NHS Greater Glasgow & Clyde

Paper No: 16/59

NHS Board Meeting
Tuesday, 18 October 2016

REPORT OF the Chief Officer, Glasgow City HSCP

Initial Agreement for Mental Health 2 Ward DBFM Scheme

Recommendation:-

The NHS Board is asked to:-

- Approve the attached Initial Agreement for onward submission to the Scottish Government Capital Investment Group

Introduction

At its meeting on Tuesday, 19 April 2016, NHS Greater Glasgow and Clyde Board approved the development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, Finance and Maintain (DBFM) route to conclude the agreed inpatient redesign programme in North Glasgow. It also approved the scheme be bundled with Greenock and Clydebank Health Centre DBFM developments with progress to initial agreement stage to allow all three elements to reach financial close at the end of 2017 be approved [Board Paper No 16/17].

The total programme had been divided into a number of development phases as follows:-
• Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that would see the withdrawal of services from both Parkhead Hospital and Birdston Care Home.
• Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services in a new-build ward at Gartnavel Royal Hospital.
• Phase 4 - The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

The DBFM procured scheme concludes Phases 1 & 2 of the phased approach to deliver the mental health inpatient redesign programme, in particular, the completion of the mental health programme underway in North Glasgow.

The NHS Board also noted an outline proposal, requiring further detailed work, for 2019-20 capital funds to allow consolidation of the Alcohol and Drugs Addiction inpatient services and also outline proposals at Leverndale Hospital to deliver a consolidation adult mental health acute bed model for South Glasgow and Renfrewshire, potentially using Dykebar site capital receipts. The final details for both proposals are to be developed through the NHS Board's Capital Planning Group.

The development of two new wards via the Hub DBFM route would result in annual service payments and running costs of £1.5m. These costs would be met from the release of financial resource from vacating Birdston and Parkhead.

Patient / service user groups were consulted on the final version of this Initial Agreement, by meeting with the Public Fora and Patient Involvement Group over the last three years and, most recently on 9th August 2016. Their feedback was supportive and consistent with the feedback on the overall Strategy development which has been incorporated into this proposal. Additionally further work with service user and carer representatives on improving transport access generally is being progressed. The NHS GGC Capital Planning Group also approved the Initial Agreement in August 2016.

The Initial Agreement is also being taken to the PPF meeting on 13th October 2016 and the Glasgow City Integration Joint Board on 31st October 2016.

Summary of the Initial Agreement

Current Facilities

Stobhill

Phase 1 included the transition of the only remaining adult acute mental health inpatient service from Parkhead Hospital to the interim arrangement on the Stobhill site. The current facilities at Stobhill are of relatively old fabric, out of date design and are not fit for purpose. Patient observation is challenging due to poor overall footprint design, lighting and noise levels and there is little personal space as the ward layout is mostly composed of multi-occupancy bedrooms with separate showers and toilets. This present environment, despite improvements to the fabric and functionality over time, is very challenging to patients and is not suitable for delivering modern mental health services. In addition to the service infrastructure being inefficient there is a challenge of maintenance and poor functionality.

The ward site location does not promote recovery focused care for patients suffering mental health problems. The hospital site topography means the ward is sandwiched between a road running through the centre of the campus, compromising outdoor space and greenery to promote good health and wellbeing. The main entrance makes access to external areas more difficult for patients.

Birdston

The facilities do not meet the patient needs. The bedrooms are small at circa. 12.8m2 and therefore do not allow sufficient space around the bed area to support the clinical management of this complex patient group. Existing en-suites do not include showers and are too small to be used by the patient group in question; as a result, most are not used. There are no vision panels in the doors or walls, therefore bedroom doors have to be opened to view inside which can cause distress/disturb sleeping patients and impacts on service user dignity. Peripheral day areas associated with bedroom wings are not used as they are too remote for this patient group who require constant supervision. Patient attendance for the frequent outpatient appointments are resource intensive, requiring hospital transport or contract taxis and nurse escort for large portion of their shift.

The Care Home environment does not fully meet the needs of these patients who require a modern hospital standard of environment, support and service in accordance with Hospital Based Complex

Care guidance. The Birdston facility is both clinically and geographically isolated. Staff require to be self-sufficient in dealing with any staff sickness, medical emergencies and major incidents as they do not have an on-site pool of staff to draw upon. Staff recruitment is a problem and overnight medical cover is provided by GPs and NHS 24 as the care home is 30 minutes from the nearest mental health acute base at Stobhill Hospital. There are limited community activities and support groups available in the immediate area and access to the care home by public transport is limited for visitors and staff with one bus per hour.

Re-provision

In assessing our options for the re-provision of acute adult ward at Stobhill a new build, refurbished vacant ward with long term availability and extension to an existing PFI facility were considered. The shortlisted options were for a new build or refurbishment of vacant ward with long term availability on the Stobhill site.

In assessing our options for the relocation of Birdston services, we considered a new build, an alternative care home, 24-hour care at home and refurbishment of a vacant ward. The options were discussed by representatives of the service and Project Team and a new build and refurbishing a vacant ward on the Stobhill site were the shortlisted options.

The Initial Agreement articulates the required investment and design quality objectives; the risk management strategy and the benefits realisation plan.

Key Dates

In discussions with the Scottish Government and Scottish Futures Trust this project will be developed based on the hub revenue financed model.

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

Submission of IA	October 2016
Submit OBC	April 2017
Submit FBC	November 2017
Final Close	December 2017
Construction	March 2018

Indicative costs have been identified for each proposed solution to provide an indication if they are likely to present value for money, against the “Do Nothing Option” (see Initial Agreement section 4.6).

The Governance and Project Management arrangements are based on previous Hub approved schemes, and experience from the developments such as Inverclyde (Greenock) and Maryhill will help us improve these areas (see Initial Agreement section 5.3).

Conclusion

The Initial Agreement for the two new wards at Stobhill delivers the agreed mental health strategy in North Glasgow. The programme contributes to tackling inequalities, promoting supported recovery and self-management, fostering the principles of multi-disciplinary anticipatory approaches and maximised effectiveness in how we work with colleagues in the acute sector. It will also contribute to local economic generation and the wider Community Planning Partnership objectives of

improving population health and valuing people by providing modern, well-equipped public spaces and buildings.

In considering new ways of working we have considered who is affected by our proposal and worked to engage their views at an early stage of the Clinical Services Review, throughout the process to date and in the more recent specific design work.

Recommendation:-

The NHS Board is asked to:-

- Approve the attached Initial Agreement for onward submission to the Scottish Government Capital Investment Group.

Initial Agreement

Mental Health 2 Ward DBFM Scheme

August 2016

Contents

1 What is the proposal about?

1.1 Executive Summary

Background

This Initial Agreement describes the proposals for the reconfiguration of mental health services in the North of Glasgow.

Stobhill Hospital ward provides acute adult mental health services. Hospital based complex care for older people with mental health problems are provided from the ward housed at Birdston Care Home. Although patients using these services have different needs the synergies between the services and economies of scale indicate a single preferred solution for both.

1.1.2 Executive summary - Strategic case

This document presents the proposals to resolve issues around the provision of Adult Acute Mental Health services provided from Stobhill Hospital and Elderly Mental Health services at Birdston. In brief the issues are as follows:

The inpatient services are committed to:

- Offering care and treatment that respects individual rights and allows treatment to occur in the least restrictive manner possible
- Providing a service which is flexible and responsive and does not discriminate between individuals
- Providing a high standard of treatment and care, respecting rights for privacy and dignity, in a safe and therapeutic environment for service users in the most acute and vulnerable stage of their illness
- Ensuring all individuals needs are assessed and that an appropriate care plan is agreed, which includes the views of the service user and relevant carers and discharge planning arrangements

<u>Adult Acute Mental Health services at Stobhill Hospital</u>

As part of the 2001 Health Board Modernising Mental Health Services Strategy there has been a drive to reduce both the dispersed nature of mental health in-patient ward sites and inpatient beds. This has led to diminished inpatient accommodation options on the Stobhill Hospital site where there are clinical concerns around the ability to deliver modern clinical models of care and the relative isolation and quality of accommodation of the adult acute patient inpatient ward. There are challenges both with the retention of staff and ensuring sufficient staff are available to cover any clinical incident which may arise. Critically the accommodation concerned at Stobhill Hospital is in poor condition and not fit for purpose.

Birdston Care Home – Complex Elderly Mental Health Services

Elderly Mental Health services are provided from the Birdston Care Home. This is a privately owned facility with single bedrooms which is contracted by Greater Glasgow and Clyde Health Board. The facility is isolated from other mental health and acute diagnostic services therefore providing challenges in management of co-morbidities. An additional challenge is the increasing co-morbidity and incidence of dementia amongst the client group which is staff intensive, particularly on an isolated site such as the Birdston Care Home, requiring self-sufficiency in staffing levels to deal with any medical emergencies.

Finally the service is also reliant on a high cost private contract which expires June2018. Informal discussions with the landlord have indicated that a significant rise in contract costs is anticipated.

1.1.3 Executive Summary - Economic Case

In scoping the options, the Project Board has considered that the future model of service provision needs to be delivered from premises that are fit for purpose. The premises need to support the level of integrated working required to make a more positive impact to provide a safe environment for assessment, treatment and therapeutic work for a full spectrum of mental health conditions. These services form part of a planned and integrated whole system approach to care which is delivered in conjunction with the community services and is designed to promote recovery. Within the ward all aspects of physical health, social care needs and risks are jointly managed by a multi-disciplinary team.

The current facilities have been assessed as not meeting the basic needs, so the "Do Nothing" option is not viable. The on-going maintenance and repair of the building mean that from a repairs perspective it is "money hungry". There is a current maintenance backlog. The asbestos that is part of the building's structure means that even relatively simple repairs require investigation prior to work and become costly as measures need to be put in place to protect staff, the public and contractors from the dangers of displaced asbestos fibres or dust. The accommodation at Birdston is an expensive contract which now does not meet the required specification for hospital based complex care. The preferred solution is therefore a new-build facility, to be delivered within an overall funding envelope of £10.6M.

1.1.4 Executive Summary - Commercial, Financial and Management Cases.

In discussions including with the Scottish Government and Scottish Futures Trust this Project will be developed based on the hub revenue financed model.

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

Submission of IA	October 2016
Submit OBC	April 2017
Submit FBC	November 2017
Financial Close	December 2017
Construction	March 2018

Indicative costs have been identified for each proposed solution to provide an indication if they are likely to present value for money, against the "Do Nothing Option" (see section).

The Governance and Project Management arrangements are based on previous Hub approved schemes, and experience from the developments such as Inverclyde (Greenock) and Maryhill will help us improve these areas (see section).

1.1.5 Executive Summary - Summary of objectives

The proposal is therefore vitally important in terms of:

- Offering care and treatment that respects individual rights and allows treatment to occur in the least restrictive manner possible
- Providing a service which is flexible and responsive and does not discriminate between individuals.
- Providing a high standard of treatment and care, respecting rights for privacy and dignity, in a safe and therapeutic environment for service users in the most acute and vulnerable stage of their illness.
- Ensuring all individuals needs are assessed and that an appropriate care plan is agreed, which includes the views of the service user and relevant carers and discharge planning arrangements.
- Tackling health inequalities, promoting supported recovery and self-management and fostering the principles of multi-disciplinary anticipatory approaches. This is to maximise the effectiveness in how we work with colleagues in the HSCP, across the mental health network and diagnostic and in-patient care in the physical acute sector.
- Also making a contribution to local economic generation and the wider Community Planning Partnership objectives of improving population health and valuing people by providing modern, well-equipped public spaces and buildings.

In developing specific objectives that we would like to achieve by changing how and where we work if we are to meaningfully tackle the health inequalities that have characterised Glasgow for so long five key themes emerged.

i) Interagency and interdisciplinary working is central. The current wards do not support the extent of our ambition; therefore the first investment objective is to improve accommodation to allow users and carers to be better supported by interdisciplinary working in fit for purpose accommodation.

ii) Related services are sometimes delivered out of different locations and awkward to get to locations and buildings meaning hospital transport and escorts for extended periods. Additionally there are bus, car or taxi journeys for service users and carers. This can be costly and time-consuming, therefore our second investment objective is to improve access for public and service users.

iii) Our Clinical Services Review for Mental Health Services highlighted that improved service outcomes are sometimes achieved through visibly welcoming health service users and others clearly onto the care pathway. Supporting service users along with third sector and community planning partners will help improve care, preventative approaches and more appropriate referrals. Our third objective is therefore to enable speedier access to modernised mental health services.

iv) There is a need to provide services that are "easy in and easy out", with interventions providing "everything you need and nothing more". This includes for patients with multiple morbidities receiving coordinated rather than fragmented care and care planning supporting personal outcome based progress towards recovery/living well with the condition. We also need to support continuous learning and development of clinical and non-clinical staff if we are to recruit and retain high-quality expertise into mental health services in the future. Replacement premises must have physical capacity for this, but in a way whereby the spatial arrangement of development space is logical in terms of the teams and relationships that need to be supported. Our fourth objective is to have better integrated services for modernised therapeutic care and co-morbidities.

v) As we look to the future, we are keen to reduce our carbon footprint in line with the Government's 2020 target. We also see the cost benefits of reducing energy bills, thereby freeing up resources towards clinical or support services. Our fifth objective is to improve the safety and effectiveness of our accommodation.

1.1.6 Strategic Background

In considering new ways of working we have considered who is affected by our proposal and worked to engage their views at an early stage of the Clinical Services Review, throughout the process to date and in the more recent specific design work. We have also considered how our objectives align with and help to deliver the wider strategic NHS priorities, both at national and NHSGGC levels. Finally, we have taken account of the key external factors that influence or are influenced by our proposal.

We are confident that the anticipated benefits described above and throughout the Initial Agreement will be realised, and that this will deliver genuinely improved outcomes for the service users of the two wards.

2 What are the Current Arrangements?

2.1 Current Service Arrangements – Stobhill Hospital (providing Acute Adult mental Health Services).

The Adult Acute Mental Health inpatient services within this proposal are provided from an old designed acute admissions ward at Stobhill Hospital.

The service sees approximately 180 patients per annum. The average Length of stay is significantly an outlier from the average for other similar wards for such a service at 43.6 days.

GG&C is currently one of three participating Scottish Health Boards in the NHS Benchmarking Network & therefore "UK" data is based on c93% of the UK population, but currently excludes a number of remaining Health Boards in Scotland.
In overall terms the 4 year in-patient acute services trends show:

- Progressive reduction in bed numbers of c17% over the period
- Mostly unchanged/stable position for most indicators
- Rising number of bed days lost for delayed transfers of care
- GG&C position is:
    - At UK average for bed levels
    - Slightly below UK average levels for lengths of stay and for readmissions

The charts below compare the GG&C and UK position for the most recent data in 2014/15. All population based calculations throughout the report are calculated on a weighted population basis.

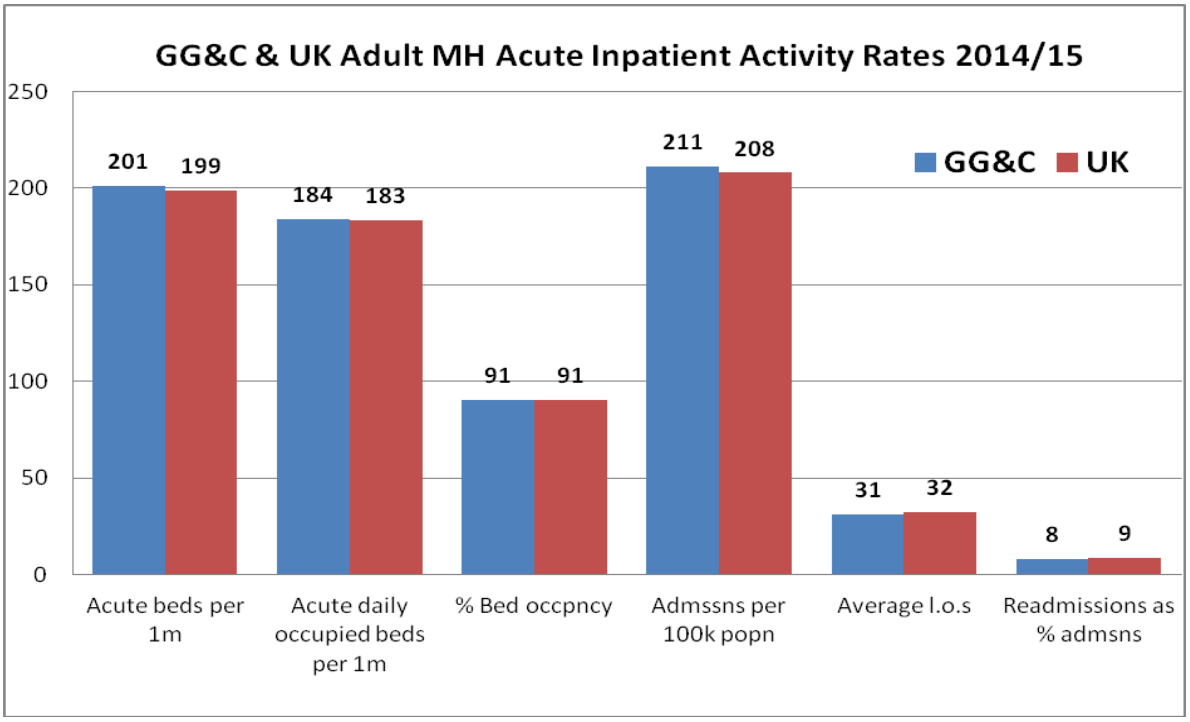
Taken together the inpatient charts show the GG&C position to be:

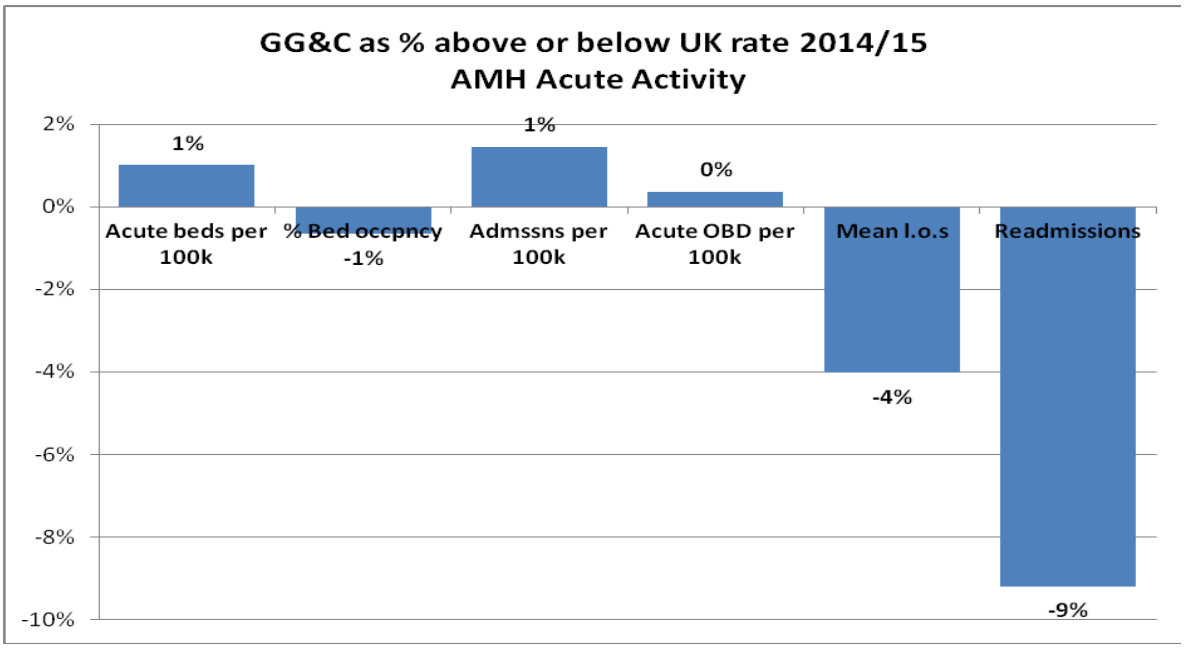
- close to the UK average position for most indicators
- a little lower than the UK average for lengths of stay and readmissions

The catchment area for the service is the North East of Glasgow with some of the most deprived areas in Glasgow such as Easterhouse and Queenslie. The catchment area also includes the Maryhill area of Glasgow and the east area of East Dunbartonshire.

Patients using the service may suffer from a range of mental health problems including alcohol and drug addictions, bipolar and psychotic illnesses and depression and anxiety. Many patients have more than one condition and frequently have physical issues arising from their mental illness. They may also have other social issues such as homelessness.

Inpatient stays range from 24 hours to two years however the average patient length of stay across NHS GG&C is between 28 and 31 days before they are either discharged or transferred to a more appropriate longer term inpatient facility.





Patients are referred to the service through the Community Mental Health Teams (CMHT) composed of consultant psychiatrists and nurses and also by the Out of Hours Crisis Teams who link into the CMHT. These represent the main sources of referral but other sources are via A&E, GP's, Psychiatric Liaison Teams and Police Custody Suites which have affiliated Custody nurses who assess patients and, if appropriate, call in a forensic physician who then confirms any need for specialist mental health assessment and referral.

Patients arriving are interviewed by nursing and medical staff, a risk assessment of the patient is undertaken assessing how much of a risk the patient is to self-harm and harm others; and a management and treatment plan is developed. The service provides safe and effective acute in-patient mental health care to those patients who have undergone the

required assessment process and been deemed to require admission. A range of planned, co-ordinated therapeutic interventions are provided for each patient by a multi-disciplinary team based on comprehensive on-going assessment.

If assessed as high risk the patient may be considered more appropriate to be transferred for care in an intensive care ward under special observation, currently this involves an intra-site transfer, the nearest intensive care ward being adjacent across a road at Stobhill Hospital.

The service within this proposal occupies an oldward small footprint on the upper part of the Stobhill Hospital site dissected by a road from the main McKinnon House complex of acute adult mental health services. The bed configuration is multi-occupancy bays with separate shower and toilet facilities.

There is also a second ward on the dissected location of the site however there are already long term arrangements in place for this ward therefore it is not part of this proposal.

2.2 Current Service Arrangements – Birdston Care Home.

Complex Elderly Mental Health services are provided from the Birdston Care Home. This is a privately owned facility contracted by Greater Glasgow and Clyde Health Board. The direct patient care is provided by GG&C NHS staff while Facilities Management services (hard and soft) are provided by the Contractor for the Birdston Care Home. The Out of Hours medical care for patients is provided by GP's and NHS 24.

The Board has been contracting with the private provider for the building for almost twenty years. The current 10 year contract expires June 2018.

The complex elderly mental health services within this proposal occupy 25 beds with very long average lengths of stay. There were a high number admissions and in 2015/16. The high activity was partially due to the re-configuration proposals whereby late 2015/16 patient activity was concentrated into Birdston to allow refurbishment of alternative accommodation at Gartnavel Royal Hospital to a modern standard for patients from North West Glasgow to return.

Since 2010 (May) there have been fluctuations in activity showing an overall trend that has allowed a reduction in total non-acute elderly mentally ill beds from over 400 to just over200 currently.

With the change in admission policy resulting in patients being admitted to appropriate services defined by their condition rather than their age there has been a continuing reduction in demand for complex elderly continuing care beds with a subsequent rise in demand for acute mental health beds. The occupancy of the beds at Birdston Care Home has fluctuated between100% to below 80%.

The catchment area for the service includes East Dumbarton, North East Glasgow and the Maryhill corridor. The Birdston Care home sits on the periphery of Dunbartonshire at the furthest point of the catchment area.

The Home is geographically isolated with infrequent bus service (one bus per hour) and few local activities.

Patients are referred to the service via consultant to consultant referrals from the Acute Admission Ward. The majority of the patients are elderly with dementia and other mental health issues and many have physical health issues. They therefore have complex needs and are often confused, agitated and aggressive. Some, as they become older, develop other problems such as cancer requiring palliative care. The nursing staff need a high level of skills to manage their patients.

2014 internal bed modelling for functional & organic continuing care beds indicates that whilst overall occupancy levels were comparatively high at 93%, feedback suggests there is an overprovision of functional beds and under provision of organic beds. The benchmark figures were suggestive of the overall numbers of beds consistent with benchmark levels but the mix of beds by diagnosis has 19-22 beds too many for functional beds and 16-24 beds too few for organic beds.

Continuing Care beds	Cont Care Fnl						Cont care organic				
	NE	NW	NE&NW	Rnfrew	South	Renf & Sth	NE	NW	Rnfrew	South	Total
Wards	Brdstn	Tate	total	Mnsn Hse			Brdstn	Iona/ Tate	Mnsn Hse		
Capacity (current or planned in the case of Renfrew and South Glasgow where planned changes are not yet implemented)	35	0	35	0	12	12	25	40	42	56	163
Ave Use 2014 : 6 mnths to 31/12/2014	n/a	16	n/a	n/a	n/a		n/a	20	38	n/a	
Benchmark at GG&C ave rates 65+	**13**	**10**	**23**	**9**	**12**	**21**	**43**	**32**	**29**	**40**	**144**
Capacity shortfall/surplus			**12**			**-9**					**19**

A two sector model for functional beds sees a change of use of Tate ward from functional to organic beds and achieves an increased level of organic beds and reduced level of functional beds and overall bed numbers unchanged.

Since this time clinical support and practice and the new guidance on Hospital Based Complex Care is indicative of more efficient, more streamlined services with shorter lengths of stay and further minor contraction of bed numbers to move from Birdston to 20 bed accommodation at Stobhill and utilising 20 bed accommodation in Tate Ward.

3 What is the need for change?

3.1 What is the need for change?

3.1.1 What are the problems with the current arrangements - Stobhill Hospital?

The problems with the current service are as follows:

- The service is clinically dislocated from other on-site adult acute mental health services affecting sufficiency in staffing levels. These risks are additionally managed, in particular to deal with any medical emergencies or major incident from on-site support.
- The service is geographically separated from other mental health (and acute) services therefore the management of co-morbidities which are inherent in acute mental health patients is challenging.
- Sustainability of the Out of Hours medical rota.
- The wardsite location does not promote recovery focused care for patients suffering mental health problems. The hospital site topography means the ward is both exposed and sandwiched between a road running through the centre of the campus and a steep embankment which falls away and overlooks other services compromising outdoor space and greenery to promote good health and wellbeing.
- The ward facilities themselves are not fit for purpose; patient observation is challenging due to poor overall footprint design, lighting and noise levels and there is a little personal space as the ward layout is mostly composed of multi occupancy bedrooms with separate showers and toilets. This present environment despite improvements to the fabric and functionality over time is very challenging to patients and staff and is not suitable for delivering modern mental health services.
- The ward positioning and aspects on the highest location on the upper end of the site on a confined linear strip. The main entrance makes access to external areas more difficult for patients.
- Poor efficiency of the estate. As described the ward is of a relatively old fabric, out of date design and physically apart from other adult acute wards. There are on-going cabling and ducting supply challenges including for information technology and heating. In addition to the service infrastructure being inefficient there is a challenge of maintenance and poor functionality.

3.1.2 What are the problems with the current arrangements - Birdston Care Home?

- Complex care has evolved over the past two decades as patients are living much longer; a number of patients are in their 90's with increasing dementia and co-morbidities as a result. The Care Home environment does not fully meet the needs

of these patients who require a modern hospital standard of environment, support and service in accordance with Hospital Based Complex Care guidance.

- The Birdston facility is both clinically and geographically isolated.
- Staff require to be self-sufficient in dealing with any staff sickness, medical emergencies and major incidents as they do not have an on-site pool of staff to draw upon.
- Overnight medical cover is provided by GP's and a reliance on NHS 24 as the care home is 30 minutes from the nearest mental health acute base at Stobhill Hospital.
- Access to the Care home by public transport is limited for visitors and staff with one bus per hour.
- Staff recruitment is a challenge due to the isolation.
- There are limited community activities and support groups available in the immediate area.
- Patient attendance for the frequent outpatient appointments are resource intensive requiring hospital transport or contract taxis and nurse escort for large portion of their shift.
- There is a reliance on a high cost private contract with anticipated significant increase in charges post June 2018.
- The facilities do not meet the patient needs:

  i) The Bedrooms are small at circa. 12.8m2 and therefore do not allow sufficient space around the bed area to support the clinical management of this complex patient group.

  ii) Existing en-suites do not include showers and are too small to be used by the patient group in question as a result most are not used.

  iii) There are no vision panels in doors or walls – bedroom doors have to be opened to view inside which can cause distress/disturb sleeping patient and impacts on service user dignity.

  iv) Peripheral day areas associated with bedroom wings are not used as they are too remote for this patient group who require constant supervision.

3.1.3 What opportunities for improvement are there?

a) Stobhill Hospital

There are very few opportunities to address the issues described above. The service infrastructure of the existing building (e.g. heating, power, ducting etc.)despite on-going work, presents a significant challenge when seeking to extend the period before end of life and would require further large investment to modernise. The layout/configuration of the ward does not lend itself to provide single bed room with en-suite and would require the footprint to be extended on a physically constrained linear strip.

The physical dislocation adds to the existing overall service impact on medical rota's and management of co-morbidities and broad adult acute support cannot be properly addressed in situ.

b) Birdston Care Home

The facility is privately owned and has been built as a care home rather than a hospital facility and therefore limited opportunity for change. The geographical isolation of the service can only be addressed through re-location.

3.1.4 What other drivers for change are there?

Other drivers for change are:

- The Health Board's Modernising Mental Health Strategy to reduce the number of mental health ward locations/sites.
- The new guidance for complex care – 'NHS Guidance for complex NHS continuing care' which indicates that continuing complex care should take place in an NHS Hospital environment.
- The Health Boards Clinical Services Review identified discrimination associated with mental health problems must end and that everyone who needs mental health care should get the right support, at the right time with a focus on service users recovery

Additionally the next Mental Health Strategy – Mid 2016 to Mid 2019 is potentially to prioritise:

- addressing inequalities for example through improving access to services removing geographical variation, moving treatment rates closer to expected prevalence
- mental health must have equal priority with physical health promoting wellbeing through physical activity
- tackling premature mortality of people with mental health problems is a priority, again including physical health

3.1.5 Summarising the Need for Change

a) Stobhill Hospital

The following table summarises the need for change.

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
Dislocated service – both clinically and physically	*Existing service arrangements leave the service dislocated and vulnerable to risk and also challenge effective management of co-morbidities and medical rota provision*	*Service sustainability will be at risk if this proposal isn't implemented now*
Ineffective service arrangements	*Inefficient service performance*	*Continuation of the existing service performance is unsustainable*
Service arrangements not person centred	*Service is not meeting user requirements e.g. no access to single rooms with en-suite resulting in little privacy or 'own space' which is not conducive to providing a therapeutic environment and recovery. The facilities are in a busy noisy congested public area without proper outdoor space or greenery to promote well-being.*	*A service that isn't meeting user requirements is unsustainable, even in the short term*
Accommodation with high levels of backlog maintenance and poor functionality	*Increased safety risk from outstanding maintenance and inefficient service performance.*	*Building condition, performance and associated risks will continue to deteriorate if action isn't taken now*
Impact on staffing and additionally on out of hours	*Increased safety risk due to desirability and location of accommodation impact on recruitment*	*Service sustainability and retaining existing staff when other opportunities on site present will be at risk if this proposal isn't implemented now*

b) Summarising the need for change - Birdston Care Home

The following table summarises the need for change.

What is the cause of the need for change?	What effect is it having or likely to have on the organisation?	Why action now :
Increasing co-morbidity and frailty of patients	*Existing clinical isolation presents a challenge in managing co-morbidities.*	*Service sustainability will be at risk if this proposal isn't implemented now.*
Facilities not fit for purpose	*Challenges in: providing hospital level care in a Care Home; challenges in observation, maintaining patient dignity and privacy.*	*Facilities do not meet patient need*
Geographical isolation and poor public transport	*Causing difficulties for relatives and carers who wish to visit the facility, limited support groups or activities available in the vicinity for patients.*	*Facilities do not meet patient or carer/visitor needs*
Reliance on an expensive private provider with significant rise in lease costs anticipated when contract expires in June 2018	*Further challenge on the Board's revenue resources*	*Service continuation is at risk*
Sustainability of Out of hours medical rota	*Increasing expensive contribution to pressure on sustainability out of hours medical rota*	*Service financial pressure will continue to be exacerbated.*

3.2 What is the organisation seeking to achieve?

3.2.1 Investment Objectives

The Board is looking to achieve the following investment objectives:

1) Improve Patient Environment and safety
2) Achieve benefits of co-location
3) Improve access for patients
4) Improve staff retention, recruitment and wellbeing
5) Improve efficiency of estate.
6) Community Benefits

The following described these investment objectives in relation to the Adult Acute mental health services at Stobhill Hospital and then the Complex Elderly mental health services at Birdston Care Home.

a) Investment objectives for Stobhill hospital services

The investment objectives for the Stobhill Hospital services are:

1) <u>Improve Patient Environment and safety</u>
   - i. Provide better conditions for patients with fit for purpose facilities by:
     - a. Providing single room with en-suite allowing patients a space of their own and privacy and dignity.
     - b. Reduce tension within mental health environment through design of physical environment through use of space and colour.
     - c. Access to safe and secure green outside space providing a quiet restful environment.
     - d. Provide a modern environment with WIFI throughout able to support the latest technology, for both staff using handheld devices to support them in providing health care and patient to access the internet where suitable.
   - ii. Reduction of risk in dealing with medical emergencies as relocation alleviates the risks associated with clinical isolation providing improved links and access to other services and more medical /nursing expertise adjacencies.

2) <u>Achieve service benefits of site location, including:</u>

   - i. Strengthen the care of patients with co-morbidities by being able to draw on other services and expertise more easily.
   - ii. Economies of scale, for example there will be a greater pool to draw staff from and more opportunities for staff having a larger range of service areas and therefore ability to build up and develop a range of skills.
   - iii. Address service variance in access and treatment
   - iv. Reduced negative impact on sustainability of the clinical Out of Hours Rota

3) Improve access for patients

   i. Improve therapeutic environment for patients by improving their access to safe outside green spaces to enjoy and relax in.

   ii. Facility fully compliant

   iii. Facilitate integration and flow between intensive psychiatric care and acute care on site mental health services.

4) Improve staff retention, recruitment and wellbeing

   i. Relocation will address the staff retention issues and staff sickness cover currently experienced in trying to maintain a service on the oddly dislocated topographic site location. There will be a greater stability of staffing and more opportunities for staff having a larger range of service ward areas and therefore ability to build up and develop a range of skills.

   ii. Improve the working environment and access to developing physical health opportunities

5) Improve efficiency of estate

   i. Deliver a more energy efficient facility reducing CO2 emissions and improving sustainability of the estate.

   ii. Enable access to modernised and fit for purpose Hospital environment and services.

   iii. Meet statutory requirements and obligations for public buildings e.g. DDA compliance

6) Community Benefits

   i. The relocation of service will provide a bigger footfall for local services within the new location.

   ii. Refurb or new build options will provide opportunities for local businesses and workforce

Summary Service Model Service Users Defined Requirements – Clinical Service Review

The Mental Health Component of the clinical services review confirmed a continuation of the community based model of care of comprehensive community services & 24/7 access to community crisis supports, underpinned by access to inpatient supports when required.

The further outstanding areas for development identified through the clinical services review process related to:

- Improving service user and carer experience through improving the management of multiple morbidities. i.e. a focus on practice within the service model
- Further realignment of the inpatient estate to the service strategy
- Recognition that service delivery for secondary care services was further developed than less intensive promotion and prevention.

The purpose of prevention, treatment and care activity in mental health is to deliver health outcomes, a positive user and carer experience from contact with services, and to contribute to user's progress towards recovery/living well with their illness.
Achievement of that purpose recognised that required:

- A needs led structure of service delivery based on condition and frailty
- Interventions which are organised and delivered by condition
- Levels of intervention determined by the intensity and severity of the condition
- Interventions which are systematically delivered based on agreed condition specific care pathways consistent with evidence based/ best practice standards

As a key element of the mental health services Clinical Services Review service users wanted to be able to see their place on the care pathway. Operational and team processes, practice, culture and pathways within and between teams were therefore required to be organised and delivered to ensure clinical interventions are systematically delivered based on the condition specific care pathways.

Service users wanted an experience in which carers and users are partners in care and feel well supported in ways that:

- Services are "easy in and easy out"
- Interventions provide "everything you need and nothing more"
- Patients with multiple morbidities receive coordinated rather than fragmented care
- Care planning supports personal outcome based progress towards recovery/living well with the condition

In their contact with services Service Users expect:

- To define recovery goals together with the service
- Services support progress towards recovery /living well with their condition
- People with mental health problems should be able to say that they have a positive experience of their contact with services and through this contact:

  Key outcome statements from users and carers were:

  - I get the treatment and support I need when I need it
  - Accessing services is straightforward
  - I was diagnosed early
  - I & those around me and looking after me feel well supported
  - I am actively involved in decisions about my care
  - I am treated with dignity and respect
  - My care plan focuses on my recovery as I have defined it
  - I have meaningful occupational interests and social involvement

The modest incremental bed changes/balance of care shifts are supported by further review of functionality of teams & operational processes to deliver the principles of the model, systematic delivery of clinical framework and condition specific care pathways, & the

personal outcomes for service users and carers. The current accommodation by themselves cannot deliver the entirety of the service model, but they also cannot deliver the in-patient elements of the service model and new focus on delivering care.

Summary

Effect of the need for change on the organisation:	**What needs to be achieved to overcome this need?** **(Investment Objectives)**
The service is currently clinically and physically isolated	*Improve safety and effectiveness of service by reducing clinical and physical isolation.*
Challenges in sustainability of the medical Out of Hours Rota.	*Improve sustainability of service*
Challenges in managing co-morbidities	*Achieve service benefits of co-location with other mental health services and acute general services.*
Staff retention issues currently experienced in trying to maintain a service on an isolated site.	*Improve staff recruitment, retention and well-being.*
Facilities are not meeting current or future user requirements	*Meet user requirements by improving the patient environment and safety.*
Increased safety risk from outstanding maintenance and inefficient service performance	*Improve the efficiency of the estate and effectiveness of supporting accommodation*

b) Investment objectives for Birdston Care Home services

The investment objectives for the Birdston Care Home services are:

1. Improve Patient Environment and safety
    i. Improve ability to cope with medical emergencies or incidents and staff sickness as they become part of a bigger pool of staff from which to draw, means better able to cope with staff sickness at short notice.
    ii. Improve out of hours medical cover and sustainability
    iii. Achieve Fit for purpose older persons facilities, in more detail:
        a. Achieve an older persons (including dementia friendly) environment that supports the long term care needs of more elderly patient group and their families.
        b. Providing an environment that is calming, separating the visitor support services travel routes from the patient areas to reduce noise levels and disturbance.
        c. Provide a modern environment with WIFI throughout able to support the latest technology.
2. Achieve benefits of co-location
    i. Achieve co-locations with other mental health and acute services facilitating enhanced management of co-morbidities and close ties to the admissions ward for support and information exchange.
    ii. Improve transition for patients transferring from Acute Admissions into Elderly Complex continuing care. New admissions are referred from Acute Admissions and are therefore admissions are known in advance and patients are allocated a named nurse. Being on a site with other mental health services means that the named nurse can attend on site case conferences and visit the patient in the Acute Admissions ward and get to know patient before the move. This will allow an easier transition for the patient from Acute Admissions to complex continuing care.
    iii. Reduce disruption for patients attending physical acute diagnostic and other appointments by having such services on the same site.
3. Improve access for patients
    i. Relocate services so they are more central to the catchment area rather than being on the periphery
    ii. Relocate services to a site with better public services to allow better access for relatives and carers visiting.
4. Improve staff retention, recruitment and wellbeing
    i. Improve staff retention- address current difficulties of recruitment and retention due to site isolation.
    ii. Improve staff access to training and learning opportunities - by having onsite training facilities available and access to a wide range of services.

5. Improve efficiency of estate
    i. Avoid reliance on a high cost contract
6. Community Benefits
    i. The relocation of services will create a bigger mass of footfall for local shops and businesses
    ii. Refurb or new build options will provide opportunities for local businesses and workforce

Summary – Birdston Care Home

Effect of the need for change on the organisation:	What needs to be achieved to overcome this need? (Investment Objectives)
Existing service Clinically Isolated	Co-locate with other mental health services including acute admissions and mental intensive Care services and also acute general services with provision of in house medical cover.
Existing service arrangements affect access and travel arrangements for patients/visitor and staff	Improve service access
Facility is not meeting current or future patient needs	Meet user needs
Patient environment is not therapeutic	Provide therapeutic environment
Community	Improve access for the majority of visitors and carers by relocating services closer to the heart of the catchment area. Increased footfall will benefit local businesses. Preferred option to target providing opportunities for local employment, apprenticeships and opportunities for local small to medium businesses.

Refer also to Summary Service Model Service Users Defined Requirements – Clinical Service Reviewabove under Investment Objective for Stobhill Hospital Services.

3.3 What are the benefits and risks to success?

3.3.1 How does the proposal respond to NHSScotland's strategic priorities?

a) Stobhill Hospital Services - responding to NHSScotland's strategic priorities

NHSScotland Strategic Investment Priority:	How the proposal responds to this priority	As measured by:
Person Centred	*It will provide a therapeutic environment supporting privacy and dignity for the patient, enhances focused care peace and calm (restful night's sleep, own space not in a dormitory with other patients disturbing them, peace to read a book and watch TV) Direct access to own toilet and shower. Access to outdoor green space which offers peace and relaxation.*	Patient satisfaction surveys No. of serious clinical incidents Mental welfare Commission Reports feedback
Safe	*Enhanced observation.*	Staff surveys. No. of incidents
	By having own space and peace and calm means that less inter patient friction and aggression, less intimidating. *Improved working environment for staff through reduced number of violent incidents*	Reduced number of violent incidents as measured by Glasgow CHP Health and Safety report.
Effective Quality of Care	*Enhanced recovery due to therapeutic environment. Co-locations with other services will enhance management of co morbidities*	Access to other mental health services and access to diagnostic services
Health of Population	*Promotes recovery and independence.*	Feedback report from Advocacy Service
	Enhance therapeutic environment supports suicide reduction	Reduced incidence of suicide
Value & Sustainability	*Through economies of scale and direct access to greater resources. Less travel to*	Reduction in travel

	patient appointments as on site, ECT on site, intensive care unit on site, staff training local.	expenditure

b) Birdston Care Home services - responding to NHS Scotland's strategic priorities

NHS Scotland Strategic Investment Priority:	How the proposals respond to this Priority	As measured by:
Person Centred	Enhanced care of co-morbidities through co-location with acute diagnostic services and other mental health services	Reduction in escort time off the ward for such care Increased referral rate for diagnostic services Patient/carer satisfaction surveys.
	Better privacy and dignity for patients through fit for purpose bedrooms and en-suites and living/social spaces.	Patient/carer satisfaction surveys.
	More opportunities for stimulation and enjoyment of patients through being closer to a more diverse community, better transport links for visitors; more local support and community groups in the vicinity and parks and other amenities close by for patient to visit.	Increase in the number of events e.g. external outings to park etc, increased visiting by support groups via initial count of monthly activity. Increased access to therapeutic activities as measured by mental welfare visits and inpatient survey. Visitor survey on travel
Safe	Older person (including dementia friendly) purpose built environment reducing patient stress and falls. Reduction in levels of aggression and confrontation through fit for purpose facilities, more space, opportunities for better activities and stimulation for patients as more space and older person inc. dementia friendly.	Reduced incidence of violence
Effective Quality of Care	Improved outcomes due to enhanced management of co-morbidities due to co-location of other mental health services and acute services	Access times diagnostic tests – request for test to appointment

	More effective care due to older person inc. dementia friendly environment, better opportunity for observation, e.g. vision panels into bedrooms, no blind spots within the ward. Access to other mental health and acute services, better links to the Acute diagnostic services therefore opportunity for better links to planned admission. Access to a bigger pool of staff to cover sickness, especially at short notice. Access to medical cover.	Staff surveys Reduction in falls Reduction in serious critical incident reporting Reduced use of bank and agency
Health of Population	Better access to local support and community groups	Increase in the number of events e.g., external outings to park etc, Increase in number of visits by support groups. Increase in physical assessment rate recording in medical records.
Value and sustainability	Relocation to site with other mental health services results in economies of scale, bigger pool of staff to call upon, ability to help bed pressures as they arise through boarding in patients or offering boarding to other mental health wards. Reduction in patient and staff travelling to attend outpatient appointments (Birdston currently 30 minutes travel to nearest acute hospital.	Reduction in use of bank nursing Reduced travel expenditure.

3.3.2 What benefits are to be gained from this proposal?

In addressing these needs

- We will provide a better environment and bed mix for service users
- We will improve equity and access
- We will improve service user well-being and socialisation
- We will improve confidentiality, privacy and dignity for service users
- We will improve the care model
- We will increase anticipatory care planning

- We will reduce waiting in inappropriate care settings
- We will improve access to medical practitioner cover
- We will improve the functionality of the mental health estate
- We will improve staffing recruitment and retention
- We will improve infection control and the efficiency of the service
- We will improve the comfort ambiance and atmosphere of the wards for users/carers and visitors

These benefits are important because they will help us deliver the NHS GG&C Clinical Services Review and are in line with NHS Scotland's 2020 Vision. In particular by addressing these needs and delivering investment objectives, we will increase the interaction of service responses for people with co-morbidities and physical health diagnostic needs. Services will find it easier to work across disciplines and staff will gain better support and understanding of supports in place for a whole person perspective. This will deliver improved access to services, particularly for our service users who can experience more difficulty in accessing physical assessment and multiple service input in a co-ordinated way. The investment will bring value for money. These benefits are also in line with NHS GG&C's strategic objectives in that the proposed way forward will improve care for those in greatest need, improve access and tackle inequalities; they will modernise our services, improve individual health status and more effective organisation by capitalising on the benefits that inter-disciplinary working for people with co-morbidities and physical health care issues.

Service users will see an improvement in the following:

- Physical environment
- Service user pathways that are more responsive to co-morbidities and physical health needs
- Access to a range of diagnostic services not previously available locally
- A more co-ordinated approach to recovery and promoting independence and resilience
- Improved referral pathways between professionals within the HSCP Mental Health Services and with acute and co-morbidity services

Staff will see an improvement in the following:

- Physical environment
- Service user pathways that are more responsive to co-morbidities and physical health needs
- Access to a range of diagnostic services not previously available locally – both for service users and themselves
- A clearer understanding of what colleagues contribute and how their contributions can enhance care and treatment
- A more co-ordinated approach to recovery and promoting independence and resilience
- A wider scope to access training facilities and CPD opportunities to extend skill bases (acute diagnostic and co-morbidity)

- Improved referral pathways between professional within the HSCP and with acute and co-morbidity services

3.3.3 What risks could undermine the proposal's success?

The main project risks and mitigation factors are identified at a high level at the Initial Agreement Stage. As the project develops through the Outline Business Case and Full Business Case stages the detailed and quantified risk register will evolve. The main risks at this stage along with mitigating actions are highlighted in appendix and summarised in the Risk Summary Table as follows:

Risk Summary	Mitigation
Land& Site demolitions	NHS land Health Board demolitions alignment with physical acute sector and capital procurement
Financial	Clear and comprehensive business case & procurement process / early engagement with Hub West Scotland
Political	Discussion with Health Department and NHS Health Board partners. Agreement and acknowledgment of bundling with partner projects aligned for financial close
Opposition to building on site from adjacent pharmaceutical services	Engagement with existing site stakeholders Use of feedback from extant engagement processes and subsequent feedback
Environmental	Early sustainability briefing
Strategic	Joint development agreement with partners
Cultural	Public engagement process already delivered as part of Clinical Services Review. Additional engagement with service uses commenced and on-going.
Quality	Detailed briefing & monitoring
Procurement method	Approval through NHS GG&C Health Board processes. Engagement with Hub West Scotland
Funding	Detailed proposal via NHS Health Board processes and business case process in accordance with SCIM.
Organisational	Develop early project management framework and delegated authority limits
Projects	Develop relationship with Hub West Scotland and subsequent partners
Security	Document control strategy
Workforce	Manage within current relationship with existing provider partner Staff engaged as stakeholders
Technical	Employ strict change control management processes
Cost	Employ strict change control management processes
Programming	Plan & monitor with reference to an early warning strategy
Operational support	Manage service User input effectively
Quality	Share QA responsibility with Hub and design and building partners
Provider failure	Develop a Commissioning programme and contingency plan
Resource	Manage for resource / succession planning and NHS Health Boards commitment
Secondary legislation	Plan within timescales with development team
Tax	Manage within change control process where possible
Inflation	Manage within change control process where possible
Global economy	Manage within change control process where possible

3.3.4 Are there any constraints or dependencies?

- <u>Dependencies</u>
  - The proposal for the new service models are planned to be delivered by a new build funded by the Design, Build, Finance and Maintain route to be bundled with two other projects (Clydebank and Greenock Health Centres). This means

that there is a requirement to bring the three schemes to financial close at the same time.

- One of the key objectives of relocating services is to achieve co-locations with other mental health services in the North East of Glasgow. Stobhill Hospital is the major Mental Health site for the North East of Glasgow and therefore is the preferred site to enable achievement of the above objective.

- <u>Constraints</u>
  - Footprint

    The Planned acute site for the relocation of the service has a prescribed footprint available, the proposed new build wards must fit within this footprint.
  - Financial

    The scheme must be delivered within the funding available and the Project Board need to ensure that capital and on-going revenue funding is in place and sufficient and that there is a robust change control mechanism in place, risks are identified and mitigated and the project remains within the planned programme.
  - Quality

    The scheme must comply with all health guidance.
  - Sustainability

    The building must achieve a BREEAM ''Excellent'' rating.

4 What is the preferred strategic / service solution?

4.1 The Do Nothing / Minimum option

a) Stobhill Hospital – Do nothing

The table below summarises the impact of 'Do – nothing' for the services currently located at Stobhill Hospital.

Strategic Scope of Option:	Do Nothing
Service provision:	Do nothing does not meet any of the service objectives listed in section 3.2. The service is clinically isolated and facility not fit for purpose.
Service arrangements:	Continued clinical site dislocation results in a higher risk as management of co-morbidities and serious incidents are more challenging. Recruitment challenge of staff when on-site services offer significantly improved quality of opportunity to deliver care. In addition clinical site dislocation and location of the road within the campus means that attendance for other services such as outpatient appointments, ECT service, CT, x-ray, minor injuries requires a greater degree of staffing for escorted visit with resultant disruption to the patient and high use of resource and time. Where single room accommodation is not in place wards are significantly constrained in their capacity to manage a more challenging casemix and gender mix of patients whereas single room accommodation provides more protected spaces enabling more flexible deployment of beds and in particular enhances safety of female patients.
Service provider and workforce arrangements:	Clinical site dislocation, layout, footprint and fabric means that staff recruitment has been problematic also the ability to cover shortages in staffing through sickness as there is a limited pool prepared to provide such support. Sustainability of the medical rota is an added pressure to the existing challenges.
Supporting assets:	The facility is not fit for purpose (please see below), the service aspires to better conditions for the patients.
Public & service user expectations:	The public and user expectations are very clear that they expect facilities that support patient privacy and dignity and provide a quiet calming, therapeutic environment. The current facilities do not meet these expectations with multi occupancy dormitories, no en-suite, lack of space, poor lighting and noise levels, no ward based outdoor green space.

Physical Health Promotion Opportunity	On occasions service users are limited in the access to outdoor space as a result of restrictions from the application of the mental health act. The lack of options to promote physical health would be further form of discrimination for people with severe mental health issues.

b) Birdston Care Home – Do nothing

The table below summarises the impact of do nothing for the Complex Elderly Mental Health services at Birdston Care Home.

Strategic Scope of Option:	Do Nothing
Service provision	Over the years the nature of this group of patients has changed with the patient population being much older, frail and higher incidence of co-morbidities. Standards and expectations have also changed with a care home environment no longer being appropriate to meet the needs of these patients.
Service arrangements	The service arrangements which staff want to achieve are designed to: maximise the relationships between different services that impact upon health outcomes; provide the optimum environment for the provision of complex care and privacy and dignity for the patient. The service arrangements envisaged for the new way of working cannot be accommodated in the existing premises
Service provider and workforce arrangements	Ability to cover shortages in staffing e.g. through sickness is challenging as limited pool to call upon. Difficulties in recruiting staff are being experienced due to limited public transport
Supporting Assets	The continued dependency on a private lease which, when it expires in June 2018, will significantly rise in cost
Public and service user expectations.	The current facility is not fit for purpose, it is not dementia friendly in design, is clinically isolated and does not support patient privacy and dignity. Access to the facility by public transport for visitors/ carers and staff is limited.
Revenue	Requirement to renew contract with a significant increase in costs anticipated.
Geographic Access	The extant location is at the extreme of the catchment area and will not address improved access generally.

4.2 Service change proposals

Service Change proposals

a) Stobhill Hospital

The Clinical Services Review programme addressed the current major clinical risks of sustaining a small number of acute beds on a clinically dislocated site location and previously addressed Mental Welfare Commission concerns about the quality of ward environments elsewhere. Increasing the number of wards with single room accommodation significantly enhances both patient safety & patient experience. Where single room accommodation is not in place wards are significantly constrained in their capacity to manage a more challenging case mix and gender mix of patients whereas single room

accommodation provides more protected spaces enabling more flexible deployment of beds and in particular enhances safety of female patients.

As an important element of the pre-existing building blocks to the current Clinical Services Review, the 2001 Modernising Mental Health Strategy and the Clyde Modernising Mental Health Strategy and the subsequent Vale of Leven Consultation proposals set out and advanced the framework for the development of comprehensive community services and the reconfiguration of inpatient beds in response to that balance of care transfer from inpatient to community settings.

The Mental Health Component of the Clinical Services Review confirmed a continuation of the community based model of care of comprehensive community services & 24/7 access to community crisis supports, underpinned by access to inpatient supports when required.

Implementation of the model of care has already seen a balance of care transfer of 60% of inpatient based activity from inpatient to community based care settings, with comprehensive community services consistently in place throughout the NHS GG&C area.

The further outstanding areas for development identified through the clinical services review process related to:

- Improving service user and carer experience through improving the management of multiple morbidities. i.e. a focus on practice within the service model
- Further realignment of the inpatient estate to the service strategy
- Recognition that service delivery for secondary care services was at a more advanced level of development than was the case for less intensive lower level promotion and prevention supports.

The above direction of travel and proposals were presented in summary form to the Board seminar on 9.12.2014 and were supported in principle at that seminar and signed off as the Clinical Services Fit for the Future Clinical Strategy at the Health Board meeting Tuesday 20th January 2015.

During the development of the Clinical Services Review and subsequently, extensive engagement has been undertaken with relevant identified Community Councils with members of the Mental Health Team attending 2 or 3 meetings for each Council.

Engagement has also taken place with the local acute admission services reference group.

Engagement has taken place with the North East CHP Public Forum Group which is the service user group covering both mental and general health services.

All groups have been supportive of the proposals for extending new acute ward accommodation recognising the existing ward is not fit to meet patient needs and is inappropriate as it is an exposed and limited site location on the Stobhill campus with no appropriate therapeutic quiet external spaces.

b) Birdston Care Home.

This is not an NHS facility therefore engagement with patients and carers as appropriate has been undertaken rather than formal public consultation. This engagement will continue throughout the period to completion.

4.3 Engagement with Stakeholders

a) Stobhill Hospital

The following table summarises the stakeholder engagement that has taken place regarding acute adult mental health inpatient services delivered from Stobhill Hospital.

Stobhill Hospital Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
Patients / service users	Patients and service users affected by this proposal include multiple public engagement as part of the Clinical Services Review events over the past three years. Their involvement in its development includes representation at Mental Health Care Group Forum meetings and specific design meetings including with Design Scotland and Architect for the proposals. The impact that this had on the proposal's development includes the space utilisation, feel and material of the design materials and the aspect of the openness and access to the ward. .	*Patient / service user groups were consulted on the final version of this Initial Agreement by meeting with the Public Fora and Patient Involvement Group over the last three years and most recently on 9th August 2016. Their feedback was supportive and consistent with the feedback on the overall Strategy development over which has been incorporated into this proposal. Additionally further work with service user and carer representatives on improving transport access generally is being progressed.*
Organisation	NHSGGC is fully supportive of this proposal with Director Operations Glasgow City HSCP taking the lead role in its development. Board members approved this proposal at the Board meeting held on 19th April 2016.	The Initial Agreement is to be taken to the Health Board in October 2016
Service or Department	The Head of service is the project sponsor and the Director Operations Glasgow City HSCP is the lead for the Programme Board	The proposals for relocation of the service was approved by the Project Board on 9th September 2016 The Initial Agreement was approved by the Programme Sponsor on behalf

		of the Project board on 23rd September 2016.
Staff / Resources	Staff affected by the proposal are as follows: • Clinicians • Nurses • AHP • Facilities Management • Occupational therapists • Therapeutic activity nurses • Dieticians • Practice Development nurse • Secretarial staff • Pharmacy • Patient Affairs (funding/finance) • Patient Services (service user and carer engagement) • Medical records • Out of Hours service • Psychiatric Liaison • Addiction Teams	*Staff representatives have participated in* Mental Health Services Redesign Engagement Group *on an on-going basis for the previous three years.* *Staff representatives were involved in the development of the new solution including contributing to the scope, schedule of accommodation, design of the build and communicating with the wider staff.*
General public	The general public will be affected by this proposal by improved service pathway and change of the ward location on site at Stobhill in closer proximity to with other acute adult mental health services. A range of public consultation events took place in relation to the broader Clinical Services Review over a number of years and specifically direct engagement with the current service user and carer representatives is on-going.	Outcomes from the public consultation events have influenced this proposal by development of the proposed more modern accommodation for this acute ward on the Stobhill mental health campus.
Other key stakeholder Groups	Community GP's Community Mental Health Teams PPF	*Initial Agreement to be presented to the PPF meeting on 13th October 2016*

Other key stakeholders	Other key stakeholders identified for this proposal includes community councils and Community Transport Glasgow. Their involvement in the development of this proposal includes individual meetings to discuss the development the proposed new acute ward on the Stobhill site.	*Confirmed support for this proposal has been gained through the individual meetings undertaken by the Head of Service over the previous year's development of the Clinical Services Review.*

b) Stakeholder engagement – Birdston Care Home.

The following table summarises the stakeholder engagement that has taken place regarding the proposal to relocate the complex elderly mental health services from Birdston Care Home.

Birdston Care Home Stakeholder Group:	Engagement that has taken place	Confirmed support for the proposal
Patients / service users	Patients and service users affected by this proposal include the current Birdston catchment and carer co-hort. Their involvement in its development includes highlighting where any transport issues may occur for people who might live next to the current location. The impact that this has had on the proposal's development includes commitment to transport mitigation where carers are affected at the time of transfer.	Patient / service user groups were consulted on the final version of this Initial Agreement by meeting with the Public Fora and Patient Involvement Group over the last three years and most recently on 9th August 2016. It was approved subject to final comments received by 31 August 2016. Their feedback was supportive and consistent with the feedback on the overall Strategy development over which has been incorporated into this proposal. Additionally further work with service user and carer representatives on improving transport access generally is being progressed.
General public	The general public will be affected by this proposal by improved service pathway and change in location of service for older peoples Hospital Based Complex Care from private nursing home at the perimeter of the catchment geography to more centralised location co-located with	*See above* Patients / service users

	other mental health services. This was subject to a range of public consultation events in relation to the broader Clinical Services Review over a number of years and specifically direct engagement with the current service user cohort. This specific engagement will also continue during the period of design and construction.	
Staff / Resources	Staff affected by the proposal are as follows: • Clinicians • Nurses • AHP	*Staff representatives have participated in* Mental Health Services Redesign Engagement Group *on an on-going basis for the previous three years.* *Staff representatives were involved in the development of the new solution including contributing to the scope, schedule of accommodation, design of the build and communicating with the wider staff.*
Support Groups and services	Support groups and services who provide support, company and friendship to the patients are as follows: • Private Accommodation Provider	*The proposals have been shared with the current accommodation provider and a joint approach is being adopted for the proposals.*
Other key stakeholders	General support for the overall Clinical Services Review Community Transport Glasgow. Their involvement in the development of this proposal includes individual meetings to discuss the development of improved transport options in support of the proposed new ward	*Confirmed support for this proposal has been gained through general engagement on the Clinical Services review. The current cohort of service users/carers are also discussing the development during specific review meeting with Clinical ward staff. These discussions will be on-going during the period of the project to keep people informed and to address any service user admissions and discharges.*

4.4 Developing a long list of proposed solutions

Baseline criteria for options

As previously described all solutions for both the Acute Adult Mental Health ward and Hospital Based Complex Care Elderly Mental Health ward must meet two key criteria. First the services must be accessible to the catchment area served and therefore must be located in the north east of the city and secondly the services must be co-location with other mental health and acute services.

a) The options reviewed for in-patient wards at Stobhill Hospital services (Acute Adult Mental Health) are as follows

Option	
i.	*Do Nothing*
ii.	*New Build*
iii.	*Refurbished a currently vacant ward with long term availability*
iv.	*Extension to a current PFI building*

The following describes the options in more detail.

i) Do nothing – service would remain in Stobhill Hospital with the issues as described above.

ii) New Build – in the North East of the city co-located with other mental health and acute services. Only one site meets this criteria and that is Stobhill Hospital site which has a significant mental health service presence with a full range of services. The site also houses acute general services with access to a minor injuries unit, diagnostics, and full range of general outpatient services. A plot of land adjacent to other mental health services is available following enabling works.

iii) Refurbished vacant ward with long term availability – in North East of the city co-located with other mental health and acute general health services. Only Stobhill Hospital site meets this criteria. There are vacant ward areas which could become available located within the original acute hospital in AF block; this was formally ward 7A and B and housed acute general services. This option would require complete renovation of the ward and infrastructure services with the goal of providing fit for purpose facilities including single room and en-suite, therapy areas and good observation.

iv) Extension to an existing PFI Facility.

An extension to an existing PFI facility was considered, as a means of providing the facility without requirement for capital funding.

This proposal would provide the service, by extending a currently operating NHS GG&C mental health in-patient facility. The Board operates two PFI facilities in the North of the city that theoretically could be extended to provide additional accommodation, whilst offering adjacency of existing support services and infrastructure. These facilities are located at Stobhill and at Gartnavel.

The facility at Stobhill is a medium-secure provision and therefore, due the client group, has very little opportunity to share facilities. The available land around the existing building is not easily developable, due to topography. The development of this would require discussion with the PFI provider. The Board has recently approached the provider to investigate options to increase the capacity of the existing facility. It was confirmed that they would not be prepared to raise additional funding and would only consider any extension to the existing facility if all costs, were paid by capital. The Board would also be required to pay for all costs incurred in considering the viability of any proposals. This option was therefore discounted.

The facility at Gartnavel includes compatible services and facilities. However the existing site has very little available space for a substantive increase in accommodation. Further, its location, whilst with the North of NHS GG&C area, is not specifically within the North-East area. Due to this and lack of available land this is not considered a viable option.

Therefore the option of extending a PFI facility was not taken forward to the shortlist.

The options were discussed by representatives from the service and the project team and the shortlist for relocation of services from Stobhill Hospital were identified as follows:

- New Build
- Refurbished vacant ward on Stobhill Site

c) The options reviewed for services at Birdston Care Home are as follows:

Option	
i.	*Do Nothing*
ii.	*New Build*
iii.	*Alternative Care Home near acute site in North East of city*
iv.	24 hour care at home
v.	Refurbishment of a vacant ward with long term availability

The following describes the options in more detail :

i) Do nothing – service would remain at the Birdston Care Home with renewal of the contract for the facility, as described this option is not viable.

ii) New Build – a new purpose built 20 bedded ward on the Stobhill site with single room en-suite and patient social area and support areas and access to safe, secure green outdoor spaces.

iii) Alternative Care Home co-located with an acute site with other mental health services and general health service in the North East of city. This would require location of a suitable 20 single bedded nursing home, refurbishment to ensure that the home meets the standards of care of elderly dementia patients with complex needs.

iv) 24 hour care at home
Under this option the patient would remain in their home and have 24 hour nursing care provision provided.

v) Refurbishment of a vacant ward
This option would require complete renovation of a ward and infrastructure services with the goal of providing fit for purpose facilities including single room and en-suite, therapy areas and good observation.

As before the options were discussed by representatives of the service and Project Team. The option of a 24 hour care at home was considered however was dismissed a non-viable as it would be impractical to provide the complex care required in a home environment. The users of this service require hospital based complex care. The option of an alternative care home in the north east of the city was also discussed and dismissed as Users of the service require hospital based complex care in accordance with DL (2015) 11. As far as possible, hospitals should not be places where people live – even for people with on-going clinical

needs. They are places to go for people who need specialist short-term or episodic care. Hospitals are highly complex institutions which should focus on improving the health of people with acute conditions before discharging them back into the community. The NHS in Scotland has a duty to provide healthcare in a hospital setting.

The shortlist for relocation of services from Birdston Care Home was therefore identified as:

- New Build
- Refurbished vacant ward on Stobhill Site

4.5 Initial Assessment of options

Initial Assessment of options – Stobhill Hospital

Strategic Scope of Option:	Proposed Solution 1 New Build	Proposed Solution 2 Refurbish an existing ward
Service provision:*Achieves service objectives listed in section 3.2*		
Service arrangements: Service located within North East of city reflecting catchment area thereby supporting patient and visitor access Achieve co-locations with other mental (and acute) services.	☑	☑
Service provider and workforce arrangements: Achieve co-location to other mental health services thereby allowing a greater pool of staff from which to draw to cover sickness, Annual leave. Provide improved access to training and learning opportunities as full range of on-site mental health services to draw upon.	☑	☑
Supporting assets: The facility is fit for purpose, has en-suite facility and single rooms.	☑	Partial
Public & service user expectations: The public and user expectations are very clear that they expect facilities that support patient privacy and dignity and provide a quiet calming, therapeutic environment. The current facilities do not meet these expectations with multi occupancy dormitories, lack of space, poor lighting and noise levels, no ward based outdoor green space provides fit for purpose facilities , providing single bedrooms with en-suite attached, quiet therapeutic space, and safe secure outdoor green space in which to relax.	☑	Partial

Initial Assessment of options – Birdston Care Home

Strategic Scope of Option:	Proposed Solution 1 New Build	Proposed Solution 2 Refurbished vacant ward
Service provision:		
Service arrangements:	☑	☑
Service provider and workforce arrangements:	☑	☑
Supporting assets:	☑	Partial
Public & service user expectations:	☑	Partial

4.6 Indicative costs

4.6.1 Acute Adult mental Health services – cost of each shortlisted option

Costs in £millions	Do Nothing: As existing arrangements	Proposed Solution 1	Proposed Solution 2
Capital cost (or equivalent value)	0	£5.3	£4.1m
Whole of life capital costs	£11.954m	£12.390m	£5.551m
Whole of life operating costs	£6.993m	£6.009m	£6.009m
Estimated Net Present Value of Costs	£7.913m	£10.151m	£4.851m

4.6.2 Complex Elderly mental Health services – cost of each shortlisted option

Costs in £millions	Do Nothing: As existing arrangements	Proposed Solution 1	Proposed Solution 2
Capital cost (or equivalent value)	0	£5.3	
Whole of life capital costs	£65.391m	£12.364m	£5.551m
Whole of life operating costs	0	£5.896m	£6.009m
Estimated Net Present Value of Costs	£39.886m	£10.051m	£4.851m

The breakdown of the whole of life capital and operating have been, where relevant, been developed using similar cost categories used in the Generic Economic Model, and as described in the Option Appraisal Guide i.e.

- Property & opportunity costs - included
- Capital & lifecycle costs - included
- Clinical services costs – current assumption is that there will not be any extra costs but any savings identified in the future will be included at OBC stage
- Non-clinical operating costs - current assumption is that there will not be any extra costs but any savings identified in the future will be included at OBC stage
- Building running costs - included
- Net contribution / costs - N/A
- Transitional costs – there will be no decant or double running costs
- Externalities – there are no externalities.

In line with the Generic Economic Model we have excluded VAT and inflation, and as per the Green Book, the level of appraisal is proportionate to the size and stage of the project.

The capital costs noted have been prepared based on high level costs using £/m2 rates using historic information.

4.7 Initial assessment of proposed solutions

4.7.5 Adult Acute Mental Health services

	Do Nothing: As existing arrangements	Proposed Solution 1	Proposed Solution 2
Advantages (Strengths & Opportunities)	No change for staff and therefore no disruption from the current location. Allows staff to plan future in knowledge that no change to current ward accommodation is planned.	Modern accommodation. Single room en-suite. Improved access to outdoor areas and environment for service users. Better opportunity for reduced incidence of incidents. Vastly improved therapeutic environment. Better dignity. Improved integration with other adult acute inpatient services on site.	Improved accommodation. Potential for reduced incidents.
Disadvantages (Weaknesses & Threats)	Current accommodation is unsuitable and not fit for purpose. Potential for staff to plan to move on to alternative ward services. Any incident would be a threat as the accommodation would be cited as a contributory factor.	Timescale to provide accommodation means utilising existing Ward 43 until option available. Potential with bundling with other schemes for delays to occur to new ward and vice versa. Dependency includes demolition of existing building as part of the Stobhill physical acute site. Although this is already in separate existing proposals potential for impact	Possible refurb locations are limited. Existing sites are either physically located across a road on site on an extremely limited footprint or within released historical physical acute site locations, further displaced from mental health

		exists.	services. Indicative consideration of refurb costs potentially adjacent to new build with constrained design.

	Does it meet the Investment Objectives (Fully, Partially, No, n/a):		
Investment Objective 1 *Improve patient environment and safety*	No	Fully	Partial
Investment Objective 2 - *Achieve service benefits of co-location*	Partial	Fully	Partial
Investment Objective 3 – *Improve access for patients*	No	Fully	Partial
Investment Objective 4- *Improve staff retention, recruitment and wellbeing*	No	Fully	Partial
Investment Objective 5- *Improve efficiency of estate*	No	Fully	Partial
Investment Objective 6- *Community Benefits*	No	Fully	Partial
	Are the indicative costs likely to present value for money and be affordable? (Yes, maybe / unknown, no)		
Vfm & Affordability	No	Yes	No
Preferred / Possible / Rejected	Rejected	Preferred	Rejected

4.7.6 Complex Elderly Mental Health services

	Do Nothing: As existing arrangements	**Proposed Solution 1**	**Proposed Solution 2**
Advantages (Strengths & Opportunities)	No change for staff and therefore no disruption from the current location. Allows staff to plan future in knowledge that no change to current ward accommodation is planned.	Modern accommodation. Single room en-suite of an appropriate size. Improved access to outdoor areas and environment for service users. Better opportunity for reduced incidence of incidents. Vastly improved therapeutic environment. Better dignity. Improved integration with other adult physical acute	Improved accommodation. Potential for reduced incidents.

		diagnostic services on site.	
Disadvantages (Weaknesses & Threats)	Current accommodation is unsuitable, not fit for purpose. Potential for staff to plan to move on to alternative ward services. Accommodation is at the periphery of the catchment area. Potential cost increase of existing contract for accommodation.	Timescale to provide accommodation means utilising existing Ward until option available. Potential with bundling with other schemes for delays to occur to new ward and vice versa. Dependency includes demolition of existing building as part of the Stobhill physical acute site. Although this is already in separate existing proposals potential for impact exists.	Possible refurb locations are limited. Existing sites are either physically located across a road on site on an extremely limited footprint or within released historical physical acute site locations, further displaced from mental health services. Indicative consideration of refurb costs potentially adjacent to new build with constrained design.
	Does it meet the Investment Objectives (Fully, Partially, No, n/a):		
Investment Objective 1 *Improve patient environment and safety*	No	Fully	Partial
Investment Objective 2 - *Achieve service benefits of co-location*	Partial	Fully	Partial
Investment Objective 3 – *Improve access for patients*	No	Fully	Partial
Investment Objective 4- *Improve staff retention, recruitment and wellbeing*	No	Fully	Partial
Investment Objective 5- *Improve efficiency of estate*	No	Fully	Partial
Investment Objective 6- *Community Benefits*	No	Fully	Partial
	Are the indicative costs likely to present value for money and be affordable? (Yes, maybe / unknown, no)		
Vfm & Affordability	No	Yes	No
Preferred / Possible / Rejected	Rejected	Preferred	Rejected

As indicated from the above the two preferred solutions are both for a new build development on a suitable site. There are advantages to combining the proposed new builds into a single building project to realise the economies of scale. This will seek to maximise the preferred way forward for building shared space such shared infrastructure

utilities, FM and the opportunity of cross cover of staffing to respond to incidents or medical emergencies.

4.8 Design Quality Objectives

4.8.1 Design Quality Objectives

During June 2015 an AEDET assessment of the existing Stobhill and Birdston was carried out and was facilitated by Andrew Baillie, Project Manager. The workshop was attended by staff, management, clinicians and public representatives facilitated by third sector user and carer organisation Mental Health Network (Greater Glasgow and Clyde wide). The outcome of this was documented in an AEDET Assessment summary which is included in Appendix B. The assessment highlighted the areas where the existing buildings worked well:

- Space that exists is flexible

and also those areas where the building was seen as being inadequate:

- Patient and staff environment
- Access to the health
- Energy performance
- Security and supervision
- Circulation spaces\travel distances for patients and staff

A follow-on workshop series was undertaken during June/July 2015 to develop a Design Statement for any new facility. This was facilitated by Heather Chapel from Architecture & Design Scotland, and was attended by broadly the same group of stakeholders who undertook the AEDET Assessment. The Design Statement is included in Appendix F, and will form a key part of the briefing documentation to hub and its design team for any site options appraisal and the development of design proposals. The workshop highlighted the key aspects of any new design to be:

- Location easy to find and access
- Welcome and Shelter
- Walking Routes short and Pleasant
- Flexible Space
- Encourage Integration of Services

5 Is the organisation ready to proceed with the proposal?

5.1 The Commercial Case

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

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

Submission of IA	October 2016
Submit OBC	April 2017
Submit FBC	November 2017
Financial Close	December 2017
Construction	March 2018

5.2 The Financial Case

The Board has approved the commencement of the business case process. Any new facilities would be revenue funded as a bundled project with Greenock HC and Clydebank HC, funded via the West of Scotland Hub Initiative. The Board has made provision within its capital resource limit for this project dependant on confirmation of the Hub funding. Demolition costs of existing buildings at Stobhill are excluded from these projects Financial Case.

The table below represents indicative capital and revenue costs and funding for the project. The revenue costs are break even at this time. Future development of the revenue implications will be undertaken in the development of the OBC.

Capital	£'000
Costs	
Site Acquisition	0
Equipment	504
Sub Debt	101
Total Capital Cost	**605**
Funded by -	
Formula Capital	**605**

Revenue	£'000
Costs	
Annual Service Payment	945
Running Costs	498
Depreciation Equipment	50
IFRS Depreciation	403
Total Costs	**1,896**
Funded by -	
Existing Budgets	1,493
IFRS - SGHCD	403
Total Funding	**1,896**
Surplus	**0**

5.2.5 *Financial Contributions*

There are no financial contributions from external partners in this project.

5.3 The Management Case

The NHS Greater Glasgow & Clyde hub Project Steering Group has established governance and reporting structure which will be implemented to deliver this project. The structure is illustrated in the diagram below and has been used to successfully manage the NHS GG&C hub projects to date. Project Boards report and approve through to the hub Steering Group to the NHS Capital Planning Group and then the NHS Board. A Programme Delivery Group is responsible and accountable to the Senior Responsible Officer (SRO) for successful delivery of the programme of hub projects.

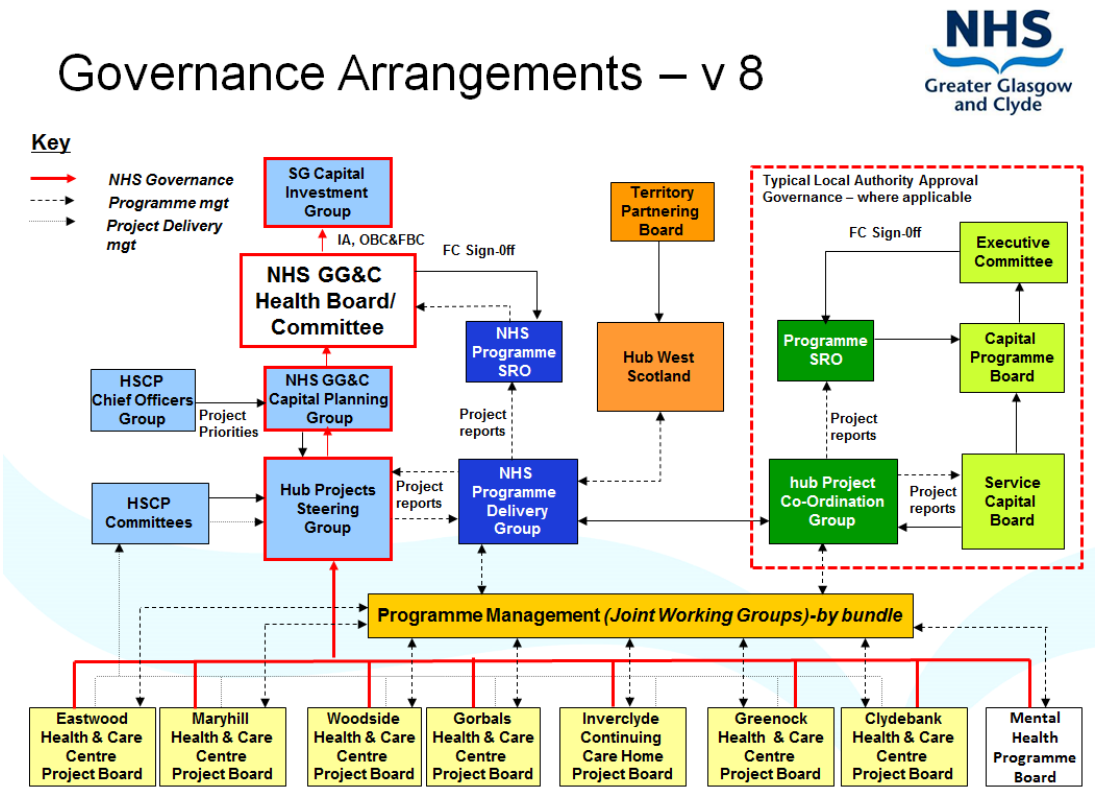
The Delivery Group will work alongside the hub Steering Group and the existing governance arrangements, but with a day to day role to focus on delivery, working directly through key interfaces with hub West Scotland. The Mental Health Programme Board reports to the NHSGGC Hub Steering Group which oversees the delivery of all NHSGGC hub projects, through the HSCP Director.

Additionally the hub Project Steering Group also established a Project Executive Team, which will have overall responsibility and accountability to the Senior Responsible Officer (SRO) for successful delivery of the programme of hub projects. The Executive team will work alongside the hub Steering Group and the existing governance arrangements, but with a day to day role to focus on delivery, working directly through key interfaces with hub West Scotland.

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

- Senior Responsible Officer - (David Louden)
- Overall Programme Director - (Alex McKenzie)
- Commercial & Technical Lead - (John Donnelly)
- Finance Lead - (Marion Speirs)

Project Governance and Structure



- **Project Management Arrangements**

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

A Project Board has been established to oversee the initiative and is chaired by the Head of Mental Health Services. The Project Sponsor is the Interim Head of Change Management. The Project Board comprises representatives from the:

- Senior Management
- key stakeholders from the User group
- NHSGGC Estates team
- NHSGGC Facilities team
- NHSGGC Capital Planning team
- NHSGGC Finance team

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

The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGC hub projects, and as noted, is chaired by the Head of Mental Health Services. It includes representatives from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco.

While the Project Board will provide strategic leadership and oversee delivery, a Design Group has also been established to manage the day to day detailed information and tasks required to brief and deliver the project.

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

The representatives from NHSGG&C Capital Planning and Finance have been involved in a number of HUB developments including the Eastwood and Maryhill Projects and have a wealth of experience to provide this development.

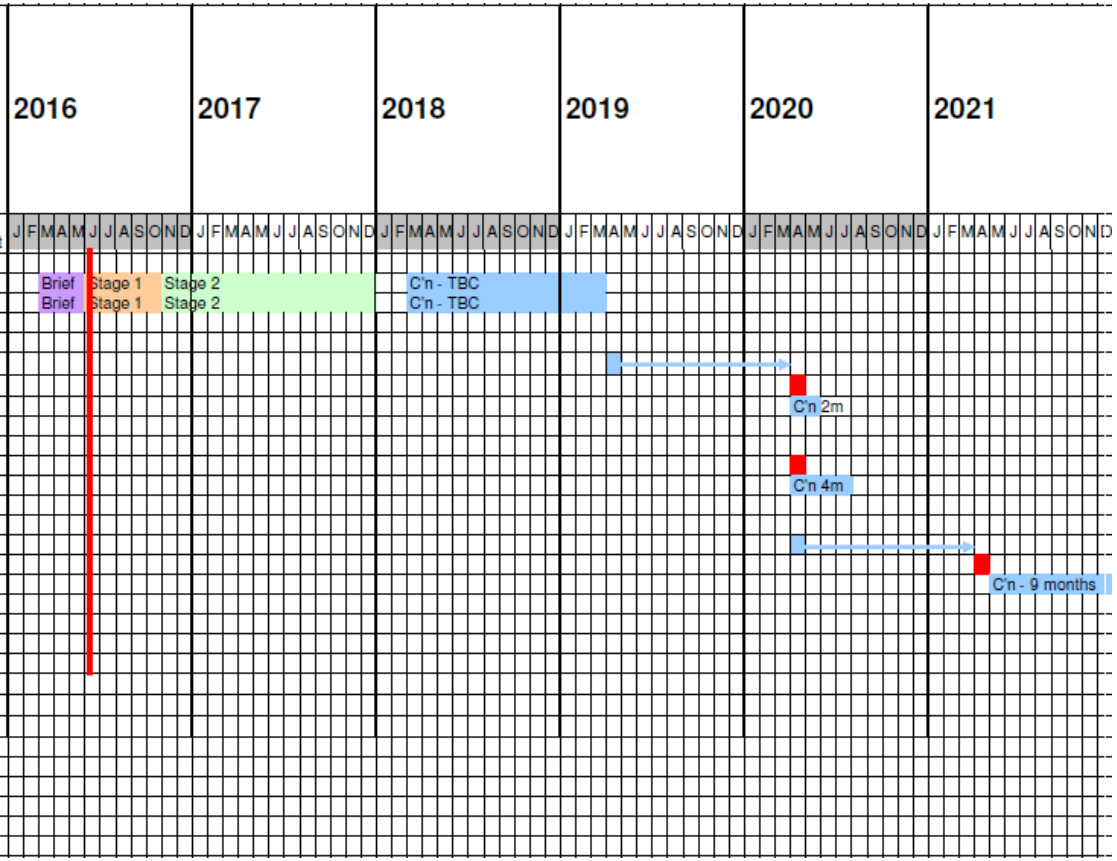
In relation to the appointment of the Design Team this work is on-going at present with progress to date noted below:

- Architect – Keppie
- Cost Adviser – Armour Cost Consultants
- Structural Engineer – Morgan Sindall Professional Services
- Mechanical & Electrical – RSP

Project:	Mental Health	
Parties	NHS Greater Glasgow & Clyde Hub West Scotland	NHS GGC Hubco
Project Sponsor	Alex McKenzie	Glasgow City HSCP
Project Director	David McCrae	Glasgow City HSCP
Capital Planning Project Manager	Andrew Baillie	NHS GGC
Finance Managers	Marion Speirs	NHS GGC
Private Sector Development Partner – Project Manager	Euan Mackenzie hub West Scotland	hub West Scotland
Private Sector Development Partner - Tier 1 contractor	BAM Construction Ltd	
Legal	To be appointed	
Financial	Caledonian Economics	
Technical	Currie & Brown	
Architectural Adviser	Keppie	
M&E Adviser	RSP	
Civil/ Structural Adviser	MSPS	

High Level Project Plan

Projects	Project Value (£m) Inc VAT, Fees, and equip.* CRL funded	Currie & Brown (£m) Cost Estimate	Project Value (£m) Inc VAT and fees. DBFM funded	Project Value (£m) Inc VAT, Fees, and equip.* RECEIPT funded	Assumed Procurement
Stobhill New build Projects					
1 x 20 bed New Build ward @ Stobhill Hospital (endpoint W1)			5.3		Hub DBFM
1 x 20 bed New Build ward @ Stobhill (Birdston Reprovision)			5.3		Hub DBFM
Addictions Services					
Consolidate Eriskay & Kershaw units (30 bed Unit - 2 x 15) @ Gartnavel	7.3				Framework
Decant Kershaw					
Reprovision of Day hospital accommodation (within existing Kershaw unit)	0.5				Direct
Mental Health Rehabilitation Services					
Decant Eriskay addictions to Gartnavel					
Relocate Phoenix House to Eriskay 15 bed refurb (Adult intensive rehab)	2.4				Direct
South Glasgow consolidation plan					
24 bed New-Build ward at Leverndale Hospital (site to be identified)				5.9	Framework
Decant of Ward 3 into new-build, asbestos surveys to complete				0.0	
Refurb and extension to Ward 3 (20 beds)				3.4	Framework
Refurb Ward 4 (14 beds) following decant & asbestos surveys				2.7	Framework
	17.4	11.1	10.6	12.0	
	Total				



Key
FS - Feasibility Study
IA / Briefing
OBC / Project Development
FBC / Detailed Design
Construction

5.4 Readiness to proceed

Project:	Mental Health Adult Acute Ward Stobhill and Older Peoples Hospital Based Complex Care
Is the reason made clear why this proposal needs to be done now?	Sections 1.1.2 – 1.1.4 & 2
Is there a good strategic fit between this proposal, NHS Scotland's Strategic priorities, national policies and the HSCP's own strategies?	Sections 1.1.5 & 3.2 – 3.3
Have the main stakeholders been identified and are they supportive of the proposal?	Section2.1, 2.2 & 4.3 Appendix B, E & G
Is it made clear what constitutes a successful outcome?	Section 3.1 Appendix C
Are realistic plans available for achieving and evaluating the desired outcomes and expected benefits to be gained, including how they are to be monitored?	Section 3.3.3 Appendix C
Have the main project risks been identified, including appropriate actions taken for mitigating against them?	Section 3.3.3 Appendix D
Does the project delivery team have the right skills, leadership and capability to achieve success?	Section 5.3
Are appropriate management controls explained?	Section 5.3
Has provision for the financial and other resources required been explained?	Section 5.2

6 Is this Still a Priority?

The proposal should be taken forward now due to the condition of the building and the impact on staff and the care that can be provided which is preventing multi-disciplinary professional teams working together.

Stakeholders involved are the service users and staff and members of the PFPI.

To achieve the NHS Scotland's strategic priorities such as, Person Centred, Safe, Effective quality of care, Health of population and Value and sustainability there is a great need for the two wards identified.

The two new wards will:-

- Deliver acute mental health in-patient care and care for older people in hospital based complex care ward with dignity in single room with en-suite services.
- The positive impact of ward can benefit the user, organisation, the staff and the environment. By better modern design space, we can increase the amount of clinical space, improve dignity of users, and improve flexibility to even more safely provide for single sex accommodation.
- Improved therapeutic environment will improve overall experience for service users and impact on the average length of stay for people in need of acute adult in-patient care.
- Enable co-location of teams and better access to services.
- Enable speedy access to modernised and integrated mental health and physical acute diagnostic services.
- Improve access – fully DDA compliant, good pedestrian access, location central to the catchment area
- Improve patient experience/good working environment for staff, – easy to navigate, improve patient pathways with patient and staff safety
- Energy efficient building with reduced carbon footprint and running costs
- Contribution to regeneration of the area – clear signal of investment

APPENDICES

APPENDX A - Schedule of Accommodation

APPENDIX B - AEDET Workshop

APPENDIX C - Benefits Realisation Plan

APPENDIX D - Risk Register Plan

APPENDIX E - SCIM Design Statement

APPENDIX F - Timetable/ Programme Schedule

APPENDIX G - Communication/Engagement Plan

APPENDIX A SCHEDULE OF ACCOMMODATION

STOBHILL AAU & HBCCC SCHEDULE OF ACCOMMODATION (7/6/16)

STOBHILL OVERALL SUMMARY

Ref.	Activity Space		Net	Gross	Comments
			m2	m2	
	STOBHILL				
	Stobhill HBCCC Unit		815.0	1159.0	
	Stobhill AAU		831.0	1181.3	
	Sub-total			**2340.2**	
	Total Net			**2340.2**	
	Add Communication	0%		0.0	Now assumes separate buildings
	Sub-total			2340.2	
	Add Central Plant	8%		187.2	Estimate
	Total Estimated Building Area			**2527.5**	

NOTES:

This version generated by client discussion 7/6/16
Excludes External Areas
Central plant area requires engineer involvement to confirm
Now assumes separate buildings
Circulation allowances are as per relevant SHPN's and require drawings to confirm

Elderly Hospital Based Complex Clinical Care In-patient Unit (1 x 20 bed ward)

Ref.	Activity Space	Qty	Area	Total	Comments
		No.	m2	m2	
	ENTRANCE HUB				
	Draught lobby	1	6	6.0	
	Entrance Foyer	1	8	8.0	With 4 waiting places and intercom to elderly ward.
	WC (Disabled)	1	4.5	4.5	Lockable with key. For use by visitors.
	Sub-total			**18.5**	
	Total Net			**18.5**	
	Planning allowance	5%		0.9	
	Sub-total			19.4	
	Engineering Allowance	3%		0.6	
	Circulation	25%		4.9	
	Total			**24.9**	

	PATIENT DAY AREAS				
3.19	Servery	1	16	16.0	On an outside wall with window
3.12	Dining room: 20 persons	1	40	40.0	Also for visiting/activities
3.11	Sitting room(s) (Older People)	1	48	48.0	
3.13	Quiet room	1	20	20.0	
	Activity Room	1	22	22.0	Equivalent of a 10 person group room with space for a sink and drainer
	Store	1	4	4.0	En-suite to Activity Room
	WC (Disabled)	2	4.5	9.0	Visible from day areas
	Sub-total			**159.0**	

	PATIENT BEDROOM AREAS				
3.2	Single bedroom	20	16	320.0	
	En-suite (Dual Access)	20	5	100.0	As per HBN 00-02
	Touch Down Bases	2	2	4.0	As per HBN 00-02 One to be associated with each bedroom "wing"
3.10	Assisted bathroom with WC & WHB	2	16	32.0	With accessible bath
	Sub-total			**456.0**	

	LOCAL CLINICAL SUPPORT AREAS				
	Office: 1 staff	1	10.5	10.5	Ward Manager
	Office: 3 Place ("hot desk")	3	4.5	13.5	4.5m2/desk
	Duty room	1	14.0	14.0	
3.33	Interview room	1	10	10.0	For relatives, MDT, etc
	Clean Utility/Treatment	1	16.5	16.5	C/U with patient access for bloods, recordings, etc
3.17	Disposal/sluice/test room	1	12	12.0	No macerator required
3.28	General & eqpt store	3	10	30.0	Includes personal storage
3.28	Linen store	1	6	6.0	
3.21	DSR	1	10	10.0	Subject to FM model
	Service entrance lobby	1	6	6.0	Included at request of architect
	Disposal hold	1	10	10.0	Subject to FM model
	Switch cupboard	2	2	4.0	Subject to Engineer review.
	Sub-total			**142.5**	

	Total Net			**757.5**	
	Planning allowance	5%		37.9	
	Sub-total			795.4	
	Engineering Allowance	3%		23.9	
	Circulation	33%		262.5	
	Total			**1081.7**	

	STAFF AREAS				
	Staff Room With Kitchenette	1	18	18.0	

	Changing Cubicle	2	4.0	8.0	
	Shower: Ambulant (Staff)	2	2.5	5.0	
	Staff WC (Staff)	2	2.0	4.0	
	Foot Locker Area	1	4.0	4.0	Shared between changing cubicles
	Sub-total			**39.0**	

	Total Net			**39.0**	
	Planning allowance	5%		2.0	
	Sub-total			41.0	
	Engineering Allowance	3%		1.2	
	Circulation	25%		10.2	
	Total			**52.4**	

	GROSS TOTAL			1159.0	

Comments:

Based primarily on Modified SHPN 35 & HBN 03-01
Does not include communication spaces, external areas or central plant
This version generated by client discussion 7/6/16

Stobhill AAU (1 x 20 bed ward)

Ref.	Activity Space	Qty No.	Area m2	Total m2	Comments
	ENTRANCE HUB				
	Draught Lobby	1	6	6.0	
	Entrance Foyer	1	15	15.0	With waiting and intercom to ward.
	WC (Disabled)	1	4.5	4.5	Lockable with key. For use by visitors.
	Sub-total			**25.5**	

	Total Net			**25.5**	
	Planning allowance	5%		1.3	
	Sub-total			26.8	
	Engineering Allowance	3%		0.8	
	Circulation	25%		6.7	
	Total			**34.3**	

	PATIENT DAY/ACTIVITY AREAS				
3.19	Servery	1	16	16.0	On an outside wall with window
3.12	Dining room	1	36	36.0	Also for visiting
3.11	Sitting room(s) (Day room)	1	36	36.0	
	Quiet room (10 persons)	1	18	18.0	

	Female only day room (5 persons)	1	10	10.0	
	Activity Room	1	22	22.0	Equivalent of a 10 person group room with space for a sink and drainer
	Store	1	4	4.0	En-suite to Activity Room
	Patient pantry	1	10	10.0	Includes HWB
3.18	Patients' utility	1	10	10.0	Includes area for ironing
	Sub-total			**162.0**	

	PATIENT BEDROOM AREAS				
	Single bedroom (Accessible)	20	16	320.0	In 2 or more "clusters"
	En-suite (Dual Access)	20	5	100.0	As per HBN 00-02. (Associated with accessible bedrooms)
	Touch Down Bases	2	2	4.0	As per HBN 00-02
	Sub-total			**424.0**	

	LOCAL CLINICAL SUPPORT AREAS				
3.33	Interview room	3	10	30.0	At the immediate entrance - just inside entrance hub to support admission activity.
	Office: 1 staff	1	10.5	10.5	Ward Manager
	Office: 3 Place ("hot desk")	1	13.5	13.5	4.5m2/desk
	Duty room	1	14.0	14.0	
	MDT Room	1	18.0	18.0	For max of 10 persons
3.24	Nurses' station/staff "hub"	1	6.0	6.0	ADB Ref T0109
	Clean Utility/Treatment	1	16.5	16.5	C/U with patient access for bloods, recordings, etc
3.17	Disposal/sluice/test room	1	12	12.0	No macerator required
3.28	General & eqpt store	1	16	16.0	
	Patients Personal Belongings/Clothing Store	1	8	8.0	Recognising homeless needs
3.28	Linen store	1	6	6.0	
3.21	DSR	1	10	10.0	Subject to FM model
	Service entrance lobby	1	6	6.0	Included at request of architect
	Disposal hold	1	10	10.0	Subject to FM model
	Switch cupboard	2	2	4.0	Subject to Engineer review.
	Sub-total			**180.5**	

	Total Net			**766.5**	
	Planning allowance	5%		38.3	
	Sub-total			804.8	
	Engineering Allowance	3%		24.1	
	Circulation	33%		265.6	
	Total			**1094.6**	

	STAFF AREAS				

	Staff Room With Kitchenette	1	18	18.0	
	Changing Cubicle	2	4.0	8.0	
	Shower: Ambulant (Staff)	2	2.5	5.0	
	Staff WC (Staff)	2	2.0	4.0	
	Foot Locker Area	2	2.0	4.0	
	Sub-total			**39.0**	

Total Net			**39.0**	
Planning allowance	5%		2.0	
Sub-total			41.0	
Engineering Allowance	3%		1.2	
Circulation	25%		10.2	
Total			**52.4**	

	GROSS TOTAL			1181.3	

Comments:

Based primarily on Modified SHPN 35 & HBN 03-01
Does not include communication spaces, external areas or central plant
This version generated by client discussion 7/6/16

Appendix B AEDET Workshop

AEDET review completed in consultation with the service user and carer and clinical staff representation

Functionality

	Use	Weight	Score	Notes
A.01	The prime functional requirements of the brief are satisfied	2	1	
A.02	The design facilitates the care model	2	1	
A.03	Overall the design is capable of handling the projected throughput	1	2	
A.04	Work flows and logistics are arranged optimally	1	2	
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	1	1	
A.06	Where possible spaces are standardised and flexible in use patterns	1	1	
A.07	The design facilitates both security and supervision	1	2	
A.08	The design facilitates health promotion and equality for staff, patients and local community	2	3	
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	2	1	
A.10	The benchmarks in the Design Statement in relation to building USE are met	0		

	Access	Weight	Score	Notes
B.01	There is good access from available public transport including any on- site roads	2	2	
B.02	There is adequate parking for visitors/ staff cars/ disabled people	1	2	
B.03	The approach and access for ambulances is appropriately provided	1	4	
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and st	1	2	
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight pati	2	2	
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps	1	2	
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	1	2	
B.08	Car parking should not visually dominate entrances or green routes	2	1	
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met	0		

	Space	Weight	Score	Notes
C.01	The design achieves appropriate space standards	2	1	
C.02	The ratio of usable space to total area is good	1	2	
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout	1	3	
C.04	Any necessary isolation and segregation of spaces is achieved	1	1	
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbei	2	1	
C.06	There is adequate storage space	1	1	
C.07	The grounds provided spaces for informal/ formal therapeutic health activities	1	2	
C.08	The relationships between internal spaces and the outdoor environment work well	2	2	
C.09	The benchmarks in the Design Statement in relation to building SPACE are met	0		

Build Quality

	Performance	Weight	Score	Notes
D.01	The building and grounds are easy to operate	1	1	
D.02	The building and grounds are easy to clean	2	2	
D.03	The building and grounds have appropriately durable finishes	1	1	
D.04	The building and grounds will weather and age well	1	1	
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	2	2	
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	1	1	
D.07	The design minimises maintenance and simplifies this where it will be required	1	1	
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met	0		

	Engineering	Weight	Score	Notes
E.01	The engineering systems are well designed, flexible and efficient in use	1	1	
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where rele	1	1	
E.03	The engineering systems are energy efficient	1	1	
E.04	There are emergency backup systems that are designed to minimise disruption	1	4	
E.05	During construction disruption to essential services is minimised	0	0	
E.06	During maintenance disruption to essential healthcare services is minimised	1	3	
E.07	The design layout contributes to efficient zoning and energy use reduction	1	2	

	Construction	Weight	Score	Notes
F.01	If phased planning and construction are necessary the various stages are well organised	0		
F.02	Temporary construction work is minimised	0		
F.03	The impact of the building process on continuing healthcare provision is minimised	0		
F.04	The building and grounds can be readily maintained	0		
F.05	The construction is robust	0		
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansic	0		
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant	0		
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	0		
F.09	The construction contributes to being a good neighbour	0		
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	0		

Impact

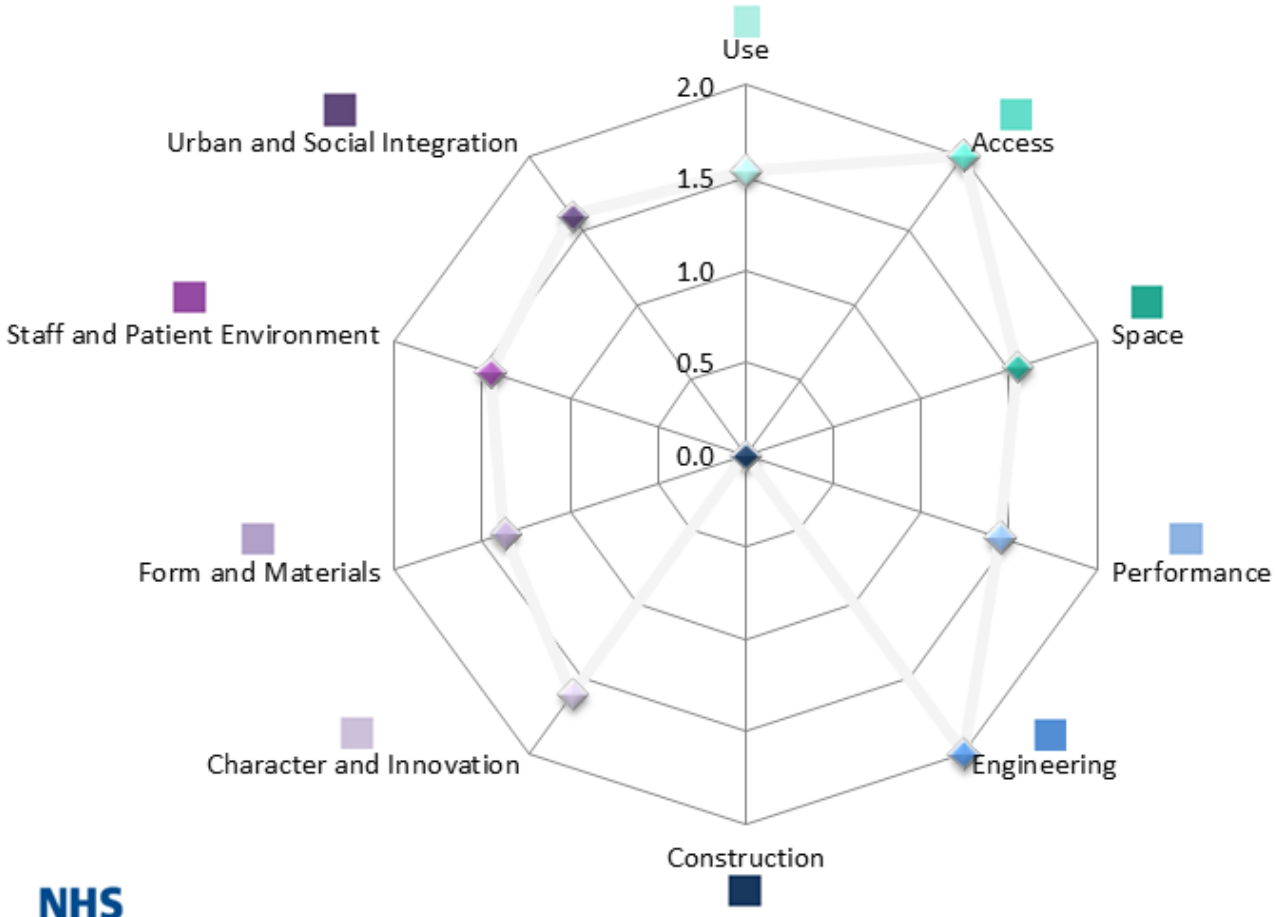
	Character and Innovation	Weight	Score	Notes
G.01	There are clear ideas behind the design of the building and grounds	2	2	
G.02	The building and grounds are interesting to look at and move around in	2	2	
G.03	The building, grounds and arts design contribute to the local setting	1	1	
G.04	The design appropriately expresses the values of the NHS	2	2	
G.05	The project is likely to influence future designs	1	1	
G.06	The design provides a clear strategy for future adaptation and expansion	1	1	
G.07	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	1	
G.08	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	0		

	Form and Materials	Weight	Score	Notes
H.01	The design has a human scale and feels welcoming	1	2	
H.02	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	1	
H.03	Entrances are obvious and logical in relation to likely points of arrival on site	2	2	
H.04	The external materials and detailing appear to be of high quality and are maintainable	1	1	
H.05	The external colours and textures seem appropriate and attractive for the local setting	1	1	
H.06	The design maximises the site opportunities and enhances a sense of place	2	1	
H.07	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	0		

	Staff and Patient Environment	Weight	Score	Notes
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	1	1	
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	2	
I.03	The design maximises the opportunities for access to usable outdoor space	1	1	
I.04	There are high levels of both comfort and control of comfort	1	1	
I.05	The design is clearly understandable and wayfinding is intuitive	1	3	
I.06	The interior of the building is attractive in appearance	1	2	
I.07	There are good bath/ toilet and other facilities for patients	2	1	
I.08	There are good facilities for staff with convenient places to work and relax without being on demand	2	1	
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	1	2	
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	0		

	Urban and Social Integration	Weight	Score	Notes
J.01	The height, volume and skyline of the building relate well to the surrounding environment	1	2	
J.02	The facility contributes positively to its locality	1	2	
J.03	The hard and soft landscape contribute positively to the locality	1	2	
J.04	The overall design contributes positively to neighbourhood and is sensitive to passers-by	1	1	
J.05	There is a clear vision behind the design, its setting and outdoor spaces	1	1	
J.06	The benchmarks in the Design Statement in relation to INTEGRATION are met	0		

AEDET Refresh Benchmark Summary



NHS National Services Scotland

	Benchmark
Use	1.5
Access	2.0
Space	1.5
Performance	1.4
Engineering	2.0
Construction	0.0
Character and Innovation	1.6
Form and Materials	1.4
Staff and Patient Environment	1.5
Urban and Social Integration	1.6

Weighting	=	Target
2	=>	5 - 6
1	>	3 - 4
0	<	3

Health Facilities Scotland

	Ref	Note
	B.01	Good at Stobhill but poor at Birdrtan
	B.02	Good at Stobhill but no dirabled parking at Birdrtan
	B.03	
	B.04	Good at Stobhill but lightr shining in bedroomr at Birdrtan
	B.05	Not obviour at Birdrtan
	B.06	Ok at Stobhill but poor at Birdrtan
	B.07	Birdrtan accerr on main road with narrow pavementr
	B.08	
	B.09	
	C.01	
	C.02	
	C.03	There are short at present due to confined building footprint
	C.04	Poor segregation of male and felmale
	C.05	
	C.06	Lack of storage in both facilitier
	C.07	No therputic gardenrpace in both factilitier
	C.08	
	C.09	
	D.01	
	D.02	
	D.03	
	D.04	Stobhill building of limited age.
	D.05	
	D.06	
	D.07	
	D.08	
	E.01	
	E.02	
	E.03	
	E.04	Generatorr on bothrites
	E.05	
	E.06	
	E.07	
	F.01	
	F.02	
	F.03	
	F.04	
	F.05	
	F.06	
	F.07	
	F.08	
	F.09	
	F.10	
	G.01	
	G.02	
	G.03	
	G.04	Singler roomr at Birdrtan
	G.05	
	G.06	Limited derign
	G.07	
	G.08	
	H.01	Birdrtan ir welcoming but Stobhill ir difficult to identify
	H.02	
	H.03	
	H.04	Poor external materialr
	H.05	
	H.06	
	H.07	
	I.01	No single roomr or gardenrpace at Stobhill
	I.02	
	I.03	
	I.04	No controlr and no single roomr
	I.05	No flow in existing facilitier
	I.06	Stobhill poor and Birdrtan ir ok
	I.07	
	I.08	Outdoor gardenrpace for staff would be good.
	I.09	
	I.10	
	J.01	Low level with poor volume toorpacer
	J.02	
	J.03	poor landscaping

AEDET Worksheet
for Stobhill DBFM.xlsx

APPENDIX C Benefits Realisation Plan

Main Benefit	Financial- Non Financial	As Measured by	Baseline Measure	Target Measure
1 Medical Practitioner day and night cover increased 100% on site	Non-Financial	Medical Rota	Medical Staffing Audit 6 months pre-opening	6 months post opening
2 Increased use of anticipatory care planning	Non-Financial	Average length of stay for ward (acute)	Average length of stay 6 months pre-opening	Average length of stay 6 months pre-opening
3 Increased use of anticipatory care planning	Non-Financial	Hospital based complex care HBCC	Years 2015/16 and 2016/17	12-24 months post opening
4 Better bed mix for older people	Non-Financial	Number of functional and organic older beds affected by project	Number of functional and organic beds Birdston/Tate 2015/2016	Number of functions and organic beds Stobhill/Tate on opening
5 Improve functional suitability of Mental Health estate	Non-Financial	Number of single en-suite bedrooms on wards	Percentage six months prior to opening	Percentage on opening
6 Reduction in people waiting more than 14 days to be discharged into more appropriate care setting	Non-Financial	Number of acute bed days lost to delayed discharged including AWI	12 months prior to opening	12 months post opening
7 Reduction in people waiting more than 14 days to be discharged into more appropriate care setting	Non-Financial	Number of hospital beds based on complex care days lost to delayed discharge including AWI	12 months prior to opening	12 months post opening
8 Improve financial performance	Financial	Reduced running costs due to more energy efficient wards	To be confirmed 6 months prior to opening	To be confirmed 6 months prior to opening

9 Improved diagnostic service	Non-Financial	Increase in referral for diagnostic assessments on site	12 months pre move	12 months post move
10 More efficient use of staffing resource	Financial	Reduction in nursing costs including bank and escorts	Acute ward 12 months prior to opening	12 months post opening
11 More efficient use of staffing resource	Financial	Reduction in nursing costs including bank and escorts	As above for HBCC ward	12 months post opening
12 New models of care for new wards	Non-financial	Numbers of internal transfers out with North sector (Acute)	12 months pre-opening	12 months post opening
13 New models of care for new wards	Non-financial	As above for HBCC ward	12 months pre-opening	12 months post opening
14 Community Integration	Non-financial	Increased menu of activities including community activity in reach	6 months prior to opening	6-12 months post move
15 Reduce sickness absence rates amongst staff	Financial and non-financial	Sickness absence rates for the wards	Rates 2016/2017	Rates 12 months post opening
16 Improved recruitment of staff	Non-financial	Reduced vacancy rates	Rates 2016/17	Rates 12 months post opening
17 Improved retention of staff	Non-financial	Reduced staff turn over	Rate 2016/17	Rates 12 months post opening
18 Improved ward environment	Non-financial	Acute ward. Number of specific environmental concerns raised by MWC and patient feedback	No of specific concerns raised 2015/16 and 2016/17	12 months post opening
19 Improved ward environment	Non-financial	HBCC (as above)	No of specific concerns raised 2015/16 and	12 months post opening

			2016/17	
20 Improved patient support	Non-financial	5% decrease in abscondments	No in year 12 months prior to opening	Number 12 months post opening
21 Improved service user well being	Non- financial	Reduced incidents aggression	No of incidents reported on DATIX 12 months prior to move	No of incidents reported on DATIX 6-18 months post opening
22 Improved service user socialisation	Non-financial	Service user rating service available as good	Service users survey 12 months prior to move	Service users survey 12 months after
23 Improved key adjacencies on wards	Non-financial	Minimum 80% delivered as specified in clinical brief	Reviews of clinical brief	Comparison to building post opening
24 Safer HBCC accommodation	Non-financial	Number of reported trips and falls of service users	12 months reporting on DATIX prior to move	12 months reporting on DATIX prior to move
25 Improved access to natural daylight/natural sunlight	Non-financial	Accessibility to personal and public spaces adjacent to and within ward area as per SCIM design statement	Audit of service user opinion/carer opinion prior to opening	Audit of service user opinion/carer opinion post opening
26 Improved flexibility and functionality of building	Financial	Flexibility of design of development will reduce need for major adaptations £50K in 10 years	Adaptations costs circa 10 years prior to move	Decade post move
27 Improved compliance with building guidance	Non-financial	Compliance with current building guidance and space standards	Room audit % of compliance with current building guidance and space standards prior to move	Room audit % of compliance with current building guidance and space standards post move.
28 Improved confidentiality, privacy and dignity for service users	Non-financial	Complaints regarding breach of values	Number of complaints where accommodation limitations contributes to breach of values 12	Number of complaints where accommodation limitations contributes to breach of values 12

			months prior to move	months prior to move
29 Improved equity and access to ward	Non-financial	Number of service users admission refused due to gender	12 months prior to move	12 months post move
30 Improved Infection Control	Non-financial	Infection control audits indicate measurable improvements	12 months pre move	12 months post move
31 Improved working environment	Non-financial	Staff survey on working environment (as below)	12 months prior to move	12 months post move
32 Improved comfort ambiance and atmosphere of the wards for some users/carers and visitors	Non-financial	Service user and care survey whereby by majority of these surveyed who experienced the same service at pervious ward voice a measurable improvement in the new ward	Pre move timescales TBC	Post move timescales TBC
33 Improved catchment access. HBCC wards	Non-financial	Percentage reduction in 1 service users home to ward distance 2 main carer/visitor home to ward distance	12 months pre move based on catchment address on administration Survey TBC	12 Months post move based on catchment address on admission. Survey TBC

APPENDIX D – RISK REGISTER

Stobhill MH New-Build DBFM												
						PRE-CONTROL						
Ref	**Category**	**Summary Description of Risk**			**Stage of hub West Process**	**Likelihood**	**Impact -Time**	**Cost (£)**	**Risk Score**	**Mitigation**	**Owner**	**Last Reviewed/Comments**
		Cause of Risk	**Risk Description**	**Effect of Risk**								
	Consultation	Third Party sign off required	NHS fire officer sign off - risk of new requirements. Stage 1 and Stage 2 engagement required	Change to design may be necessary	Stage 1 & Stage 2	3	3	2	9	Engagement during Stage 1 and also Stage 2. Susan Grant of HFS is key contact.	NHS	
	Consultation	Third Party sign off required	NHS infection control sign off	Change to design may be necessary	Stage 1 & Stage 2	3	2	1	6	Engagement during Stage 1 and also Stage 2. Project Alert process by NHS can be used to start engagement. Typical 2 week turn around.	NHS	

	Building Control	Statutory approvals required	Building control risk of accepting a fire engineered strategy if required	Change to design may be necessary	Stage 2	4	3	2	12	Early engagement Fire Consultant and Fire Control officer.	RSP	
	Roads	Statutory approvals required	Traffic infrastructure works may be necessary for roads surrounding the site	Change to design and or scope of work may be necessary	Stage 1, Stage 2	4	3	3	12	Engagement with Roads Dept. required. Possible pedestrianisation of east-west trending spine road may be included.	Keppie/MSPS	
	Consultation	Statutory approvals required	Scottish Water approval timescales for approval and confirmation of works required (if any)	Impact on programme and or assumed scope of hWS work	Stage 1, Stage 2	3	3	5	15	Engagement with Scottish Water required.	MSPS	
	Land	Title	Title conditions - early sight of land conditions and any reserved rights	Impact on programme and or assumed scope of hWS work	Stage 1 and Stage 2	4	4	2	16	Obtain land title conditions at NPR stage and assess for design impact	hWS	

	Land	Title	New Wayleaves to be agreed for new services to site	Impact on programme	Stage 2 and post FC	3	3	2	9	Seek to progress pre FC where payment allows	hWS	
	Utility	Diversions	Significant Utility diversion required.	Impact on programme and or assumed scope of hWS work	Stage 1 and Stage 2	5	3	4	20	Early GPRS commissioned and discussion with utility companies. Early dialogue required in relation to scope of Demolition Programme works and status of existing infrastructure on site.	RSP/MSPS	
	Ecology	Ecology	Ecology - possible invasive plant species on site	Impact on programme and or assumed scope of hWS work	Stage 1 and Stage 2	3	3	2	9	Commission ecology survey at start of Stage 1.	hWS	

	Consultation	Third Party sign off required	Delays in sign off for design material (room layouts) with stakeholders	Impact on programme and or design	Stage 2	3	4	1	12	Resources to be pre allocated by design team (architect) to meet programme for room layout review. Clear programme and deliverables for stakeholder review to be established	Keppie	
	Consultation	Third Party sign off required	M&E design solution sign off required - including presenting the detail of M&E systems	Impact on programme and or design	Stage 1 and 2	3	3	1	9	Design review workshop programmed.	RSP	
	Delay	Development Programme delay	Delay in development programme pre FC and tied approvals risks FC movement to next quarter.	Impact on programme and cost	Stage 1 and Stage 2	3	3	3	9	Assess need to decouple as and when required. Meet/accelerate development programme where ever possible.	hWS	

	Building Control	Statutory approvals required	2015 Building Regulations - impact on capital costs		Stage 2	5	1	4	20	Allowance to be agreed at NPR stage and included within project affordability model	hWS	
	Document Management	Document Management	Information sharing - access to latest drawings to be accessible for all team.	Unable to access latest information	Stage 1, 2 and post FC	3	1	1	3	Team to maintain 4Projects as latest database. Hub to circulate latest 4Projects protocol.	hWS	
	BIM	Design Management	Coordination of design information to BIM level 2 - protocols and plans to be established	Coordination of BIM level	Stage 1, 2 and post FC	3	1	1	3	Agree BIM EIRs with NHS and prepare BIM Execution Plan in response with design team and contractor	hWS/NHS	
	Roads	Statutory approvals required	Risk of car parking numbers required under local planning in turns out to be in excess of current cost model consumptions.	Change in assumed hWS scope of work	Stage 1 and Stage 2	4	5	5	20	Undertake traffic impact assessment. Continue on-going engagement with facilities management.	Keppie/MSPS	

	Ground	Ground obstructions identified	Ground obstructions identified	Change in assumed hWS scope of work	Stage 1 and Stage 2	5	3	3	15	SI surveys to be progressed at Stage 1	MSPS	
	Ground	Gas Venting	Gas venting may be required for ground gases given historical industrial use of site	Change in assumed hWS scope of work	Stage 1 and Stage 2	3	1	2	6	SI surveys to be progressed at Stage 1	MSPS	
	Design	Design Management	Compliance with relevant SHTM's	Change in hWS costs	Stage 1 and Stage 2	4	2	2	8	Work to budget set by NHS to be closely monitored and design solution agreed early in Stage 1.	NHS	
	Design	Ground Conditions	Insufficient allowance for required retention measures resulting from site levels.	Change in Scope and Design/programme	Stage 1 and Stage 2	4	5	5	20	Layout to be developed considering key engineering elements.	MSPS	
	Design	Ground Conditions	Ground Contamination - possible asbestos	Change in scope of works and design/programme	Stage 1 and Stage 2	2	3	3	6	SI will identify requirements	MSPS	

	Design	Site Level	Cut and Fill allowance not enough for the final building design.	Change in Scope and Design/programme	Stage 1 and Stage 2	3	3	5	15	Topological and building layout to be confirmed to allow cut/fill exercise to be completed	MSPS	
	Delay	Decant Management	Failure to identify alternative location for occupants of existing accommodation due for demolition.	Programme delay	Stage 1 and Stage 2	2	5	5	10	Early decant plan initiated by NHS GG&C	NHS	
	Delay	Asbestos	Failure to undertaken Asbestos survey works / removal in advance of demolition programme	Programme delay	Stage 1 and Stage 2	5	5	5	25	Early engagement with NHS GG&C Asbestos team	NHS	
	Delay	Demolition	Existing wards not demolished in-line with hWS programme requirements.	Programme delay	Stage 1 and Stage 2	5	5	5	25	NHS Engagement with NHS GG&C Demolitions Programme Manager and Contractor	NHS	

	Scope	Service alterations / enabling	Scope of service alterations associated with Demolitions programme not clearly understood	Change in scope/design/ programme	Stage 1 and Stage 2	4	5	5	20	NHS Engagement with NHS GG&C Demolitions Programme Manager and Contractor	NHS	
	Delay	Significant works required in relation to Asbestos lined service tunnels	Complex works	Programme /cost design impact	Stage 1 and Stage 2	3	3	5	15	Early investigation and design proposals to be developed to avoid access / disturbance	NHS	
	Approvals	I.A not signed off / NPR not issued.	Project does not proceed	Project does not proceed	Stage 1	1	5	5	5	None.	NHS	
	Bundling	Programmes for bundled projects fail to align	Stobhill project value requires it to be bundled with another project.	Unable to achieve FC	Stage 1 and Stage 2	3	4	4	12	Ensure no programme slippage and alignment at key stages	NHS	
	Planning	Failure to obtain Planning approval	Failure to obtain timely Planning approval	Failure to achieve FC	Stage 1 and Stage 2	2	5	5	10	Early engagement with Planning Dept.	NHS	

	Design	Failure to obtain design sign-off	Project unable to proceed on programme	Programme /cost design impact	Stage 1 and Stage 2	3	3	5	15	Design to be developed in conjunction with Stakeholders	NHS	
	Delay	Client doesn't have the capacity or capability to deliver the project	Project unable to proceed on programme	Programme /cost design impact	Stage 1 and Stage 2	3	3	5	15	Develop appropriate governance arrangements for the project including resource planning and individual skills review	NHS	
	Scope	Project Objectives not clearly defined	Scope of service alterations associated with programme not clearly understood	Change in scope/design/ programme	Stage 1 and Stage 2	4	5	5	20	Set out clear objectives for the project as part of the Initial Agreement, linking them to clearly defined & measurable benefits and outcomes	NHS	

	Scope	The anticipated benefits from the project are not achieved following project completion	Benefits of change are not delivered	Change in Scope and Design/programme	Stage 1 and Stage 2	3	3	5	15	Set out a realistically achievable benefits realisation plan as part of the Initial Agreement. Further engagement with stakeholders during process	NHS	
	Scope	Different stakeholders have different expectations of the outcome of the project	Benefits of change are not delivered	Programme /cost design impact	Stage 1 and Stage 2	1	5	5	5	On-going engagement with all stakeholders to re-affirm consensus on the strategic brief for the project at IA stage and project brief at OBC stage	NHS	

	Scope	Poor stakeholder involvement	Poor stakeholder involvement will result in a lack of support for project	Programme /cost design impact	Stage 1 and Stage 2	1	5	5	5	On-going development and implementation of project communication plan which includes engaging with all appropriate stakeholders at appropriate stages of the project	NHS	
	Delay	Adverse publicity occurs due to an operational issue	Sensitivity to existing service issues insufficient	Change in scope/design/ programme	Stage 1 and Stage 3	1	5	5	5	Review on-going operational arrangements associated with the project and ensure that any specific risks are encapsulated into the project risk register	NHS	

	Scope	Service demand	Demand for the service does not match the levels planned, projected or presumed	Change in scope/design/ programme	Stage 1 and Stage 4	1	5	5	5	Carry out sensitivity testing of assumptions behind service demand projections to understand and manage any underlying risks	NHS	
	Scope	Design Management	The available accommodation is unable to support the proposed service model	Change to design and or scope of work may be necessary	Stage 1 and Stage 5	1	5	5	5	New service model arrangements tested at the early design planning stages of project and on-going further testing throughout the development of the project	NHS	

APPENDIX E

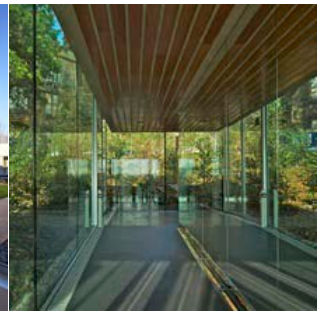
New Stobhill mental health inpatient facility: SCIM Design Statement (product of workshops 1 and 2)

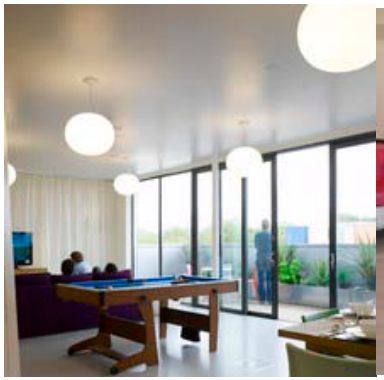
The business objectives for the facility are: (refer to section 3.2). Therefore, in order to meet these, the development must possess the following attributes.

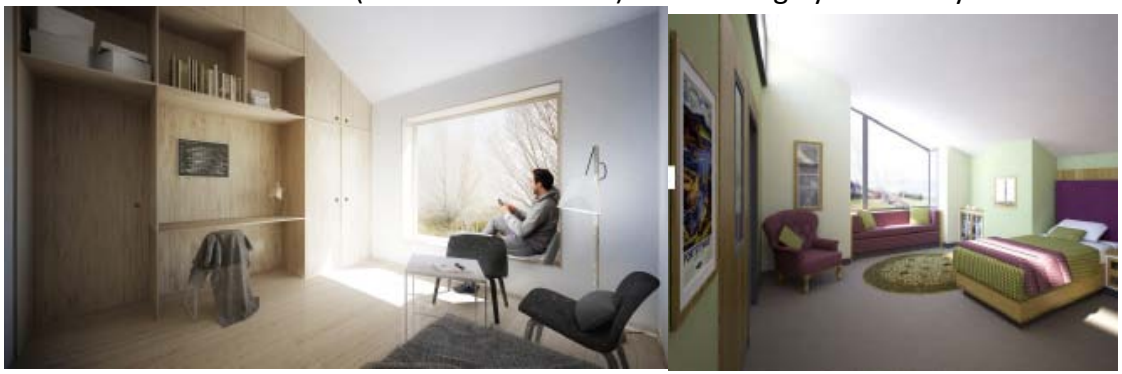
1 Non Negotiable for Patients

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
1.1 Almost all service users arrive accompanied and by car/taxi or other vehicle, therefore the first key experience is the approach (see 3.1 below for driver's needs) which must be reassuring. The facility must not be/feel hidden, but be a positive part of the site like facilities for any other service. It must not look austere or institutional but more homely/natural/therapeutic/hopeful.	The building must be visible from a main route around/through the site. There must be something (in the building design or landscape or art) that is visible from the main route that has a clear identity you can direct people by …"look out for the……"   
1.2 The spaces between the road and the entrance must be designed to feel safe, reassuring and to normalise and make as easy/pleasant as possible the arrival experience for those coming voluntarily/through negotiation. The entrance must feel open, welcoming and draw you in.	The entrance must be visible from parking and within an agreed distance. The route from parking to the entrance must be well lit, observed from staff areas, but visually screened from main public routes and inpatient areas so that it doesn't feel like a goldfish bowl. There should be a place to stop/rest before entering if further negotiation/reassurance is needed, but the space must not be cluttered so that people can move quickly through it as a group if needed.

There must be a discrete route of entry for those arriving in a distressed condition.	  
1.3 The first internal space must provide immediate welcome, be a breather space before entering the ward, and give easy quick access to a private space for assessment or admission.	Initial space should feel like any other public space. It should be intimate in scale to accommodate a small group of people, with a social feel, distraction (daylight and views to greenspace) and information.   It may also be a space to sit or spend some time off ward as a stepping stone to the wider campus. The space must be immediately adjacent to wards to allow staff to come out and greet you, and be aware of people in/using the space. There should be no formal reception of other clinical elements in this space.

1.4 Entry to the wards must allow security and arrival to be managed discretely and respecting the needs/wishes of individuals.	Locks and keypads to be discrete and low noise. Arrival into the ward must not be directly into a day or social space, but allow people to go directly to their room or settle into a smaller space before joining a larger group. The routes and will be the first impression of the ward and so must provide a positive environment with views to social areas and the outside.   
1.5 Throughout the facility, patient spaces/rooms must give a feeling of openness and light, not closed in and claustrophobic. There must be views of green space and easy, safe access to therapeutic external spaces for respite/exercise/green therapies etc and places to let off steam in safety. Routes and connections to other services must encourage trips out for those who can.	Secure green spaces accessed directly from social areas to enable use without permission being needed, these spaces designed to provide the range of experiences, including shelter, quiet respite, wander routes, green activities etc to meet the needs of residents. Space you can feel like you're outdoors even if you're not allowed outside. The landscape design to connect to well-lit walking routes to other facilities on the site and nearby landscapes for longer walks.  

	There must be no hidden corners or dead ends where you might feel trapped or unsafe. *There's evidence that sunlight – particularly morning light - improves recovery rates : design should maximise opportunities for morning sunlight given any site constraints*
1.6 The design of the ward must allow personal choice in environment, interaction, activities to give normal life experiences. The spaces must be designed to demonstrate the values of the service and people, being hopeful, optimistic and humane.	Social spaces must give people options on where to be, what activities to engage in, places to be quiet, and places to be alone or talk discretely. There must be a place for patients to make their own refreshments.   These spaces and places must have good daylight, views and positive distractions and a good use of colour and art.
1.7 The facility must help people to stay in touch with family and friends. (see also section 3)	• Safe IT access to be provided to promote opportunities to keep in touch. • Bedrooms, social and shared spaces, and rooms for reviews, must provide space for visitors to sit and talk with patients and staff. • External spaces to be designed to allow pets to visit and places for visiting children to play. • The design and location of initial interview/review rooms must allow staff to have appropriate conversations with family members/carers etc without the patient's feeling

	they're being discussed 'behind their back'.
1.8 The facility must provide a safe place for people to manage their own wellbeing, respecting their privacy and belongings.	Bedrooms must feel a safe and comfortable space and allow people to control their own environment, including lighting levels, ventilation, temperature and to open a window. Space outside the window must provide privacy, peace and a positive view. The doorway should form a threshold of control where other people need permission to enter (though not a barrier to staff access if needed). From your room you must be able to contact staff discretely and from the doorway have a visual connection to social areas (internal or external) to encourage you out of your room.  There must be secure storage on site (in bedroom plus potentially additional store for items that can't be left in the bedroom) for personal belongings. See also publication on bedrooms in mental health http://www.ads.org.uk/personal-space-interior-design-approaches-to-mental-health-bedrooms/
1.9 Spaces for eating must feel relaxed and be able to deal with different needs and preferences. The sensory experiences of food and eating (smell etc) must be	Bright and airy spaces, with a variety of venues (sizes of tables and groupings within the space) to allow some to eat and chat in a more social/communal environment, and others to be more private area if needed due to anxiety or dignity (if people need help eating). The spaces must also be adaptable for other uses (social gatherings and smaller more intimate groupings) at other times.

2 Non Negotiables for Staff

The majority of working areas are patient areas listed above. The sections below cover the additional aspects needed to support staff in their role and own wellbeing. Aspects of technical standards to support safe practices, such as anti-ligature design, are not covered as these are detailed in guidance.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
2.1 there must be reliable, safe access for staff working shift patterns and those attending from other facilities/bases for routine and emergency contacts.	Site-wide parking/travel strategy to provide parking and green travel options for shift workers with max / mins walk to parking/bus stops and cyclestores/showers on well-lit route. Reliable parking within m of entrance for 'essential users', such as out of hours emergency.
2.2 The layout of routes and spaces must not separate staff and patients, marking them as different, but bring them together.	• Staff routes into and around the building to be the same as patient routes. • Ward layout to minimise staff only areas and visible separations such as reception desks etc, however there must be a place within ??m of general ward areas to do confidential calls, brief colleagues, complete records etc.
2.3 The facility must allow aspects of patient safety to be dealt with unobtrusively and discretely.	Clear lines of observation from staff/social areas to other patient spaces including circulation/external/bedrooms.
2.4 Staff's personal and emotional needs must be met on site.	There must be secure storage for personal belongings (coats/bags) away from patient areas. There must be a place where staff can go 24/7 for rest, refreshments, socialise or have a quiet moment apart.  There should be an easy route from staff rest areas to external space and or wider walking

	routes to encourage staff to get a breath of fresh air and some exercise during breaks.
2.5 Facilities management must be able to happen without impacting on the nature of patient areas, or staff rest areas.	Discrete servicing and bin stores/ meals Any needs on maintenance or linen etc
2.6 The layout and design of the facility must help staff come together to share learning.	Staff areas for rest and learning to be sited so that they're accessible by all (within ??m of wards) and designed to encourage use. They must not be located so they're the territory of any one group.
2.7 *Need something on flexibility in use and expansion*	*Flexibility to manage gender balance in wards* *Commonality of specification* *Flexibility in use of day spaces*

3 Non Negotiables for Visitors

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
3.1 The layout must help those bringing in patients to do so easily and calmly.	• Good information on routes/access at the point it is agreed someone will come in. • Clear signage from main route through the site • Parking etc spaces as section 1 above
The design of the facility must help and encourage family and friends to visit, and to feel comfortable (psychological comfort, safe and able to deal with the social environment they are in) when visiting.	The initial entrance and arrival spaces (including first interview spaces) to have a family friendly feel. It must be possible for family (children or other vulnerable people) to visit and use these spaces (including external areas noted in 1.7 above) without entering the main ward environment. 

4 Alignment of Investment with Policy

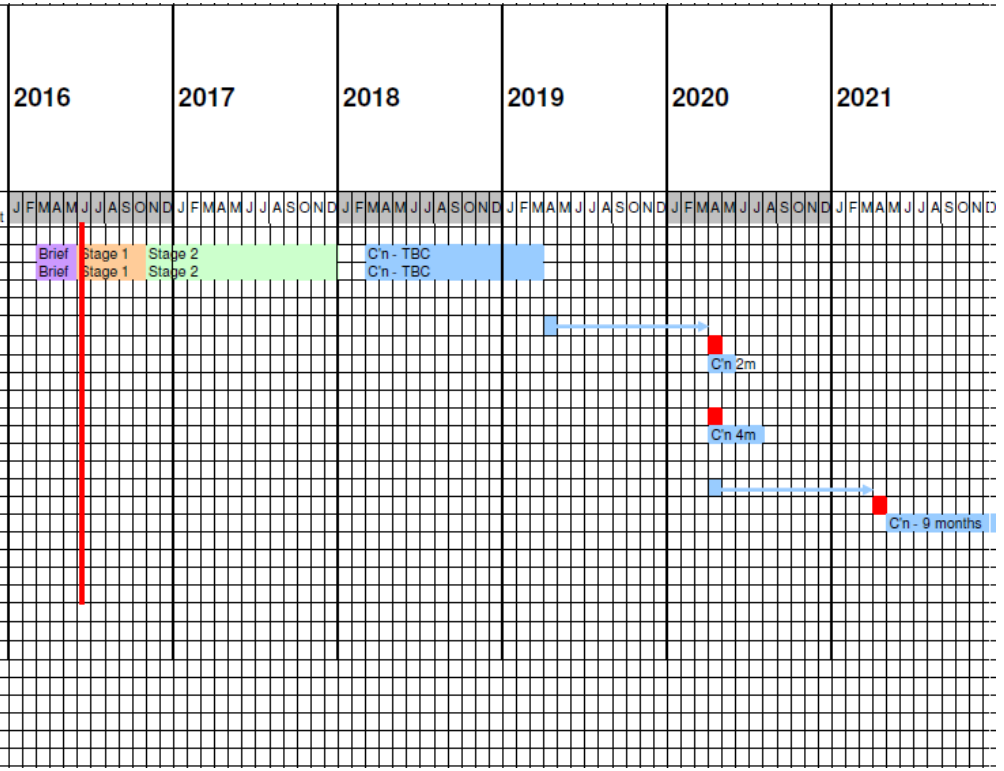
Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
Sustainability	NHS Greater Glasgow & Clyde & NE Sector of Glasgow City CHP aim to achieve a BREEAM 'Excellent' Rating for this project through design assessment & guidance. This will be detailed at OBC stage onwards.
Anything on Extension space/adaptability for growing/aging/changing population?	The design has to be flexible enough to consider future different use.
Anything about perceptions of mental health services in the community.	The building will be part of clinical services review implementation and will be a facility the local services users and carers 'are proud to have in its community.

5 Self-Assessment Process

Decision Point	Authority of Decision	Additional Skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation.
Site Selection	Decision by Health Board with advice from Project Board	Comment to be sought from National Design Assessment Process (NDAP) to inform Boards Consideration	Risk / benefit analysis considering capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA Stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects) Cost Estimates (both construction & running costs) based on feasibility
Completion of brief to go to market	Decision by Health Board with advice from Project Board	Peer review by colleague with no previous connection to project	Is the above design statement included I the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	
Selection of Delivery / Design Team	Decision of HUBco Operations & Supply Chain Director with input from NHSGGC PM.	HUBCo , Participant (NHSGGC) & Territory Programme Manager	The potential to deliver 'quality' of the end product in terms of the above criteria shall be greater that the aspects of the quality of service in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria for a compliant bid & not part of the quality assessment	Sketch 'design approach' submitted with bid (the stage & detail of these to be appropriate to procurement route chosen) Representatives will visit 2 completed buildings by Architects in shortlisted team, to view facility & talk to clients
Selection of early design concept from options developed	Decision by Health Board with advice from Project Board	Comment to be sought from NDAP	Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	Sketch proposals developed to RIBA Stage C coloured to distinguish the main use types (bedrooms, dayspace, circulation treatment, staff facilities, usable external space).Rough Model
Approval of Design Proposals to be submitted to Planning Authority	Decision by Health Board with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	
Approval of Detailed Design proposals to allow construction	Decision by Health Board with advice from Project Board		Assessment of options using AEDET or other methodology to evaluate the likelihood of the options delivering a development that meets the criteria above	
Post Occupancy Evaluations	Consideration by Health Board – lesson fed to SGHD		Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against goals they set.	

Appendix F High Level Project Plan

Projects	Project Value (£m) Inc VAT, Fees, and equip.* CRL funded	Currie & Brown (£m) Cost Estimate	Project Value (£m) Inc VAT and fees. DBFM funded	Project Value (£m) Inc VAT, Fees, and equip.* RECEIPT funded	Assumed Procurement
Stobhill New build Projects					
1 x 20 bed New Build ward @ Stobhill Hospital (endpoint W1)			5.3		Hub DBFM
1 x 20 bed New Build ward @ Stobhill (Birdston Reprovision)			5.3		Hub DBFM
Addictions Services					
Consolidate Eriskay & Kershaw units (30 bed Unit - 2 x 15) @ Gartnavel	7.3				Framework
Decant Kershaw					
Reprovision of Day hospital accommodation (within existing Kershaw unit)	0.5				Direct
Mental Health Rehabilitation Services					
Decant Eriskay addictions to Gartnavel					
Relocate Phoenix House to Eriskay 15 bed refurb (Adult intensive rehab)	2.4				Direct
South Glasgow consolidation plan					
24 bed New-Build ward at Leverndale Hospital (site to be identified)				5.9	Framework
Decant of Ward 3 into new-build, asbestos surveys to complete				0.0	
Refurb and extension to Ward 3 (20 beds)				3.4	Framework
Refurb Ward 4 (14 beds) following decant & asbestos surveys				2.7	Framework
	17.4	11.1	10.6	12.0	
	Total				
Key					
FS - Feasibility Study					
IA / Briefing					
OBC / Project Development					
FBC / Detailed Design					
Construction					



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APPENDIX G

Glasgow City Health and Social Care Partnership Mental Health Wards Project

Communication and Engagement Plan

Introduction

Approval was given by NHS GG&C in April 2016 to fund a new build two wards via the DBFM route (£10.2m subject to Business Case processes and approval) in Stobhill, as part of the Mental Health Services element of the Clinical Services Strategy.
With the integration of Health and Social Care services, the twowards will provide the opportunity to provide high quality integrated mental health care services to people living in north Glasgow. The Project development should not only enhance and improve the health inequalities of experienced by local people, but also contribute to addressing some of the economic regeneration in the area.

Background and aims

NHS Boards have a statutory duty to involve patients and the public in the planning and development of Health services. Scottish Government guidance sets out how this should be done CEL 4(2010) Informing, Engaging, and Consulting People in developing Health and Community Care. These two wards as an element of the Mental Health Clinical Services Review do not represent a major service change, however furtherengagement has continued to take place and will continue to build on the extensive consultation with the community that was undertaken as part of the Clinical Services Review.
Aims of further engagement:-

- We will involve service user and carer representation as well as community interests as appropriate in the planning process throughout all stages of the development.
- We will also engage with third sector partners as appropriate in the planning and construction stages.
- Our engagement is supported by the Mental Health Network. This is local a service-user led charity which acts as a collective advocacy voice for people with a lived experience of mental-ill health and their carers in the Greater Glasgow area.
- In addition, local meetings with service users and carers have been delivered relating to the proposals.
- We will aim to ensure that all service users and carer are informed and consulted about the development particularly those who are seldom heard. We will aim to find different ways to support engagement that everyone who has or could have an interest in the development.
- We shall make use of social media to ensure that the wider community is kept informed.

- We shall ensure that local service users and carers feel engaged throughout the process and are supported, in a way that suits them.
- We shall also aim to ensure that local service users and carers feel listened to and valued throughout the whole process and be flexible in our approach to engagement.

Context

A Project SteeringGroup was established to develop the strategic objectives of the Hub Steering Group and the Mental Health Programme Board, which will result in a realistic building proposal. The Project SteeringGroup is also responsible for ensuring that all relevant stakeholders are included in the development proposal and throughout the life of the Project. As well as staff and management involvement the group seeks to involve relevant partners and in particular patients, service users and carers, as well as appropriate community representatives and third sector organisations. The Project SteeringGroup reports to the Project Board, which has senior managementand partners from the NHS Board, and a staff side representation Group.

In addition, a design group with large numbers of staff and patient carer representatives is currently working with a consultant to consider the vision and aspirations for the wards and its potential physical design and layout. The challenge is to ensure that all stakeholders feel included and valued in this process and be flexible in how we support any engagement.

As part of our engagement, we have sought involvement fromservice user representatives, at as early a stage as possible, to ensure that there is a sense of ownership around the project and that local people feel that they have had ample opportunity to influence the design, planning and delivery of the Project.

We have involved representatives from our PFPIforum, supported by staff in the design and delivery groups.

We will involve our partners in the Community PPP Engagement Network, which is a means to assist us in conducting further engagement with the wider community around issues such service design.

Stakeholders

We have identified our potential stakeholders and who we need to engage around the development. Some of these are external to the organisation, but who have a high degree of power or influence. Through the planning process, we will be able to identify, who needs to be involved at different levels.

Scottish Government	**Patients**
NHS Board	**Carers**
GC HSCP	**Service Users**
HSCP Joint Boards	**Community Councillors**
Elected Members	**Young People**
Design Group	**Churches**
Project Steering Group	**Community Organisations**
Staff/Management Team HSCP	**Mental Health Services Programme Board**

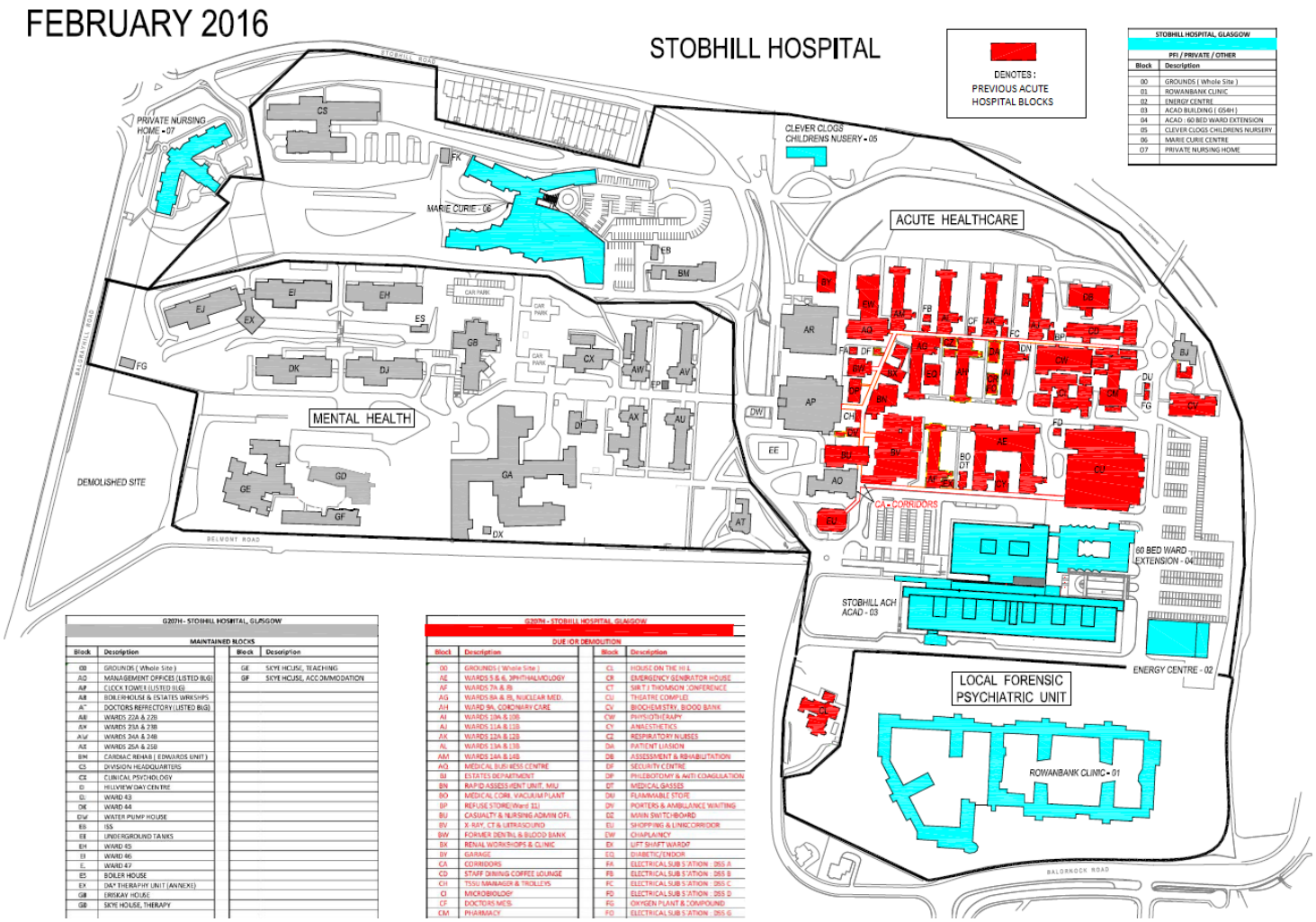
Methodologies

We will undertake a range of methods to assist us in our engagement and involvement processes. In addition to ensuring that service users and carers and representatives have opportunity to be engaged in a way that suits them. We will identify a range of methods to inform and engage with the local community including; use of social media such as Twitter and websites; use of local media including radio and newspapers.
We will host drop in events in public places, which are accessible to the local community, such as libraries to promote the site and plans for the Centre as it progresses. We will attend public and community meetings as appropriate. We will inform people by newsletters, online or hard copies, and ensure that user and carer representatives are in a position to feedback to their constituents and gather their views.
We will work closely with colleagues in the above mentioned Mental Health Network to ensure we engage with vulnerable mental health groups, including the most marginalised and employ a range of methods to do so.

Evaluation

We will ensure that we closely monitor and evaluate the outcomes from each stage and method of our engagement and ensure that we have evidence of how we are meeting these outcomes to report to the Programme Board, Project Steering Group and ultimately Scottish Government; Greater Glasgow and Clyde Health Board and HSCPs.

Appendix H Stobhill Site



STOBHILL HOSPITAL GLASGOW	
PFI / PRIVATE / OTHER	
Block	Description
00	GROUNDS (Whole Site)
01	ROWANBANK CLINIC
02	ENERGY CENTRE
03	ACAD BUILDING (G54H)
04	ACAD - 60 BED WARD EXTENSION
05	CLEVER CLOGS CHILDRENS NURSERY
06	MARIE CURIE CENTRE
07	PRIVATE NURSING HOME

G207H - STOBHILL HOSPITAL, GLASGOW			
MAINTAINED BLOCKS			
Block	Description	Block	Description
00	GROUNDS (Whole Site)	GE	SKYE HOUSE, TEACHING
AD	MANAGEMENT OFFICES (LISTED BLG)	GF	SKYE HOUSE, ACCOMMODATION
AP	CLOCK TOWER (LISTED BLG)		
AR	BOILERHOUSE & ESTATES WRKSHPS		
AT	DOCTORS REFRECTORY (LISTED BLG)		
AW	WARDS 22A & 22B		
AX	WARDS 23A & 23B		
AU	WARDS 24A & 24B		
AE	WARDS 25A & 25B		
BM	CARDIAC REHAB (EDWARDS UNIT)		
CS	DIVISION HEADQUARTERS		
CX	CLINICAL PSYCHOLOGY		
D	HILLVIEW DAY CENTRE		
DJ	WARD 43		
DK	WARD 44		
DW	WATER PUMP HOUSE		
ES	ISS		
EE	UNDERGROUND TANKS		
EH	WARD 45		
EI	WARD 46		
EJ	WARD 47		
ES	BOILER HOUSE		
EX	DAY THERAPHY UNIT (ANNEXE)		
GB	ERSKAY HOUSE		
GB	SKYE HOUSE, THERAPY		

G207H - STOBHILL HOSPITAL GLASGOW			
DUE FOR DEMOLITION			
Block	Description	Block	Description
00	GROUNDS (Whole Site)	CL	HOUSE ON THE HILL
AE	WARDS 5 & 6, OPHTHALMOLOGY	CR	EMERGENCY GENERATOR HOUSE
AP	WARDS 7A & 7B	CT	SIR TJ THOMSON CONFERENCE
AG	WARDS 8A & 8B, NUCLEAR MED.	CU	THEATRE COMPLEX
AH	WARD 9A, CORONARY CARE	CV	BIOCHEMISTRY, BLOOD BANK
AI	WARDS 10A & 10B	CW	PHYSIOTHERAPY
AJ	WARDS 11A & 11B	CY	ANAESTHETICS
AK	WARDS 12A & 12B	CZ	RESPIRATORY NURSES
AL	WARDS 13A & 13B	DA	PATIENT LIASION
AM	WARDS 14A & 14B	DB	ASSESSMENT & RHABILITATION
AQ	MEDICAL BUSINESS CENTRE	DF	SECURITY CENTRE
BJ	ESTATES DEPARTMENT	DP	PHLEBOTOMY & ANTI-COAGULATION
BN	RAPID ASSESSMENT UNIT, MIU	DT	MEDICAL GASSES
BO	MEDICAL CORE, VACUUM PLANT	DU	FLAMMABLE STORE
BP	REFUSE STORE (Ward 15)	DV	PORTERS & AMBULANCE WAITING
BU	CASUALTY & NURSING ADMIN OFF.	EE	MAIN SWITCHBOARD
BV	X-RAY, CT & ULTRASOUND	EU	SHOPPING & LINK CORRIDOR
BW	FORMER DENTAL & BLOOD BANK	EW	CHAPLAINCY
BX	RENAL WORKSHOPS & CLINIC	EX	LIFT SHAFT WARD7
BY	GARAGE	EQ	DIABETIC/ENDOCR
CA	CORRIDORS	FA	ELECTRICAL SUB STATION : 25S A
CD	STAFF DINING/COFFEE LOUNGE	FB	ELECTRICAL SUB STATION : 25S B
CH	TSSU MANAGER & TROLLEYS	FC	ELECTRICAL SUB STATION : 25S C
CI	MICROBIOLOGY	FD	ELECTRICAL SUB STATION : 25S D
CF	DOCTORS MESS	FG	OXYGEN PLANT & COMPOUND
CM	PHARMACY	FO	ELECTRICAL SUB STATION : 25S G