Conclusions

The option appraisal exercise demonstrated that the Preferred Option 2b 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 dental care needs of people living in the Maryhill area of Glasgow.

6 Development of the Preferred Option

6.1 Summary Description

This section introduces the Glasgow City CHP's (North West Sector) preferred option and outlines the associated considerations such as:-

- A description of the site
- Reasons for selecting the site
- Design Development
- Clinical Design Brief
- BREEAM
- Service continuity.

6.2 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. Initial discussions have been held with Planning and at present are continuing.

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

The Schedule of Accommodation is included at Appendix C and totals a floor area of 4,374 m2. For the purposes of this OBC we have assumed an overall floor area of 4,374 m2.

6.3 Site Access, Constraints and Orientation

The Preferred Site at Gairbraid Avenue is in the ownership of Glasgow City Council (GGC) with NHS GGC in the process of purchasing the site.

Hubco has undertaken Desk Top and Topographical surveys for the site at Gairbraid Avenue and this has highlighted a few issues around potential mine workings on the site and the risk of contamination due to made ground. The site itself slopes 9m from top to bottom and poor ground conditions will necessitate abnormal costs for piling, retaining walls for the lowest floor built into the slop and additional disposal costs due to brown field nature of the site.

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 (see Appendix B).

6.4 Design Development

The design has been developed for the Mayhill Primary Healthcare facility using the Eastwood Health and Care Centre as the reference point. The objective of the reference

project was to develop and test two different creative responses to the integrated services agenda and to demonstrate that “Excellent design is achievable within good value Affordability Caps.”

The outputs Reference Designs delivered high quality design solutions that are sustainable, competitively priced and meet current healthcare design guidance. The Reference Designs are also consistent with the Policy on Design Quality for NHS Scotland and hubco’s commitments to design quality.

The Reference Design process used the Eastwood site at Drumby Crescent and hubco have arranged for all four Architectural Practices for the DBFM projects to meet on a regular basis, to enable sharing of best practice, lessons learnt, commonality and consistency of approach.

6.5 Architecture and Design Scotland

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

An initial Design Statement has been prepared on behalf of NHS Greater Glasgow and Clyde in conjunction with the project team, PSCP and their architects, and is included in this OBC as Appendix D.

6.6 HAI-Scribe

An HAI-Scribe Stage 1 infection control assessment of the preferred option site was carried out on 3 April 2013 with NHS GGC Infection Control.

The Stage 1 Strategy and Risk Assessment was completed at this meeting and is included in Appendix E.

6.7 Clinical and Design Brief

The Health Planner for the project has been attending the Delivery Group meetings and met with various stakeholders on 30 April 2013 to look at the operational policy documents provided by NHS GGC and to review the accommodation requested.

An outline statement from the Health Planner was prepared on 30 April 2013 and further regular written reports on the work and outcomes from future meetings will be provided by Hubco.

6.8 Surplus Estate

Given the choice of the preferred option, the existing Health Centre would become surplus to the requirements of NHS Greater Glasgow and Clyde. It would be sold off to achieve the best return. The sale of the site and acquisition of the new site have been excluded from the costs within the OBC.

At the end of the 25 year contract, the building will revert to NHS GGC.

6.9 Principle Reasons for Selection

This option is one that enables and facilitates the CHP to commence a process of change towards a new model of integrated service delivery that maximises the effectiveness of services and of resources. This option would build on the current arrangements at the existing Health Centre, and would achieve the development of a new integrated primary care nucleus. The preferred option also provides the greatest impact in helping to regenerate the town centre of Maryhill.

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

6.10 Key Benefits

The development of the new Health Centre will take place in the context of the Scottish Government stated purposes of:

- **Healthier:** Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

- **Safer & stronger:** Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

6.11 Benefits Management Strategy

The following represent the expected benefits of the project to NHS Greater Glasgow and Clyde:

- Enabling the local community to have continued access now and in the future to core primary care services and community health services that are adequate to their needs in terms of range, volume and quality

- Providing access to seamless care through the co-location of a wide range of primary and community services.

- Promoting sustainable services by addressing recruitment and retention to ensure that high quality services that satisfy the needs of the population are provided by knowledgeable and skilled staff from high quality facilities.

- Improving patient access to, and experience of, services in terms of both convenient physical access and timeliness due to extra capacity in a range of services.

- Promoting continuous improvements in quality and allowing new ways of working to be introduced to foster flexibility and versatility.

- Maximising the work that can be most effectively carried out in primary care, joint working between health professionals and joint working across agencies in line with key strategies for primary care and community services such as 'Better Health, Better Care'.

6.12 Service Continuity – during the construction period and migration

6.12.1 I.T. Overview

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

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

The existing Health Centre is connected to the Glasgow coin network via a 10Meg LES circuit routed through Glasgow Royal Infirmary which is the connection to the secure N3 network. A secondary backup 10Meg LES circuit is routed through Woodside Health Centre. It is envisaged that this arrangement will continue with an increase to a 100Meg primary circuit with a 100Meg backup. The increase in network capacity will improve performance and resilience and allow expansion.

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

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

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

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

6.12.2 I.T. Strategy

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

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

The network will facilitate single extension dialling to other facilities; clinics support service at zero cost, and enable high definition video conferencing.

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

Secure communication will be enabled between the NHS employed staff and their GP colleagues within the building.

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

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

In addition, immediate and final discharge letters will be available to be sent electronically to General Practices and Community Staff.

The procurement of eHealth solutions and related equipment will remain a function of NHS Greater Glasgow and Clyde.

6.13 Workforce Strategy / Human Resources

6.13.1 Workforce Profile

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

6.13.2 Turnover and Stability Rate

Maryhill has low staff turnover, with high workforce stability but high absenteeism. The average absenteeism figure for Glasgow CHP is 5.4% which is above the Scottish target. The challenge will be replacing skills of the older experienced workforce as they retire and ensuring that the up and coming workforce are able to deliver the same level of care with the right skills. Therefore Glasgow City CHP (North West Sector) must seek innovative ways of making the best use of the staff they already have and developing services that will meet patient needs and attract the staff required to deliver services.

NHS Scotland's vision is to ensure that the needs of individuals and communities are met by providing high-quality safe and effective care through an empowered and flexible workforce which understands the diverse needs of the population and which chooses to work for and remains committed to, NHS Scotland. To meet this vision, NHS Scotland and its workforce will focus on five key ambitions related to the five core workforce challenges for the 21st century. In short, these are:

- All staff will be ambassadors for health improvement, safety and quality.
- NHS Scotland will develop and implement multi-disciplinary and multi-agency models of care to meet the needs of local communities and ensure efficient utilisation of skills and resources
- NHS Scotland will be an "employer of choice" which acquires the best talent, motivates employees to improve their performance, keeps them satisfied and loyal, and provides opportunities for them to develop and contribute more.
- All staff in NHS Scotland will work together to promote the benefits of preventative action and measures of self care for patients and the public.
- Working together with further education to encourage and maximise flexible access to education and training, for people already working in NHS Scotland and those with aspirations to join, that is reflective of the changing demography and increasing diversity of Scotland.

A new health centre in Maryhill will help fulfil Glasgow City CHP's achievement of these goals.

6.13.3 Enabling Recruitment - Now and in the Future

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

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

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

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

There is also added value for team learning in the form of Protected Learning Time, which will be more accessible (space) and more enjoyable (surroundings) in a new health centre setting.

6.14 Opportunities for Improving Retention, Efficiency and Productivity

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

6.14.1 Managing Individual and Organisational Workforce Performance

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

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

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

6.14.3 Facing the Future Together

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

Facing the Future Together covers four main areas

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

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

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

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

6.15 Facilities Management (FM)

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

A workshop was held on 8 March 2013 with key stakeholders to review the following matters:

- Hard and soft Facilities Management (FM) services for DBFM contracts
- Hard FM – scope, standard contract and Service Level Specification
- Soft FM – scope and interfaces with Hard FM
- NHS GGC maintenance obligations
- Interfaces between Hard and Soft FM
- Informing the Design Brief and
- New Project Requests/Key Stage Reviews.

The outputs from the workshop around clarity and understanding of “who does what” and “who pays for what” and corresponding actions are being managed by David Pace, FM General Manager Facilities NHS GGC.

7 Sustainability Case

7.1 Overview

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 PSCP team are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution.

7.2 BREEAM Healthcare

The requirement to achieve a BREEAM Healthcare excellent rating is integral to the business case process. An initial workshop has been held and a score of 84% achieved. BREEAM Excellent is rated as above 70%. The BREEAM assessment report for the project is included in Appendix F.

7.3 The Cost of Sustainable Development

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

7.4 Summary

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. Installing an Environmental Management System in the building will help staff control light, ventilation, temperature and monitor energy usage and allow targets to be set regarding reducing consumption.

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, and doing so across the three fronts described, the provision of the services within the new Health Centre will be sustainable for the foreseeable future.

8 Commercial Case

8.1 Introduction

The purpose of this section is to consider the contractual arrangement and risks associated with the proposed option for procurement, together with the payment implications and accountancy treatment.

8.2 hub Initiative

The hub model has been developed as a procurement vehicle tailored to meet the community needs of Scotland, whilst drawing on lessons learned from similar joint ventures in England.

The hub initiative will see the public sector organisations (such as NHS GGC) within their hub territory working in partnership with other public sector partners (all known as "participants" and with a private sector delivery partner, known as "PSDP" (Private Sector Development Partner), to take a strategic approach to development of infrastructure to support the delivery of community services (such as health, social care and education). The joint venture will be referred to as "hubco" and will cover a range of projects over a period of 20 years (with option to extend to 25 years). Individual projects will be put forward and potentially bundled to achieve best value.

The appointment of hubco for the delivery of the scheme will also be based on "entry" at Stage 2 (as it is assumed they will be in possession of an approved Outline Business Case and associated design information).

Stage 2 will see the development of the Full Business Case (and associated design). The charging mechanisms associated with this will be based on the agreed payment process under the "Territory Partnering Agreement". The costs incurred during this project development will be based on "using the schedule of rates" submitted by the successful PSDP (at tender stage prior to establishment of hubco) but are subject to a "capped" arrangement.

8.1 Contractual Arrangements

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

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

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

This bundled project will be developed by a Sub-hubco. Sub-hubCo 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 is provided by a project funder that will be appointed following a funding competition and the subordinated debt by a combination of Private Sector, Scottish Futures Trust and Participant Investment.

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

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

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

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

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

8.1.1 Risk Allocation

Inherent construction and operational risks are to be transferred to the Sub-hubCo.

These can be summarised as follows:

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

10	Residual value risks	Yes		
11	Financing risks		Yes	
12	Legislative risks			Yes

Table 8.1

8.1.2 Shared Risks

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

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

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

8.1.3 Key Contractual Arrangements

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

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

The term will be for 25 years.

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

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

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

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

Sub-hubCo will be entitled to an extension of time on the occurrence of a Delay Event and to an extension of time and compensation on the occurrence of Compensation Events.

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

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

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

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

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

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

8.2 Method of Payment

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

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

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

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

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

8.3 Personnel Arrangements

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

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

9 The Financial Case

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.

9.1 Revenue Costs & Funding

9.1.1 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 (£575K) and sub debt investment (£463k). Details of all the capital and revenue elements of the project together with sources of funding are below;

Recurring Revenue Costs Table

First full year of operation	2015/16
Recurring Costs	**£'000**
Unitary Charge	**1068.3**
Depreciation on Equipment	**58.0**
HL&P , Rates Domestics etc	**271.3**
Client FM Costs	**11.4**
Total Recurring costs for Project	**1409.0**

Table 9.1

9.1.2 Unitary Charge.

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 1 submission version 3 dated 17th May 2013 and the financial model "Maryhill v7.xls" and represents the risk adjusted Predicted Maximum Unitary Charge of £1068.3 pa, based on a price base of November 2012.

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.

9.1.3 Depreciation

Depreciation of £58k relates to a 5% allowance assumed for capital equipment equating to £575k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

9.1.4 HL&P, Rates & Domestic Costs

HL&P costs are derived from existing Health Centre costs and a rate of £19.61/m2 has been used.

Rates figures have been provided by external advisors.

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

9.1.5 Client FM Costs

A rate of £2.60/m2 has been provided by the Boards technical advisors, based on their knowledge of existing PPP contracts.

9.1.6 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.

9.1.7 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 £958.3k which represents 89.7% of the total UC, leaving NHSGG&C to fund the remaining £110.0k (10.3%). This split is detailed below.

UNITARY CHARGE	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000
Capex including group 1 equipment	915.2	100	915.2	0
Life cycle Costs	86.1	50	43.1	43.0
Hard FM	67.0	0	0	67.0
Total	**1068.3**		**958.3**	**110.0**
			89.7%	**10.3%**

Table 9.2

9.1.8 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.

NHSGG&C Income & Reinvestment	£'000
Existing Revenue Funding - Depreciation	**94.9**
Existing Revenue Funding – HL&P, Rates & Domestic NHSGG&C	**74.1**
Existing Revenue Funding – HL&P, Rates & Domestic costs and GPs contribution	**100.0**
Additional Revenue Funding via GPs	**3.4**
Total Recurring Revenue Funding	**272.4**

Table 9.3

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

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.

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

Summary of Revenue position:

Summary of Revenue position	£'000
SGHD Unitary Charge support	**958.3**
NHSGG&C recurring funding per above	**272.4**
Total Recurring Revenue Funding	**1230.7**

Recurring Revenue Costs	£,000
Total Unitary charge(service payments)	**1,068.3**
Depreciation on Equipment	**58.0**
Facility running costs	**282.7**
Total Recurring Revenue Costs	**1409.0**

Net Deficit at OBC Stage	**(178.3)**

Table 9.4

The above table demonstrates that at OBC and stage 1 submission, the Board has a deficit revenue position of £178.3k per annum.

The Partnership / CHP's have given an undertaking to address any revenue shortfall through progressing Partnership savings/estates rationalisation program within financial year 2013.14.

9.2 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:

Capital costs and associated Funding for the Project

Capital Costs	£'000
Land purchase & Fees	**175**
Group 2-5 equipment Including VAT	**575**
Sub debt Investment	**463**
Total Capital cost	**1,213**
Sources of Funding	
NHSGG&C Formula Capital	**1,213**
SGHD hub Enabling	**0**
SGHD Capital	**0**
Total Sources of Funding	**1,213**

Table 9.5

9.2.1 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.

9.2.2 Group 2-5 Equipment

An allowance of £575k including VAT has been assumed for the Maryhill Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance of £575k will reduce at FBC stage.

9.2.3 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 subdebt requirement (i.e. the same proportion as the local participant ownership of hubco)".

At this stage of the project it is assumed that the Board will be required to provide the full 30% investment. Confirmation will be requested from the other participants during the stage 2 process. The value of investment assumed at OBC stage is £463k for which NHSGG&C has made provision in its capital programme.

9.2.4 Non Recurring Revenue Costs

There will be non-recurring revenue costs of £146.9k in terms of advisers' fees and removal / commissioning costs associated with the project. These non recurring revenue expenses have been recognised in the Board's Financial Plans.

9.2.5 Disposal of Current Health Centre

The OBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a non recurring impairment cost to reflect the run down of the facility. The Net Book Value as at 31st March 2013 is £1.552m. Following disposal, any resultant capital receipt will be accounted for in line with the recommendations contained in CEL32(2010)

9.2.6 Overall Affordability

The current financial implications of the project in capital terms as presented above confirm the projects affordability. With regard to the deficit in recurring revenue costs, the Partnership / CHP's has given an undertaking to cover this revenue deficit through Partnership savings and estates rationalisation plans.

The position will continually be monitored and updated as we progress towards Full Business Case (FBC).

9.3 Financing & Subordinated Debt

9.3.1 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 either a bank or insurance company. It is likely they will provide up to 90% of the total costs of the projects. The remaining balance will be provided by hWS' shareholders in the form of subordinated debt (i.e. loan notes whose repayment terms are subordinate to that of the senior facility) and pin-point equity. It is currently intended that the subordinated debt will be provided to the sub-hubco directly by the relevant Member.

9.3.2 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 1 submission.

	Maryhill
Senior Debt (£000)	10,792
Sub debt (£000)	1,542
Equity (£000)	0.01
Total Funding	12,334

Table 9.6

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

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

The value of the required subdebt investment is as follows:

	NHS GG&C	SFT	hubco	Total
Proportion of subdebt	30%	10%	60%	100%
£ subdebt	462,513	154,171	925,025	£1,541,708

Table 9.7

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.

9.3.4 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. 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:

Metric	Terms
Margin during construction	2.25%
Margin during operations	2.25%
Arrangement fee	1.00%
Commitment fee	2.25%
Maximum gearing	90%

Table 9.8

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.

9.4 Financial Model

For the purposes of the OBC, 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), and these are detailed as part of this OBC.

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

Output	Maryhill
Capital Expenditure (capex & development costs	£11,162k
Total Annual Service Payment	£37,651k
Nominal project return	6.44%
Nominal blended equity return	10.50%
Gearing	87.5%
All-in cost of debt (including 0.5% buffer)	5.05%
Minimum ADSCR1	1.218
Minimum LLCR2	1.218

Table 9.9

The all-in cost of senior debt includes an estimated swap rate of 2.30%, margin of 2.25% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close. The current (20th March 2013) Aviva 6% 2028 Gilt, which the underlying debt is priced off, is 2.47%. Therefore, current swap rates are above those assumed in the financial models. However, the interest rate buffer is currently covering this difference.

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

9.4.1 Financial efficiencies through project bundling

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

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

We illustrate below areas for potential savings within the financial model through bundling.

Area for potential efficiency	Value
Agency fees – the funder's annual fee for administering the loan may be spread across multiple projects	Currently modelled at £15,000 per annum (construction period) £10,000 per annum (operations period) for both Eastwood and Maryhill
Due Diligence costs – the appointment of a single team undertaking due diligence leads to financial efficiencies (e.g. single set of project documentation, funding documentation)	Eastwood £108,517 Maryhill £73,570
Financial modelling – the reduced number of models to build and arrange for audit	Eastwood £27,496 Maryhill £18,641
Sub hubco management fees – the bundling of project will lead to financial efficiencies, as costs (especially labour costs) can be spread across the projects.	Currently modelled at £100,000 per annum for both Eastwood and Maryhill

Table 9.10

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.

Hubco has set out a number of areas for potential savings within its Stage 1 submission. It has not sought to quantify these at this stage as those numbers will be dependent on information received from supply chain bidders and more certainty over site and programme (e.g. having a single D&B contract). Hubco believe they will be able to assign values to these financial savings during the Stage 2 process.

9.5 Risks

The key scheme specific risks are set out in the Maryhill Health and Care Centre Risk Register, which is held at Appendix B. This has been developed by joint risk workshops

with hub West Scotland. The risk register ranks 51 separate risks according to their likely impact (red, amber, green). It is anticipated that the majority of these risks will be fully mitigated, or mitigated to manageable levels in the period prior to FBC submission and financial close.

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 life for those elements which NHS GG&C has responsibility (100% hard FM, 50% lifecycle). NHS GG&C will address this risk through its committed funds allocated to the project.

The affordability analysis incorporates that funding will be sought from GP practices who are relocating to the new health 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.

9.6 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.

9.6.1 Accounting Treatment

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

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"[3] states: "under IFRS [International Financial Reporting Standards], which has a control based approach to asset classification, as the asset will be controlled by the NHS it will almost inevitably be regarded as on the public sector's balance sheet".

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

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

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

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

The facility will appear on NHSGG&C's balance sheet and as such, the building asset 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.

9.6.2 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 provider[4]:

- 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

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

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 if the Maryhill and Eastwood schemes are to be bundled, we need to consider the ERC capital contribution to the Eastwood scheme below.

Scottish Futures Trust have advised that capital contributions should not exceed 45% of a hub scheme’s total capital costs so as not to breach the construction risk requirement. The table below sets out our analysis of the proposed capital contribution to the Eastwood scheme:

Proposed capital contribution	Total bundle capex	Percentage	Eastwood scheme capex	Percentage
£6.132m[5]	£25.902m	23.7%	£14.675m[6]	41.8%

Table 9.12

Should Eastwood proceed as a single scheme, then the ESA95 position will need to be carefully monitored, given the proximity to the 45% threshold. This position will be revisited to confirm at full business case stage. Where Eastwood is bundled with another project, or projects, then this risk diminishes.

hub West Scotland has committed in its Stage 1 submission to engage with all key stakeholders (NHS GG&C, East Renfrewshire Council and SFT) to reach an agreement as to how to draw down this capital funding in a manner which does not breach ESA95 requirements.

9.7 Value for Money

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

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

The Stage 1 submission also provided confirmation that proposals will meet relevant targets and commitments in the KPI’s. In particular, the Stage 1 submission identified that Design Quality and Recruitment and Training as being of significant importance.

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

[5] Taken from financial model and consistent with Stage 1 submission

[6] Stage 1 predicted maximum cost

10 Management Case

10.1 Overview

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

Section 10.2 summarises the approach to the project to date, based on the delivery of the Outline Business Case under a DBFM route.

The remainder of this section looks forward to the planned delivery of the scheme. In particular due recognition is given to how this management structure will operate within the hubco framework and in line with the "Territory Partnering Agreement", and the standard "DBFM Agreement". Guidance was sought from SFT in considering the best approach.

10.2 Management Approach up to OBC Stage

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
- 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.

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

- Senior Responsible Owner – Alex MacKenzie, Director – NW Sector, Glasgow City CHP
- Project Director – Head of Mental Health NW Sector, Glasgow City CHP (Colin McCormack)
- Project Manager – NHS GGC (Eugene Lafferty)
- CDM Coordinator – TBA
- Principle Supply Chain Partner – TBA
- Architect – Archial

- Cost Advisor – Thomas & Adamson
- M&E Advisor – Cundall
- Civil & Structural Advisor – Halcrow.

In addition, the Technical advisor role on the project is being managed by Turner & Townsend (Martin Hamilton and Robert Taggart) with the following sub consultants support:

- Architectural Advisor – Gillian Dod (Bryan Pullan/Charles Adnett)
- Cost Adviser – Thomson Gray (James Gibson)
- M&E Advisor – DSSR (Stuart Brand)
- Civil & Structural Advisor – Harley Haddow (Mark Lawler).

10.3 Summary of Procurement Method

As noted previously the preferred solution will be the procurement of the scheme under the hub initiative developed by the SFT. Section 8 summarises the key aspects of this procurement vehicle.

10.4 Project Management and Methodology

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.

10.5 Project Framework

Whilst NHS GGC will be procuring the project using hubco, with the appointment of the Private Sector Development Partner, the governance approach will be similar to that undertaken for the Outline Business Case, as illustrated in Section 3.

Project Governance

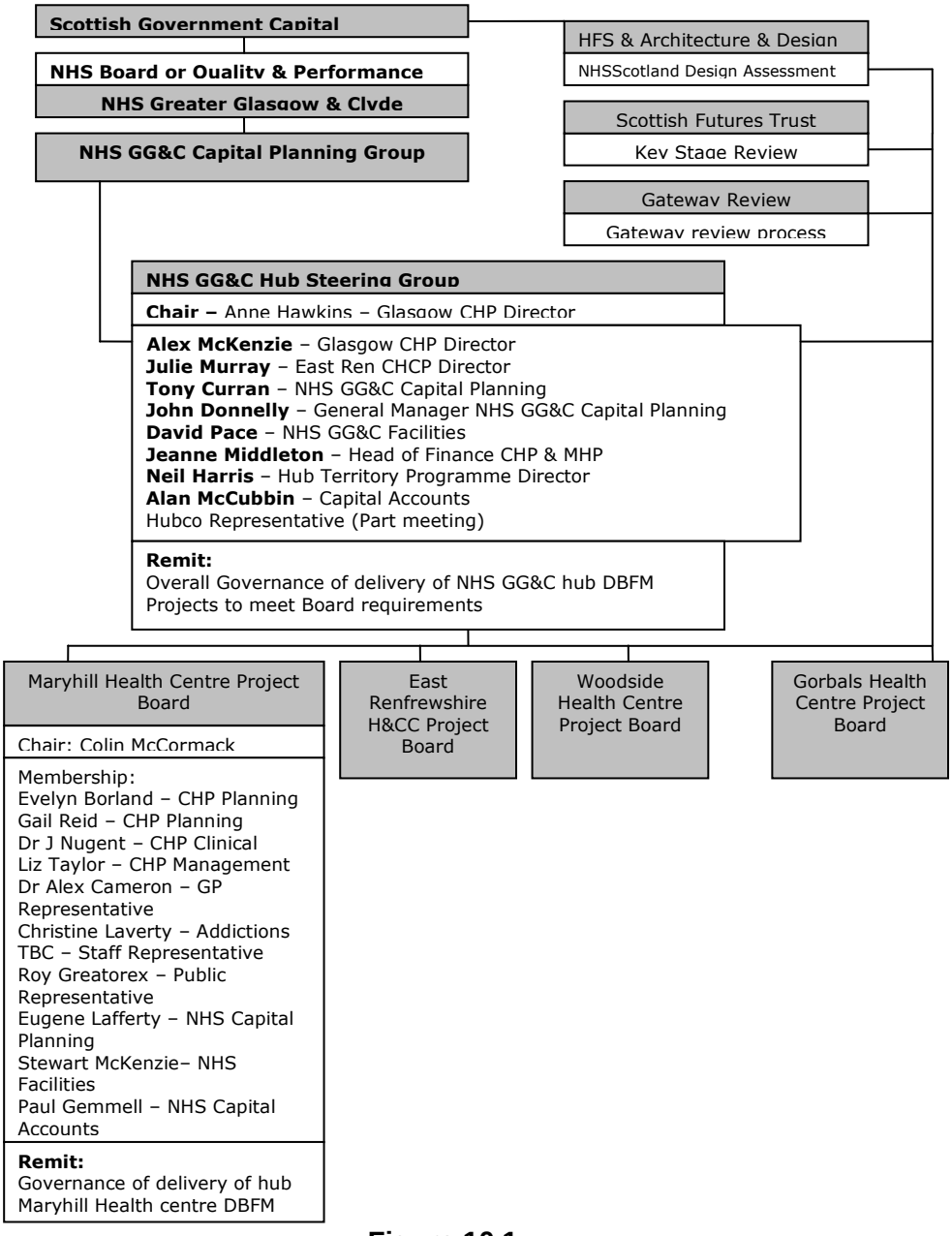

Figure 10.1

Project Roles and Responsibilities

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

Project Director:

- 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 Project Sponsor.

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

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

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

hub Technical Adviser

- Martin Hamilton, Turner & Townsend

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

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

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

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

10.6 Communications and Engagement

In terms of the development of the project to date, the Outline Business Case has 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.

It would be NHS Greater Glasgow and Clyde's intention, with the support of the PSDP to consult widely with various stakeholders associated with the development of the scheme. NHS Greater Glasgow and Clyde have prepared a Communication Plan (see Appendix L), 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.

10.7 Project Programme

A programme for the project has been developed based on assumptions regarding the Outline Business Case approval and the successful appointment of the preferred PSDP and the establishment of the "hubco". A summary of the identified target dates is provided as follows.

Stage 2: Consideration of OBC	**2 July 2013**
Stage 3: Submission of FBC	**2 October 2013**
Stage 4: Start on site	**23 February 2014**
Completion date	**15 April 2015**
Services Commencement	**15 April 2015**

Table 10.2

10.8 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.

10.9 Change Management

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

Change Control

A “change control process” will be employed to initiate, monitor and control change (and associated costs). This will include the use of change control forms to seek approval from NHS 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.

10.10 Benefits Realisation

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.

Benefits Realisation

The Benefits Criteria articulated in the OBC are all desirable outcomes for the project that are expected to be achieved by the Preferred Solution, Option 2b – new Maryhill Health Centre at Gairbraid Avenue.

Criteria were identified and designed to be clear and capable of being consistently applied by the stakeholder group involved in the review of the short-listed options.

In summary, it is anticipated that the following benefits will be realised as a result of the proposed investment:

- Effective use of CHP resources
- Effective and efficient clinical services
- Expanded range of services and promoting emerging model of care including preventative and self care
- Provide a patient centred 'one stop shop' service acceptable to patients and the Community
- Facilitate the introduction of new ways of working and in particular effective collaborative/ partnership working
- Provide facilities which significantly reduce risk of spread of infection compared to status quo
- Provide easy and equitable access to services (closer to point of requirement)
- Address health inequalities
- Retention and recruitment of staff
- Enhance the sustainable footprint of healthcare facilities within the Maryhill locality and promote alternative forms of transport
- Quality and functional efficiency of physical environment
- Flexible and adaptable property to allow delivery of NHS Greater Glasgow and Clyde's overall Strategic plans.

Notwithstanding the importance of the criteria in establishing the preferred option, a critical factor that will help determine the success of this project in the longer term will be in ascertaining just how well were the expected benefits realised. In other words, will NHS Greater Glasgow and Clyde achieve the anticipated benefits and how will this be measured? In order that these outcomes can be ascertained, the Benefits Criteria must therefore be capable of being measured and evidenced.

The table in Section 4.14 outlines how the Benefits Criteria (including the financial benefits) will be measured and monitored through the project's lifetime. This is in order that a meaningful assessment can be made of the benefits yielded by the project and to benchmark the assessment criteria themselves so that lessons learned can be fed back into future projects. The monitoring and review of achievement in relation to each of these service aims will be built into the work plans of the management team as appropriate.

10.11 Risk Management

As noted in Section 5.4 , the key stakeholders have undertaken an exercise to establish the key risks associated with the proposed investment. Key business, service, environmental and financial risks were established. Furthermore in Section 5.4.3 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 will be given to the allocation of risk, in accordance with the general requirements of the DBF&M contract.
A risk register will be developed, based on the preferred option. It is intended that detailed consultation will take place to understand the clear allocation of risk between the parties and the required actions.
The Board will manage these risks through a series of workshops to establish, monitor and mitigate these risks as the project develops.

Table 10.3

10.12 Post Project Evaluation

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

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

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

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

- A post project evaluation will be undertaken within 6 months after occupation.
- The benefit realisation register, developed during the Full Business Case stage, will be used to assess project achievements.

- Clinical benefits through patient and carer surveys will be carried out and trends will be assessed.

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

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

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

Table 10.4

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

Post Project Audit

The project audit will include:

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

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

- Cost
- Planning and scheduling

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

10.13 Cost and Time Study

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

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

10.14 Performance Study

The performance study will review the following:

- Planning and scheduling activities.
- Were procedures correct and controls effective?
- Were there sufficient resources to carry out work in an effective manner?

- Activities performed in a satisfactory manner and those deemed to have been unsatisfactory.
- Performance rating (confidential) of the consultants and contractors, for future use.

10.15 Project Feedback

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

The feedback includes:

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

11 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 Outline 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. It is the best value option, as has been demonstrated, and would allow for the fulfilment of the drivers identified in this OBC. 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 the shortlisted options will be prepared. A preferred option will

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

12 List of Appendix Sections

Appendix Ref	Title
A	IA Approval letter
B	Risk Register
C	Schedule of accommodation
D	Design Statement
E	HAI/Scribe Report
F	BREEAM Report
G	Architectural Report
H	Services Report
I	Civil and Structural Report
J	Program
K	Benefits Weighting Paper
L	Stakeholder Communications Plan
M	Statement of commitment

Appendix A - IA Approval Letter

Director-General Health & Social Care and
Chief Executive NHS Scotland
Derek Feeley

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The Scottish Government

Mr Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde
JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Our ref: A4353949
9 November 2012

Dear Robert

NHS GREATER GLASGOW AND CLYDE – REPLACEMENT OF MARYHILL HEALTH CENTRE – INITIAL AGREEMENT

The above Initial Agreement has been considered by the Health Directorate's Capital Investment Group (CIG) using expedited procedures. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit an Outline Business Case. Approval to proceed is given on the basis that the project will be developed as a Design, Build, Finance and Maintain (DBFM) project via the hub initiative.

Therefore, I would be grateful if you could forward a public version of the Initial Agreement to Glenda Roy at the address below within one month of receiving this approval letter. It is a compulsory requirement within SCIM, **for schemes in excess of £5m**, that NHS Boards set up a section of their website dedicated specifically to such projects.

The approved Business Cases/ contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.scim.scot.nhs.uk/Approvals/Pub_BC_C.htm .

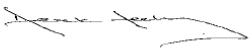
I would ask that if any publicity is planned regarding the approval of the business case that NHS Greater Glasgow and Clyde liaise with SG Communications colleagues regarding handling.

As always, CIG members will be happy to engage with your team during the development of the Outline Business Case and to discuss any concerns which may arise. In the meantime, if

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk

you have any queries regarding the above please contact Mike Baxter on 0131 244 2079 or e-mail Mike.Baxter@scotland.gsi.gov.uk

Yours sincerely



DEREK FEELEY

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www.scotland.gov.uk

Appendix B - Risk Register

Maryhill Health and Care Centre - Project Risk Register

Ref	Date Raised	Category	Summary Description of Risk			Stage of hub West Process	PRE-CONTROL				Risk Owner(s)	Risk Control Measures	Action by Date	POST-CONTROL				Actual Cost Assessment	Last Reviewed/Comments
			Cause of Risk	Risk Description	Effect of Risk		Likelihood	Impact -Time	Cost (£)	Risk Score				Likelihood	Impact - Time	Expected Risk Cost (£)	Risk Score		
1	11/09/2012	Approvals	Inadequate information	IA response not approved buy CIG	delays to the programme	Stage 0	3	2	1	6	NHS	Senior reporting officer for each project to ensure timescales are met for clarifications	18/9/12	1	2		2		Complete
2	11/09/2012	Approvals	lack of readiness to proceed	KSR not approved on programme	delay to programme	Stage 0	4	3	1	12	NHS	Senior reporting officer - Implementing the requirements of the draft report	25/9/12	1	3		3		Complete
4	11/09/2012	Financial	Affordability	NPR not approved/released to hWS on programme	delay to programme	stage 0	5	4	0	20	NHS	identification and approval of additional revenue requirements and/or reducing the project accommodation to fit available revenue	9/10/12	3	4		12		Complete
5	11/09/2012	Financial	lack of funders	availability of funds at correct terms	increased costs	Stage 1	3	4		12	hWS	hWS to agree terms with perspective funders	0611/12	3	4		12		hub West Scotland have had initial discussions with Aviva prior to the release of Stage 1
6	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					0		Last Reviewed/Comments
7	11/09/2012	Stakeholders	various	failure to commit to project within timescales	delay to programme	stage 1	5	4		20	NHS	provide clear financial information at earliest opportunity and engage/record with discussion about space/site					0		Early discussions with independent contractors to review levels of service payments FM and LCC. Last reviewed 13/3/13
8	11/09/2012	Stakeholders	various	opposition from community stakeholders	delay to programme	stage 1	3	5		15	shared	community engagement tailored to stakeholders	11/9/12	2	5		10		Delivery Group to agree an engagement strategy to take forward. Meeting on 21/03/13
9	11/09/2012	Project Management	lack of resource	unable to manage project	delay to programme and cost impact	ALL	4	5		20	NHS	identify project requirements and resource appropriately	11/9/12	1	5		5		NHS and hWS have reviewed resources and are satisfied with the levels to undertake the project. Last reviewed 28/2/13

10	**11/09/2012**	project Management	lack of resource	unable to manage project	delay to programme and cost impact	ALL	**4**	**5**		**20**	**hWS**	identify project requirements and resource appropriately	11/9/12	1	**5**		**5**		NHS and hWS have reviewed resources and are satisfied with the levels to undertake the project. Last reviewed 28/2/13
11	**11/09/2012**	Project Management	new procurement route	complexity involved in the 4 projects - new territory	delay to programme	ALL	**4**	**5**		**20**	**shared**	ongoing familiarisation opportunities / lessons learned / speaking to other hub territories / specialist advisors	11/9/12	2	**5**		**10**		Ongoing, Design Workshops in place. Lessons learned and information sharing workshop planned for 12th April 2013. Lat reviewed 28/2/13.
18	**25/09/2012**	Legal	various	failure to agree lease terms with independent contractors eg 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	25/9/12	2	**3**	**5**	**10**		See risk 7
12	**25/09/2012**	Legal	legal challenge	Non compliance with overall hub programme rules	delay to programme		**3**	**5**		**15**	**NHS**	hws working in line with agreed MS	25/9/12	1	**5**		**5**		hWS review the processes on a monthly basis ensuring compliance with their processes.
13	**25/09/2012**	Legal	various	failure to agree land exchange on programme with 3rd parties	delay to programme	stage 1	**3**	**5**		**15**	**NHS**	maintain dialogue with 3rd parties and map out process to be followed - NHS property manager to take lead	9/10/12	2	**5**		**10**		Reviewed 22/01/2013
14	**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	6/11/12	2	**4**		**8**		hWS have had initial discussions with Aviva prior to release of the Stage 1 Funding Review Report regarding funding terms. Aviva have noted the Project Programmes and hWS will continue to have dialogue. Last reviewed 28/2/13
15	**25/09/2012**	Legal	various	failure to agree legal terms with suppliers within programme	delay to programme	stage 2	**3**	**4**		**12**	**hWS**	early involvement of supply chain	9/10/12	2	**4**		**8**		OSCD maintaining discussions with supply chain. Last reviewed 28/2/13
16	**25/09/2012**	Legal	various	Failure to achieve approval of planning within programme	delay to programme	Stage 1	**2**	**5**		**10**	**hWS**	early discussion with planners	6/11/12	1	**4**		**4**		Ongoing. Last reviewed 28/2/13

17	**25/09/2012**	Legal	various	3rd party rights affecting sites	constraining site development	stage 1	**3**	**5**		**15**	**NHS**	continuous discussions with GCC	9/10/12	2	**5**		**10**		Last reviewed/ 28/2/13Comments
18	**26/11/2012**	Financial	exceeds affordability	GIFA cannot be met	commercial impact	Stage 1	**1**	**5**		**5**	**hWS**	Continuous review of design during development of project		1	**5**		**5**		Last reviewed/ 28/2/13Comments
19	**26/11/2012**	Financial	Risk Allowance	Risk allowance is not enough as very little site information is known	commercial impact	Stage 1	**3**	**4**		**12**	**NHS/hWS**	Desktop/SI to be completed as soon a possible during the stage 1 process		3	**4**		**12**		Desk top complete. SI brief sent out for costs prior to instructions on 12/03/2013
20	**26/11/2012**	Legal	Land purchase	NHS GG&C do not purchase all the land	Delay	Stage 1	**3**	**5**		**15**	**NHS**	Agree 2nd site option to take forward should preferred site not be available.	4/2/13	3	**5**		**15**		22/01/2013 JA
21	**26/11/2012**	Design	BREEAM excellent rating	achieving BREEAM increases cost	commercial impact	Stage 0	**3**	**2**		**6**	**NHS/hWS**	Continue with BREEAM Assessment and review design and cost within affordability caps. Adjust prime cost for complexity regarding BREEAM Excellent.	14/2/13	3	**3**		**9**		
22	**26/11/2012**	Commercial	Accuracy of benchmark rates	Benchmark comparators are inaccurate to design	commercial impact	Stage 1	**3**	**3**		**9**	**NHS/hWS**	Continually test cost plan against comparator project Barrhead HCC		3	**3**		**9**		Stage 1 in progress. Continue with testing of costs.
23	**26/11/2012**	Project Management	Reject NPR	HWS reject project at board level	delay to programme	Stage 0	**2**	**4**		**8**	**hWS**	Ensure PIP and information sits within project brief and costs are within participants draft budget	13/3/13	1	**5**		**5**		complete
24	**26/11/2012**	Project Management	contractor selection	Contractor is not appointed early enough in the DBFM	commercial/ delay	Stage 0	**2**	**5**		**10**	**hWS**	OSCD to implement ITT within programme timescales	13/3/13	2	**5**		**10**		ITT returns for main contractors 2/4/13
25	**26/11/2012**	Commercial	proforma rates	contractor prelims and OH&P exceed HWS rates	commercial impact	Stage 1	**3**	**4**		**12**	**hWS**	Rejection of tenders bids which exceed the pro forma rates	13/3/13	2	**5**		**10**		ITT returns for main contractors 2/4/13
26	**26/11/2012**	Design	Affordability cap	design development exceeds affordability cap	commercial impact	Stage 2	**3**	**2**		**6**	**hWS**	Control design and cost plan throughout process. Ensure change control procedure is in place.	13/3/13	1	**5**		**5**		Stage 2 in progress, continue with testing. Last reviewed 14/3/13
27	**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.		3	**5**		**15**		Stage 1 cost plan within affordability cap. Last reviewed on 13/3/13
28	**26/11/2012**	Design	Site Investigation	SI demonstrates there is significant ground risk in mineworkings	commercial/ delay	Stage 1	**4**	**5**		**20**	**NHS**	Early SI to be completed to allow assessment by Civil and Structural Consultant		4	**5**		**20**		Ongoing . Last reviewed on 13/3/13. See risk 53
29	**26/11/2012**	Design	Foundations	The SI recommends a more significant foundation solution	commercial impact	Stage 2	**4**	**5**		**20**	**NHS**	Early SI to be completed to allow assessment by Civil and Structural Consultant		4	**5**		**20**		Piling has been identified in cost plan.

30	**26/11/2012**	Design	Contamination	SI reveals significant contaminated land	commercial/ delay	Stage 1	**4**	**5**		**20**	**NHS**	Early SI to be completed to allow assessment by Civil and Structural Consultant		4	**5**		**20**		See risk 53
31	**26/11/2012**	Design	Existing Culvert	Location of culvert affects foundation design	commercial/ delay	Stage 1	**4**	**3**		**12**	**hWS/NHS**	Early SI to be completed to allow assessment by Civil and Structural Consultant		1	**3**		**3**		See risk 51
32	**26/11/2012**	Project Management	Stakeholders	Stakeholders do not provide design information timorously	delay	Stage 1	**3**	**3**		**9**	**NHS**	Hold regular delivery group meetings for stakeholders		3	**5**		**15**		Ongoing. Last reviewed on 13/3/13
33	**26/11/2012**	External	Utilities	SI demonstrates utility provision is not sufficient	commercial/ delay	Stage 1	**3**	**3**		**9**	**NHS**	M&E to check services provision with supplier at earliest opportunity		1	**5**		**5**		See risk 55
34	**26/11/2012**	Design	Utilities	Cost for utility connections is significant	commercial	Construction	**3**	**5**		**15**	**NHS**	M&E to check services provision with supplier at earliest opportunity		2	**5**		**10**		See risk 55
35	**26/11/2012**	Project Management	Value for Money	Specified VfM is not achieved	expectations/ hws kpi's	Stage 2	**2**	**3**		**6**	**hWS**	Review VfM criteria continuously and write into contractors/consultants requirements where necessary		1	**3**		**3**		Last reviewed 13/3/13
36	**26/11/2012**	Project Management	design changes	Client makes numerous design changes	commercial/ delay	Stage 2	**2**	**3**		**6**	**NHS**	Ensure robust change control measures are in place to ensure liability for cost and impact.		1	**5**		**5**		Last reviewed 13/3/13
37	**26/11/2012**	External	Stakeholders	do not take up option of space in building	commercial/ delay	Stage 2	**4**	**3**		**12**	**NHS**	Ensure all stages of approval process have been achieved					**0**		Last reviewed 13/3/13
38	**26/11/2012**	Design	Planning	Planning conditions add commercially to the project	delay	Financial Close	**3**	**3**		**9**	**NHS**	Discuus with planners at an early stage any requirements which may have a cost or programme impact on the process. Discharge any planning conditions in a timely manner.					**0**		Last reviewed 13/3/13
39	**26/11/2012**	Approvals	Room Data Sheets	RDS are not developed timorously	delay	Stage 2	**3**	**3**		**9**	**NHS**	Develop RDS to programme					**0**		Last reviewed 13/3/13
40	**26/11/2012**	External	Public	Public launch appeal against project	delay	Stage 2	**3**	**5**		**15**	**NHS**	Implement the Community Engagement Strategy as early as possible and ensure Planning Application engagement is undertaken					**0**		Last reviewed 13/3/13

41	**26/11/2012**	External	Wayleaves	Failure to agree wayleaves (if required)with adjacent landowners	delay	Construction	**3**	**5**		**15**	**NHS**	ERC is the adjacent landowner and is joint participant within the development. Keep Donald Gillies updated on any encroachments or licences required for development					**0**		Last reviewed 13/3/13
42	**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.					**0**		Last reviewed 13/3/13
43	**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.					**0**		Last reviewed 13/3/13
44	**26/11/2012**	External	Planning	Planning permission is not achieved to start on site	delay	Stage 2	**3**	**4**		**12**	**hWS**	Early discussions with planning to review requirements and consultation process.					**0**		Last reviewed 13/3/13
45	**14/03/2013**	Financial	Stakeholders	Service payment and FM/LCC may change due to market conditions	Cost impact	Financial Close	**3**	**5**		**15**	**NHS**	Review Funding Report and Financial Model at all stages	27/9/13	1	**5**		**5**		Ongoing. Last reviewed 13/3/13
46	**14/03/2013**	Financial	Stakeholders	Staffing resource is insufficient to provide services and business	Cost impact	Stage 2	**3**	**5**		**15**	**NHS**	NHS to have early resource discussions to identify gaps in both service and business staff resource	27/9/13	1	**5**		**5**		Ongoing. Last reviewed 13/3/13
47	**14/03/2013**	Financial	Stakeholders ERC	Gap in revenue funding for FM/LCC.	Cost impact	Financial Close	**3**	**5**		**15**	**NHS**	Review Funding Report and Financial Model at all stages	27/9/13	2	**5**		**10**		Ongoing. Last reviewed 13/3/13
48	**14/03/2013**	Financial	Stakeholders ERC	Commercial deal for land not completed by NHSGGC and GCC	Delay	Stage 2	**4**	**5**		**20**	**NHS**	Early discussion regarding the land deal to take place.	27/3/13	4	**5**		**20**		Ongoing. Last reviewed 13/3/13
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.	27/3/13	1	**5**		**5**		Ongoing. Last reviewed 13/3/13
50	**14/03/2013**	Design	Design Development	Negative feedback from Community Stakeholders delays planning	Cost/Programme impact	Stage 2	**4**	**5**		**20**	**hws**	Ensure that the programme of Community Engagement is carried out within the timescales agreed.	27/3/13	4	**5**		**20**		Ongoing. Last reviewed 13/3/13
51	**14/03/2013**	Design	Design Development	Agile working policies and service delivery is not accepted by staff.	key objectives not achieved	Stage 2	**3**	**5**		**15**	**NHS**	Early engagement with staff to discuss impact of agile working policies and design of agile working provision.	27/3/13	1	**5**		**5**		Ongoing. Last reviewed 13/3/13

52	**25/03/2013**	Design	Design Development	Potential mineworkings on site	Cost/Programme impact	Stage 2	**4**	**5**		**20**	**hWS**	Early SI to be completed to allow assessment by Civil and Structural Consultant	25/5/13	4	**5**		**20**	**80,000**	ongoing. Last reviewed 25/5/13
53	**25/04/2013**	Design	Design Development	Contamination Risk	Cost/Programme impact	Stage 2	**4**	**5**		**20**	**hWS**	Early SI to be completed to allow assessment by Civil and Structural Consultant	25/5/13	4	**5**		**20**	**43,200**	ongoing. Last reviewed 25/5/13
54	**25/04/2013**	Design	Design Development	Off site road/junction improvements required	Cost/Programme impact	Stage 2	**4**	**5**		**20**	**hWS**	Early discussions with planning to review requirements and consultation process.	25/5/13	2	**5**		**10**	**10,000**	ongoing. Last reviewed 25/5/13
55	**25/04/2013**	Design	Design Development	Not receiving technical approval from Scottish Water for foul and surface drainage.	Cost/Programme impact	Stage 2	**3**	**5**		**15**	**hWS**	Early discussions with Scottish Water to receive approval for the drainage solution.	25/5/13	1	**5**		**5**	**10,000**	ongoing. Last reviewed 25/5/13
56	**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 companies and surveys required to map out services	25/5/13	2	**5**		**10**	**15,000**	ongoing. Last reviewed 25/5/13
57	**25/04/2013**	Design	Design Development	Diversions required to existing utilities at perimeter of site under carparking spaces	Cost/Programme impact	Stage 2	**3**	**5**		**15**	**hWS**	Early discussions with utilities companies and surveys required to map out services	25/5/13	2	**5**		**10**	**50,000**	ongoing. Last reviewed 25/5/13
58	**25/04/2013**	Design	Design Development	Potential revised layout to external works/car parking to suit Planning Roads.	Cost/Programme impact	Stage 2	**3**	**5**		**15**	**hWS**	Early discussions with Planning and Roads to review requirements.	29/5/13	2	**5**		**10**	**50,000**	ongoing. Last reviewed 25/05/2013
59	**14/05/2013**	Legal	Various	Legal drafting with the Lease Structure	Cost Impact	Financial Close	**4**	**5**		**20**	**hWS**	Agree form of the Lease Structure	28/6/13	4	**5**		**20**	**6,000**	ongoing. Last reviewed on 14/05/2013

Appendix C – Schedule of Accommodation

MARYHILL HEALTH CENTRE
DRAFT OUTLINE SCHEDULE OF ACCOMMODATION **Mar'13**

REF	SERVICE	Floor	ROOM TYPE	DESCRIPTION	ORIGINAL-m2	AGREED-m2	PROVIDED-m2
G1	Blue Practice	G	Reception	2 receptionists	11	9	8.7
G2	Dr Garvie	G	Waiting area	To be shared with other GP's	26	26	26
G3		G	GP Consulting Room		15	15	15
G4		G	GP Consulting Room		15	15	15
G5		G	GP Consulting Room		15	15	15
G6		G	GP Consulting Room		15	15	15
G7		G	GP Consulting Room		15	15	15
G8		G	GP Consulting Room		15	15	15
G9		G	GP Consulting Room		15	15	15
G11		G	GP Consulting Room		15	15	15
G12		G	Nurse Consulting Room		15	15	15
G13		G	Nurse Consulting Room		15	15	20.9
G14		G	Admin Room	Back of reception - for 6 people	12	33	33.9
G15		G	Tea Prep area	Shared with other GP practice	0	7.5	7.5
G16		G	Practice Manager		14	10	10.1
			Sub Total		**213**	**235.5**	**242.1**
G17	Red Practice	G	Reception	2 receptionists	22	9	8.7
G18		G	Waiting Area	To be shared with other GP's	26	26	26
G19		G	GP Consulting Room		15	15	15
G20		G	GP Consulting Room		15	15	15
G21		G	GP Consulting Room		15	15	15
G22		G	GP Consulting Room		15	15	15
G23		G	GP Consulting Room		15	15	15
G24		G	Nurse Consulting Room		15	15	15
		G	Nurse Consulting Room		15	0	0
G25		G	Admin Room	Back of reception - for 5 people	12	25	28.7
G26		G	Tea Prep area	Shared with other GP practice	0	7.5	7.5
G27		G	Practice manager		10	10	10
			Sub Total		**175**	**167.5**	**170.9**
G27	Green Practice	G	Reception	2 receptionists	18	9	8.7
G28	Dr Byford	G	Waiting Area	To be shared with other GP's	18	18	19.4
G29		G	Consulting Room		15	15	15
G30		G	Consulting Room		15	15	15
G31		G	Consulting Room		15	15	15
G32		G	Consulting Room		15	15	15
G33		G	Consulting Room		15	15	15
G34		G	Consulting Room		15	15	15
G35		G	Consulting Room		15	15	15
G36		G	Consulting Room		15	15	15
		G	Nurse Consulting Room		15	0	0
		G	Nurse Consulting Room		15	0	0
G37		G	Tea Prep area	Shared with other GP practice	0	7.5	7.5
G38		G	Admin Room	for 3 people - including PM	10	15	15
G39		G	Admin Room	Back of reception - for 5 people	10	25	31.7
			Sub Total		**206**	**194.5**	**202.3**
G40	Yellow Practice	G	Reception	1 receptionist	28	7	8.7
G41	Dr McKenzie	G	Waiting Area	To be shared with other GP's	29	29	29
G42		G	GP Consulting Room		15	15	15
G43		G	GP Consulting Room		15	15	15
G44		G	GP Consulting Room		15	15	15
G45		G	GP Consulting Room		15	15	15
G46		G	GP Consulting Room		15	15	15
G47		G	Nurse Consulting Room		16	16	15.4
G48		G	Practice Manager		10	10	10
G49		G	Admin Room	Back or reception - for 4 people	10	20	26.1
G50		G	Tea Prep area	Shared with other GP practice	0	7.5	7.5
			Sub Total		**168**	**164.5**	**171.7**
	Adult Mental Health	G	Treatment Room		0	18	18
G51		G	Consulting Room		15	15	15
G52		G	Consulting Room		15	15	15
G53		G	Consulting Room		15	15	15
G54		G	Consulting Room		15	15	15
G55		G	Consulting Room		15	15	15
G56		G	Consulting Room		15	15	16.8
		G	Consulting Room		15	0	0
G57		G	Interview Room		12	12	12
G58		G	Interview Room		12	12	12
G59		G	Interview Room		12	12	12
		G	Interview Room		12	0	0
		G	Interview Room		12	0	0
		G	Interview Room		12	0	0
G60		G	Duty Room		0	12	12
G61		G	Nursing Lead office		0	10	10.2
		G	Social Work Lead office		0	10	10
G62		G	OT Lead office		0	10	10
		G	Admin room	15 desk for nursing/OT/crisis	0	50	52.5
G63		G	Admin room	Space for 4 secretaries	16	20	20
G64		G	Reception/Records/Waiting		28	28	26.5
G65		G	Therapuetic Kitchen		16	16	16
		G	Store		0	0	10
			Sub Total		**237**	**300**	**313**
	Common	G	Foyer	Central foyer	200	200	268.9
G66		G	Toilet	Staff - 2 cubicle	4	8	8.1
G67		G	Toilet	Staff - 2 cubicle	4	8	4.1
G75		G	Female Toilet	Patient 3 cubicle	6	10	12
G76		G	Male Toilet	Patient 2 cubicle	6	8	12
			Unisex Toilet	Patient	0	0	6
G72		G	Toilet Disabled	Accessible toilet	12	12	13.6
G68		G	Store		8	8	8.3
G69		G	Store		8	8	4.5
G74		G	Store		10	10	13
G70		G	Comms Room		18	18	27.3
G71		G	DSR		11	11	16.3
			Refuse Store		0	0	35.4
	Sub Total				**287**	**301**	**429.5**
G77	Podiatry	G	Treatment Room		18	18	18
G78		G	Treatment Room		18	18	18
G79		G	Surgery Room		18	18	18
G80		G	Clean store room		32	16	15.5
G81		G	Team Leader Room	T.B.C.	18	12	11.2
G82		G	Admin Room	Between Treatment rooms	28	12	12
	Sub Total				**132**	**94**	**92.7**
G83	Physiotherapy	G	Treatment Area -6 Rooms		100	108	108
G84		G	Patient Changing Male & Female	15.5sqm each	31	31	31
G85		G	Self Referral Room		28	10	10

MARYHILL HEALTH CENTRE
DRAFT OUTLINE SCHEDULE OF ACCOMMODATION **Mar'13**

REF	SERVICE	Floor	ROOM TYPE	DESCRIPTION	ORIGINAL-m2	AGREED-m2	PROVIDED-m2
G86		G	Clinical/Admin Office		28	10	10
		G	Education/Resource Room		30	0	0
G88		G	Visiting Services Room	4 People	24	15	15
G89		G	Splinting Room		28	18	18
G90		G	Store		10	10	9.2
G91		G	Admin/Reception/Waiting	Shared with Podiatry	28	15	11.5
G92		G	Gym		100	100	78.2
	Sub Total				**407**	**317**	**290.9**
G93	Community Dental	G	Dental Surgery	Inhalation sedation able	16	16	16
		G	Dental Surgery		16	0	0
G94		G	Dental Surgery - special needs	Inhalation sedation able	20	20	20
G95		G	Admin/Reception/Waiting	shared with Community	28	0	0
G96		G	Clean store room	Supplies & Domicilary	10	16	15.5
G97		G	Dirty store room		10	10	10
G98		G	Compressor room		0	8	0
	Sub Total				**100**	**70**	**61.5**
G99	Pharmacy	G	Dispensary	Inc Checking Bench & Bench Area	40	40	36.3
G100		G	Storage - uncollected prescriptions	Part of Reception	8	0	0
G101		G	Consulting Room		28	8	9.9
G102		G	Reception Desk	Inc Checking Bench & Bench Area	8	8	8
G103		G	Supervision Room		14	6	8
G104		G	Storage Prep Areas	Two Required 12 sqm each	32	24	22
G105		G	Waiting Area	Inc Full size Drinks Machine	28	15	43
		G	Tea Prep area		0	8	8
	Sub Total				**158**	**109**	**135.2**
G106	Community Reception	G	Reception	base for Caretaker/Shared with Treatm	28	14	19
G107	Admin - Old Age	G	Photocopy room	Near Reception - Separate entry	0	8	8
G108	Psychiatric - Health	G	Consulting Room		15	15	15
G109	Improvement (Child	G	Consulting Room		15	15	15
G110	Health, Youth Health,	G	Consulting Room		15	15	15
G111	Keep Well, Smokefree,	G	Consulting Room		15	15	15
	Early family Years)	G	Consulting Room		0	15	16.8
G112		G	Interview Room		12	10	10.3
G113	Podiatry - Dental	G	Interview Room		12	10	10.3
	utilise reception & waiting	G	Interview Room		0	10	10.3
		G	Meeting Room	8 people	10	10	10
		G	Meeting Room		24	20	20
		G	Multi-purpose Room	Dividable	0	50	50
		G	Training IT/Resource Room		16	0	0
		G	Office	4 people	0	20	20.5
G114		G	Breastfeeding Room		12	10	10
	Sub Total				**174**	**237**	**245.2**
G115	Treatment Room	G	Treatment Room		18	18	18
G116		G	Treatment Room		18	18	18
		G	Treatment Room		18	0	0
G117		G	Prep Room	Between Treatment rooms	0	6	6
G118		G	Reception/Waiting	Share with Community Area	0	0	0
G119		G	Admin Room	Share with Community Area	8	0	0
	Sub Total				**62**	**42**	**42**
1/120	District Nursing	1st	Office	Accomm for 20 Staff (Hot desking)	80	70	70
		1st	Office	Accomm for 13 Staff (Hot desking)	78	0	0
		1st	Clinette		8	0	0
1/121		1st	Managers Office	Private space	11	11	10
1/123		1st	Store	Dressings etc	11	10	10
1/124		1st	Store	Pedestals	0	10	9.5
	Sub Total				**188**	**101**	**99.5**
1/126	Rehabilitation Team	1st	Office Accommodation	16 People inc Records (hot deskin	120	60	60
		1st	Admin room	3 people	0	16	15.5
		1st	Team Leader Room		0	10	10
1/127		1st	Storage		15	12	10
	SubTotal	1st			**135**	**98**	**95.5**
1/128	Speech & Language	1st	Consulting Room		14	15	15
1/129	Therapy	1st	Store		8	6	6.7
1/130		1st	Consulting Room		14	15	16.8
	Sub Total				**36**	**36**	**38.5**
1/131	Health Visitors	1st	Office	Accomm for 8 Staff (Hot desking)	80	32	32
		1st	Student / Library zone		0	15	15
		1st	Team Leader Room		0	10	10
		1st	Health Education Room		50	0	0
		1st	Mother and Baby Room		10	0	0
	Sub Total				**140**	**57**	**57**
1/139	Common	1st	Store		8	8	0
1/140		1st	DSR		11	11	5.2
1/141		1st	Toilet - Disabled	Patient - 1 cubicle	6	5	0
1/142		1st	Toilet - Disabled	Staff - 1 cubicle	6	5	0
1/143			Kitchen/Staff Room		49	49	84
1/146		1st	Store		11	11	0
1/147		1st	Female Toilet	Patient - 3 cubicle	8	10	14.4
1/148		1st	Male Toilet	Patient - 2 cubicle	8	8	13.4
		1st	Female Toilet	Staff - 2 cubicle	0	8	13.4
1/148		1st	Male Toilet	Staff - 2 cubicle	0	8	14.4
1/149		1st	Female Shower	Staff - 2 showers	12	12	16
1/150		1st	Male Shower	Staff - 2 showers	12	12	17.9
	Sub Total				**131**	**147**	**178.7**
	Children's Services	1st	Office Accommodation	10 people	60	0	0
	Sub Total				**60**	**0**	**0**
	Total				**3009**	**2671**	**2866.2**

Sub Total			**3009**	**2671**	**2866.2**
Add Circulation space	40%		1204	1068	1020
Add Wall Allowance	10%		301	267	286.62
Add Engineering Allowance	10%		301	267	254
Grand Total			**4814.40**	**4273.6**	**4426.82**

Rev A	04/02/2013	Addictions service added following meeting on 01/02/13.
Rev B	06/02/2013	Addictions deleted, Physio updated following meeting on 04/02/13.
Rev C		
Rev D	18/03/2013	Comparison between Original / Agreed / Provided SoA's indicated.

Appendix D – Design Statement

Appendix E – HAI / Scribe Report

HAI IMPLEMENTATION STRATEGY / RISK ASSESSMENT

FOR THE MARYHILL CENTRE PROJECT

The Property and Environment Forum - HAI Scribe Implementation Strategy Document and the NHSGGC adapted HAI Scribe document was used to determine the risk assessments associated with undertaking & developing construction projects.

Group Membership:

NAME	POSITION	HAI SCRIBE DESIGNATION
Alex MacKenzie	Director – NW Sector, Glasgow City CHP	Project Owner
Colin McCormack	Head of Mental Health NW Sector, Glasgow City CHP	Project Sponsor
Alison Edwardson	Senior Infection Control Nurse	SCIN
	Project Manager – Contractor	Contractor Representative
	Architect	Architect
Eugene Lafferty	Capital Projects Manager	Project Manager

HAI-SCRIBE Risk Assessment

Name of Establishment:

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT
Person carrying out risk assessment: Multidisciplinary Group
Description of planned construction or refurbishment: New Build Health Centre
Construction Activity Type: Type 4, Group 2 Medium Risk

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- The type of construction activity has been classed as - Type 4, Group 2 Medium Risk as defined in pages 80 and 81 of the SHFN Document giving a requirement for Class IV Infection Control Procedures..

HAI-SCRIBE Risk Assessment

Name of Establishment:
HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT
Person carrying out risk assessment: Multidisciplinary Group
Description of planned construction or refurbishment: New Build Health Centre
Construction Activity Type: Type 4, Group 2 Medium Risk

What are the hazards?	Who might be harmed?	Risk to Patients?	What action is necessary?	Action by whom?	Action by when?	Date Completed
Residual Hazards associated with site clearance & making good.	Visitors Contractors	.N/A	All planned works should be isolated by means of temporary segregation in order to protect unauthorised access .Works should also phased in order to minimise disruption to existing services / routines within local area	Contractor	Prior to works commencing & as and when required during phased operations	

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT

No	CATEGORY		OUTCOME AND / OR PROPOSED CORRECTIVE ACTIONS
1	**GENERAL ITEMS:**		
a	Is contaminated land and or building fabric?		NO -Subject to Site Investigation report confirming
b	Are there industries or other sources in the neighbourhood which may present a risk of noise, smell, other pollution or infection e.g. animal by-products processing plant?		NO
c	Are there industries or other sources in the neighbourhood which may present a risk of noise, smell, or other pollution which might affect the designed operation of the healthcare facility e.g. windows and ventilation systems in the healthcare facility being kept closed because of sewage treatment plant or systems?		NO
d	Are the construction / demolition works programmed in the neighbourhood which may present a risk of noise, smell or other pollution or infection e.g. fungal infection?		NO
e	Are there cooling towers in the neighbourhood which may present a risk of legionella infection?		NO
f	Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any potential HAI Risk e.g. from entrainment of plumes containing legionella?		NO

HAI-SCRIBE Development Stage: DEVELOPMENT STAGE 1 – PROPOSED SITE FOR DEVELOPMENT (cont.)

No	CATEGORY		OUTCOME AND / OR PROPOSED CORRECTIVE ACTIONS
g	Is there locally recognised increased risk of contamination / infection e.g. cryptosporidium?		NO
h	Will the proposed development impact on the surrounding area in any way which may lead to restrictions being applied to the operation of the proposed facility which may in turn present potential for HAI Risk e.g storage and collection arrangements for healthcare clinical waste leading to pressure to reduce collection frequency?		NO
i	Will lack of space limit the proposed development and any future expansion of the facility?		NO
j	The above questions do not necessarily comprise an exhaustive list. Having established that main utility services are available, have sufficient capacity and are of satisfactory quality to cope with the proposed development, the next challenge is to establish which, if any, of the other questions evokes the answer 'yes' Where a potential Hazard is identified a careful assessment of that hazard must be undertaken.		N/A

Appendix F – BREEAM Report

Appendix G – Architectural Report

Appendix H – Services Report

Appendix I – Civil and Structural Report

Appendix J – Program

Appendix K – Benefits Weighting Paper

There are 5 investment objectives against which all options have been assessed. These have been ranked in order of importance as follows;

1. Prime Objective (weighting 30%)

1.1 Improve patient experience / create a good working environment for staff

The prime reason for building a new health centre is to improve services for patients (and ultimately to improve patient outcomes). Better working conditions for staff are also important in supporting more effective patient care

The Healthcare Quality Strategy for Scotland *"Making measurable outputs in the aspects of quality of care that patients, their families and carers and those providing health services see as really important…"* *…We also know about the correlation between staff wellness with the patient's experience and patient outcomes".*

2. Core objectives supporting the prime objectives (weighting 20% each)

2.1 Promote joint service delivery

This is closely allied to improving the patient pathway. It will support more effective anticipatory care and more holistic responses to patients' health problems.

The Deep End Report 18, 2012 *"Better integrated care for patients with multiple and complex social problems can prevent or postpone emergencies, improve health and prolong independent living."* Delivering Quality in Primary Care Action Plan, Scottish Government, May 2010 *"Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person...* *…We expect to see the professions-* *Seeking opportunities to engage with, and better understand, the contribution of local community and third sector resources to support health and well-being"*

2.2 Improve access

Improving access is vital in helping to reduce barriers to patient engagement with NHS services. This is core to NHS GGC's commitment of tackling health inequalities.

Delivering Quality in Primary Care Action Plan, Scottish Government, May 2010 *"The people of Scotland will be increasingly empowered to play a full part in the management of their health."*

NHSGG&C Corporate plan 2013-16
"One of the key challenges in meeting our aspirations will be how we address unmet need and differential uptake of service which lead to the health gap and premature mortality for people in equality groups or living in persistent poverty."

3. Important secondary objectives (weighting 15% each)

3.1 Contribution to the regeneration of Maryhill

Any investment in new health facilities should have maximum impact on the physical and social environment of the area. The new health centre in Maryhill should support our goal of tackling inequalities and improving health and wellbeing in the local community.

Delivering Quality in Primary Care Action Plan, Scottish Government, May 2010
"Primary care will play a full part in helping the healthcare system as a whole make the best use of scarce resources"

NHSGG&C Corporate plan 2013-16
"We will ...continue to work with partners to influence the wider determinants of health and inequalities, including in our roles as a major employer, local investor, supporter of local communities and as a Community Planning partner."

3.2 Sustainability

The new health centre should contribute to the achievement of NHS GGC's energy reduction target, as part of the Scottish Government's commitment to sustainable development. A sustainable building will reduce running costs and allow us to provide services on the site into the foreseeable future.

HEAT Target
NHS Scotland to reduce energy-based carbon emissions to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009

Appendix L – Stakeholder Communications Plan

Introduction

This paper sets out a proposed stakeholder communications plan for the new health centres being developed through the hub initiative.

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).

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.

Stakeholders

The main stakeholders in the project are:

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*

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)*

Existing communication mechanisms

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).

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)

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 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.

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: **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.	*Weekly tele conference, fortnightly meetings and/or ad hoc as required?*	Telephone, email, face to face meetings, reports and briefings.
Principals Group?	*Review of Project Progress, regarding design, construction, affordability, etc*	*NHS Project Director/Project Manager,* *Consultant PSC – Project Manager & Cost Adviser,+* *PSCP Senior Manager*	*Quarterly or ad-hoc as required*	*Telephone, email, face to face meetings, briefings*
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
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?**
Principal Supply Chain Partner (PSCP)	*Framework, High Level Information Pack, & Procurement*	*Project Manager* *SRO*	*As stated in High Level Information Pack.*	*Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.*
Professional Service Contracts *(PSC – PM and CA)*	*High Level Information Pack Framework & Procurement Information*	*Project Director* *Project Manager*	*As stated in High Level Information Pack.*	*Meetings, correspondence, Bidders Day, briefings, e-mail and telephone*
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SR0 Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project. Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)	As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
CHP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings	As appropriate dependant on issue to be communicated.

			(monthly)	
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 NHSGG&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 M – Statement of Commitment

Once the OBC is approved by the NHS Greater Glasgow and Clyde Board, a letter of commitment will be enclosed from NHS Greater Glasgow and Clyde in this section.