

**NHS Greater Glasgow & Clyde**



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**New Gorbals Health and Care Centre**



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**Full Business Case**

## Issue and Revision Record

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# 1 Executive Summary

## 1.1 Introduction

This document has been prepared by NHS Greater Glasgow and Clyde (NHS GGC) who seek approval for funding to provide a new Health and Care Centre to enable and facilitate fundamental change in the way in which health and social care services are delivered to the people of the Greater Gorbals area in South Glasgow.

### 1.1.1 Full Business Case for New Gorbals Health and Care Centre

NHS GGC presented an Initial Agreement (IA) document, '**Redevelopment and Modernisation of Gorbals Health Centre**', to the Scottish Government Capital Investment Group (CIG) on 10 December 2012. It received approval on 12<sup>th</sup> November 2012. Subsequently the Outline Business Case (OBC) received approval on 24<sup>th</sup> April 2015. A copy of the approval letter is enclosed at Appendix A. The final stage of the process is presenting a FBC outlining the preferred option in detail for approval by CIG.

Planning permission was submitted to Glasgow City Council planning department on 29 June 2015 and received approval on 11 December 2015 (Appendix B).

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

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

## 1.2 Strategic Case

### 1.2.1 National Context

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

- **A National Clinical Strategy for Scotland**, February 2016;
- **Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision**;
- **Quality Strategy** which underpins the narrative, with the three central ambitions that care should be person centred, safe and effective; and,

- **‘Renewing Scotland’s Public Services’**, (the Scottish Government’s response to the *‘Christie Commission Report’*) which emphasises the need to make the best use of resources, providing integrated care and improving the quality of health and other public services.
- Public Bodies (Joint Working) (Scotland) Act 2014: integrating health and social care services under a single organisation to improve the care experience and outcomes for patients and service users

Each of these policies seeks to improve the health and social care responses to the people of Scotland. In addition a key driving factor is the integration of health and social care services as a result of implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

### 1.2.2 Local Context

In 2012 the NHS Board embarked on a far reaching clinical services review. The NHS GG&C Clinical Services Strategy was agreed by the NHS Board in February 2015 and set out nine key themes:

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

### 1.2.3 Organisational Overview

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

Glasgow City HSCP was established in February 2016 with responsibility for the planning and delivery of all primary care, social work, community health and mental health services, including services to children, adult community care groups, criminal justice and health improvement.

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

- North West Glasgow with a population of 206,483;

- North East Glasgow with a population of 167,518; and,
- South Glasgow with a population of 219,244.

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

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

- early intervention, prevention and harm reduction;
- shifting the balance of care;
- enabling independent living for longer and
- public protection

### **Profile of the Gorbals**

The location of the current Gorbals Health Centre and the proposed location of the New Gorbals Health and Care Centre fall within the South Locality of Glasgow City HSCP.

Glasgow City has profound health challenges that are amongst the most significant across UK and European indices. The Gorbals represents one of the most deprived communities in Glasgow. 50% of patients using the existing health centre live in a SIMD 1 area (i.e. within the most deprived neighbourhoods listed within the Scottish Index of Multiple Deprivation).

Section 3 provides a summary of the headline health statistics that illustrates the challenges faced in improving health and wellbeing in the Gorbals area.

#### **1.2.4 Business Strategy and Aims**

This project is consistent with the objectives identified within the NHS GGC Corporate Plan 2013-2016, which sets out the strategic direction for the Board. It will also support the achievement of the Board's share of national targets as described in the Board's Local Delivery Plan 2016/17.

NHS GGC's purpose, outlined in the Board's Corporate Plan 2013-2016 is to "*Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.*"

The Corporate Plan sets out the following five strategic priorities:

- early intervention and preventing ill-health;
- shifting the balance of care;
- reshaping care for older people;
- improving quality, efficiency and effectiveness; and,

- tackling inequalities.

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

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

### **1.2.5 Investment Objectives**

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

### **1.2.6 Existing Arrangements and Case for Change**

The current Gorbals Health Centre is the base for four GP practices (comprising 19 GPs in total) and serves a practice population of approximately 26,600. The health centre was built in the early 1970s and requires a significant level of on-going investment to improve heating, water pressure and electrical and mechanical functions. The facility does not have sufficient space to enable services to provide the full range of services necessary. The regeneration of the Greater Gorbals area, along with the increase in housing planned in the next two to five years, will create an additional significant burden on the provision of locally accessible primary care services.

Social work services in the Gorbals are provided from a leased building that provides a base for approximately 200 social work staff. The NHS also leases part of this property for the provision of Specialist Children's Services.

These leased facilities are no longer suitable for the needs of either service, and for both the NHS and Glasgow City Council to extend the lease would require considerable investment by the Landlord and increased rental charges.

In summary, it is considered that the existing service provision in the Gorbals Health Centre, and leased accommodation for social work services and Specialist Children's Services, fails to provide:



- a platform for sustaining and expanding clinical services, in line with the current and future models of primary care;
- facilities that allow a fully patient centred service and “one stop shop” for all primary care and community services;
- the required focus on reducing inequalities in health set out in “*Better Health, Better Care*”;
- facilities that support the integration of health and social care services;
- a working environment that supports the health and well-being and safety of staff;
- facilities that have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies;
- facilities that meet the required quality standards for safe, effective, patient-centred care;
- facilities that are flexible, adaptable and able to meet future changing demands; nor,
- facilities that enable effective and efficient use of resources.

### **1.2.7 Scope of Project**

The scope of the project is to re-provide existing health and social care services in new expanded purpose built modern facilities to improve access for patients and service users, and enable closer integrated working between health and social care services in the Gorbals. Since the submission of the OBC there have been no significant changes to the scope of the project.

### **1.2.8 Changes since OBC**

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

- Total area of the building confirmed at 6,509sqm based upon an agreed schedule of accommodation.(6,477sqm at OBC stage)
- Total occupancy of the building is now estimated to be 450 across all disciplines (440 at OBC stage)
- Final area and configuration of the site has been agreed and reflected on the stage E proposals.
- Cost position – Capital costs have increased from OBC from £16,074,587 to £17,021,460. Unitary Charge has increased from £1,484,065 to £1,676,332 mainly due to GCC capital contribution being removed and replaced by revenue. SGHSCD contribution has in fact reduced from £1,315,729 to £1,200,417 due to reduction in gilt rates and revised funding terms since OBC.

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

- ESA 10 and contractual situation has been resolved since the OBC was approved therefore the FBC now reflects this position both financially and contractually.

### 1.2.9 Benefit Criteria

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

## 1.3 Economic Case

### 1.3.1 Critical Success Factors

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

### 1.3.2 Short Listed Options

A long list of fourteen options were identified that through a process of ranking options against the agreed benefit criteria, were reduced to a short list of five options. One of the options was subsequently discounted as it was no longer available. Consequently a full economic and financial appraisal was carried out on the remaining four options. The scored short list of options for the project is summarised as follows (the table below shows the analysis for the short listed options)

**Table 1- Non Financial Appraisal Summary**

	<b>Option 2 - Do Min</b>	<b>Option 4 – NB existing site</b>	<b>Option 10 –NB Sandiefield Site</b>	<b>Option 11 – NB Laurieston site at Gorbals St</b>
<b>Appraisal Element</b>				
Benefit Score a	5215	8283	11855	7970
Rank	<b>4</b>	<b>2</b>	<b>1</b>	<b>3</b>

### 1.3.3. Results of Economic and Financial Appraisal

The result of the benefit scoring in the format used in the OBC is summarised in the table below which indicates that Option 10 'Sandiefield Site' is the highest scoring option. Costs for options 2,4 and 11 have been updated for the FBC as set out in section 4 - Economic Case.

This validates the outcome at OBC indicating that Option 10 provides the greater economic benefit compared to the other options.

**Table 2 - VFM**

25 year Life Cycle		Option 2 - Do Min	Option 4 – NB existing site	Option 10 –NB Sandiefield Site	Option 11 – NB Laurieston site at Gorbals St
<b>Appraisal Element</b>					
Benefit Score	a	5215	8283	11855	7970
Rank		<b>4</b>	<b>2</b>	<b>1</b>	<b>3</b>
Net Present Cost – Includes risk	b	£13,664,588	£26,905,697	£27,597,623	£26,776,186
Cost per benefit point	b/a	£2,620.25	£3,248.30	£2,327.93	£3,359.62
<b>Appraisal Element</b>		<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>

### 1.3.4 Preferred Option

The results of the economic and financial analysis confirm the position of **option 10 – new build at Sandiefield site** as the preferred option.

## 1.4 Sustainability Case

The stage 2 reports highlights that the Stage 2 design is on track to achieve a BREEAM score of 75.65 although the 'current' fully validated score is 30.47. The requirement is to achieve BREEAM 'Excellent' which requires a score of 70 which is well below the target score.

## 1.5 Commercial Case

### 1.5.1 Procurement

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

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

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

## 1.5.2 Risk Allocation

Having identified the risks relating to the project and quantifying each, a review of the appropriate allocation of each was undertaken prior to agreement of the Guaranteed Maximum Price. In accordance with the hub process a total of 1% risk is allowed at the construction stage. This equates to £142,965 which is included within the GMP.

## 1.5.3 Contractual Arrangements and charging mechanisms

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

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

## 1.5.4 Agreed Personnel Implications

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

## 1.6 Financial Case

### 1.6.1 Capital and revenue costs - stage 1

The capital cost for the preferred option is £17,021,459 as outlined in the stage 2 report and includes Prelims (10.80%), overheads & profit (4.00%) new Project Development Fee (5.993%), Additional Management Costs (2.483%), DBFM Fees (1.698%), hubco (1.83%).

### 1.6.2 Revenue Costs and Funding

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

**Table 3 – Revenue Costs**

<b>Recurring Revenue Funding</b>	<b>£'000</b>
SGHSCD Unitary Charge support	██████
NHSGG&C recurring funding	██████
NHSGGC funding from GCC	██████
<b>Total Recurring Revenue Funding</b>	██████

<b>Recurring Revenue Costs</b>	<b>£'000</b>
Total Unitary charge(service payments)	████████
Depreciation on Equipment	67.5
Facility running costs	384.6
IFRS - Depreciation	538.6
<b>NHSGGC Recurring Costs</b>	████████
GCC recurring costs	████████
<b>Total Recurring Revenue Costs</b>	████████

### 1.6.3 Financing and Subordinated Debt

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

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

**Table 4 – Financing summary**

	<b>Gorbals</b>
Senior Debt (£000)	<b>16,771</b>
Sub debt (£000)	<b>1,652</b>
Equity (£000)	<b>0.01</b>
<b>Total Funding</b>	<b>18,423</b>

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

**Table 5 – Sub debt value**

	<b>NHS GG&amp;C</b>	<b>GCC</b>	<b>SFT</b>	<b>hubco</b>	<b>Total</b>
Proportion of sub debt	10%	10%	20%	60%	100%
£ sub debt	141,070	141,070	282,140	846,420	1,140,700

### 1.6.4 Financial Model

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

**Table 6 - Key inputs and outputs of financial model**

<b>Output</b>	<b>Gorbals</b>
Capital Expenditure (capex & development costs)	17,021k
Total Annual Service Payment (NPV)	████████
Nominal project return (post tax)	████████
Nominal blended equity return	████████
Gearing	████████
All-in cost of debt (including 0.5% buffer)	████████
Minimum ADSCR <sup>1</sup>	████████
Minimum LLCR <sup>2</sup>	████████

### **1.6.5 Glasgow City Council Commitment**

Glasgow City Council (GCC) capital cost equates to £3,556,388. GCC will fund this through revenue.

In securing the site and project, both public organisations involved in the project have worked proactively together to their mutual benefit, in managing their estates efficiently and in securing the optimum outcome for service delivery to the public.

## **1.7 Management Case**

### **1.7.1 Project Programme**

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

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

**Table 7 – Programme**

Stage 2: Approval of OBC	April 2015
Stage 3: Submission of FBC	Dec 2016

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

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

Stage 4: Start on site	Feb 2017
Completion date	Sept 2018
Services Commencement	Oct 2018

### 1.7.2 Project Management Arrangements

A Project Board has been established and is chaired by David Walker the Head of Operations South, Glasgow City HSCP who is also the Project Sponsor. The Project Board comprises representatives from:

- four GP practices;
- General dental services and community dental services;
- staff in the health centre;
- specialist children’s services;
- social work services;
- addictions;
- New Gorbals Housing Association;
- Glasgow City Council;
- hub Co;
- the HSCP;
- NHS Board; and,
- community representatives.

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

### 1.7.3 Consultation with Stakeholders and the Public

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

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

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

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

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

The risk register includes reference to the concerns expressed by GPs to the planned ‘open’ design of GP reception areas and that sign-off on room data sheets (RDS) by GPs currently remains outstanding. Glasgow City HSCP has proposed to undertake a learning exercise from the recently opened Maryhill Health and Care Centre to review their experience of operating with open receptions in the context of the concerns expressed by Gorbals Health Centre GPs. The output from the learning

exercise will inform whether there is a need to alter the design of GP reception areas for this project. Liaison will also take place with East Renfrewshire HSCP to share learning from the newly opened Eastwood Health and Care Centre, which was chosen as the benchmark reference design for new primary care health centres. In the current absence of GP sign-off, Glasgow City HSCP will take responsibility for signing off GP RDS.

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

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



## **2 Introduction**

### **2.1 Background**

NHS GGC has entered into partnership with GCC who will relocate its existing Social Work services based in the Gorbals within the new facility. It has also been agreed to relocate Specialist Children's Services from their existing leased accommodation to the new building, thus creating a civic building central to the Gorbals that will provide a one stop shop for health and social care services.

### **2.2 Bundled Projects**

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

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

### **2.3 FBC Purpose and Compliance**

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

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

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

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

**Table 8 – FBC Structure**

<b>Section</b>	<b>Description</b>
<ul style="list-style-type: none"><li>• <b>1. Executive Summary</b></li></ul>	<ul style="list-style-type: none"><li>• Provides a summary of the Full Business Case (FBC) content and findings.</li></ul>
<ul style="list-style-type: none"><li>• <b>2. Introduction</b></li></ul>	<ul style="list-style-type: none"><li>• Provides the background and methodology used in preparing the FBC.</li></ul>
<ul style="list-style-type: none"><li>• <b>3. Strategic Case</b></li></ul>	<ul style="list-style-type: none"><li>• Reviews the case for change, scope and underlying assumptions as set out in the OBC.</li></ul>
<ul style="list-style-type: none"><li>• <b>4. Economic Case</b></li></ul>	<ul style="list-style-type: none"><li>• Revisiting the OBC options, assumptions, procurement process and updates the economic case.</li></ul>
<ul style="list-style-type: none"><li>• <b>5. Sustainability Case</b></li></ul>	<ul style="list-style-type: none"><li>• Considers NHS GGC policy on developing sustainable facilities.</li></ul>
<ul style="list-style-type: none"><li>• <b>6. Commercial Case</b></li></ul>	<ul style="list-style-type: none"><li>• Sets out the agreed deal and contractual arrangements.</li></ul>
<ul style="list-style-type: none"><li>• <b>7. Financial Case</b></li></ul>	<ul style="list-style-type: none"><li>• Sets out the financial implications of the deal. .</li></ul>
<ul style="list-style-type: none"><li>• <b>8. Management Case</b></li></ul>	<ul style="list-style-type: none"><li>• Sets out agreed arrangements for project and change management, benefits realisation, risk and contract management and post project evaluation.</li></ul>

## **2.4 Further Information**

For further information about this Full Business Case please contact:

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## 3 Strategic Case

### 3.1 Introduction

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

### 3.2 Strategic Overview

#### 3.2.1 National Context

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

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

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

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

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

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

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

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

The proposals within this FBC demonstrate planned improvements in the areas identified in these documents, in particular:

- improving access for patients;
- ensuring up-to-date and agreed suite of care pathways;

- giving increased priority to anticipatory care;
- taking steps to ensure more effective partnership between the different primary care professionals; and,
- targeting resources to tackling the persistent health inequalities experienced by people living in an area of deprivation.

### **3.2.2 Local Context**

#### **Clinical Services Fit for the Future**

In 2012 the NHS Board embarked on a far reaching clinical services review. The Case for Change published in 2013 set out nine key themes that NHS Greater Glasgow and Clyde required to consider and address as it plans services for the future:

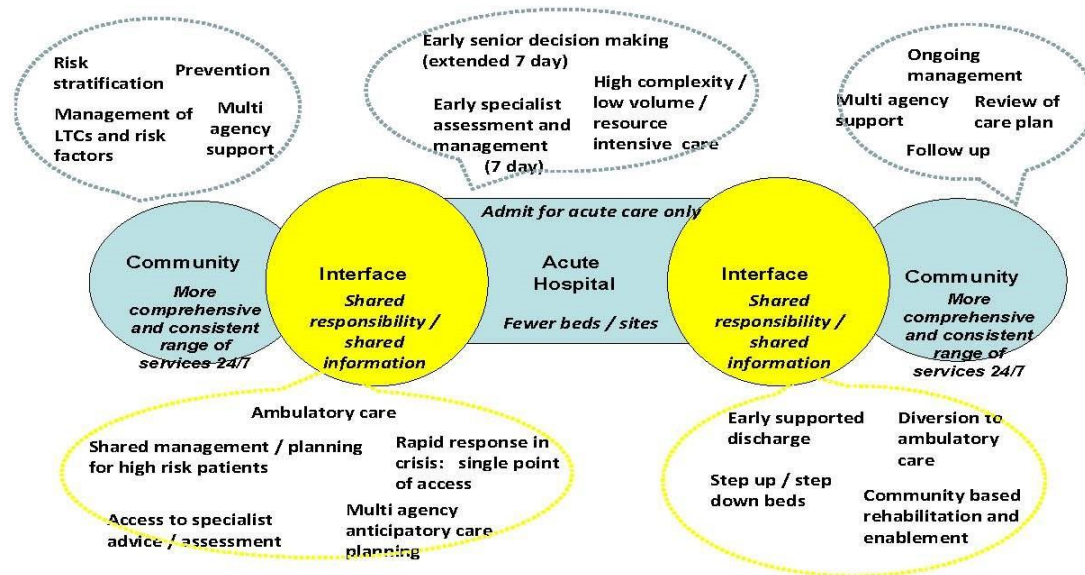
1. the health needs of our population are significant and changing;
2. we need to do more to support people to manage their own health and prevent crisis;
3. our services are not always organised in the best way for patients; we need to ensure it is as easy to access support to maintain people at home,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

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

The overarching aim of the service models that emerged from the review was to encourage the development of a balanced system of care where people get care in the right place from people with the right skills, working across the artificial boundary of 'hospital' and 'community' services. It was recognised that the need to work differently at the interface (represented by the yellow circles in the diagram below); extending existing

services; creating new ways of working through in-reach, outreach and shared care; evolving new services; as well as changes to the way we communicate and share information across the system, if we are to address the case for change.

**Figure 1 Clinical Services Review Service Model**



Evidence from the emerging service models suggests that getting the basics right – integrated, multifaceted and coordinated primary, secondary and social care - are much more important than any single tool or approach. The final Clinical Services Strategy was approved by the NHS Board in February 2015.

### 3.3 Organisational Overview

#### 3.3.1 Profile of NHS GGC

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

Services are planned and provided through the Acute Division and six Health and Social Care Partnerships co-terminus with the six Local Authorities.

The Acute Division delivers planned care and emergency services in nine major hospital sites and provides specialist regional services to a much wider population. This includes medicine and emergency services; surgery; maternity services; children’s services; cancer treatment; tests and investigations; older people and rehabilitation services.

The six Health and Social Care Partnerships are responsible for the full range of community based health services and social work services delivered in homes, health

centres, social work offices, clinics and schools. These include health visiting, district nursing, speech and language therapy, physiotherapy, podiatry, mental health, social work services and addictions. The Health and Social Care Partnerships also work in partnership to improve the health of their local populations and reduce health inequalities.

The HSCPs work with local primary care contractors and each year over 1 million patients are seen by GPs and practice staff and there are over 1.5 million visits to patients by Health Visitors and Community Nurses.

### **3.3.2 Glasgow City HSCP**

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

- District nursing services
- Services provided by allied health professionals such as dieticians and occupational therapists
- Dental services
- Primary medical services (including out of hours)
- Ophthalmic services
- Pharmaceutical services
- Sexual Health Services
- Mental Health Services
- Alcohol and Drug Services
- Services to promote public health and improvement
- School Nursing and Health Visiting Services
- Social Care Services for adults and older people
- Carers support services
- Social Care Services provided to Children and Families, including:
  - Fostering and Adoption Services
  - Child Protection
- Homelessness Services
- Criminal Justice Services
- Palliative care services
- strategic planning for Accident and Emergency services provided in a hospital
- strategic planning for inpatient hospital services relating to the following branches of medicine:
  - general medicine;
  - geriatric medicine;
  - rehabilitation medicine;
  - respiratory medicine.

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

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

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

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

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

- early intervention, prevention and harm reduction;
- shifting the balance of care;
- enabling independent living for longer and
- public protection

### **3.3.3 Profile of the Gorbals**

The Greater Gorbals area historically has been characterised by severe and enduring poverty and deprivation, poor quality buildings with a high proportion of vacant and derelict sites. The Greater Gorbals area has in recent years been the focus of significant regeneration and further regeneration is planned over the next five to six years with Laurieston identified as one of Glasgow's transformational regeneration areas. NHS GGC considers it is important that primary care and community services play their part in the social and physical regeneration of Glasgow.

The Health and Well Being Profiles (2014) note that Greater Gorbals has specific social and health factors that reflect the deprivation and associated health of the population. These include:

- 30.2% of population live in an income deprived household (41% higher than the overall Glasgow average);
- 28.9% of the population are limited by disability (27% above the Glasgow average);

- male life expectancy is 5% lower than Glasgow average; and,
- 28.5% of the population claim out of work benefits (34% higher than the Glasgow average).

This deprivation and health issues affecting the area are further illustrated in the Scottish Index of Multiple Deprivation (SIMD) - a measure of deprivation and includes a number of indices that contribute to deprivation levels. The Greater Gorbals area includes six SIMD data zones. The area closest to Gorbals town centre (Crown Street) ranks 1,969th place nationally, and, the other five areas are all in the top 200 most deprived area (there are 6,505 data zones in total in Scotland).

The following is a summary of some headline health statistics which illustrate the challenges faced in improving health in Gorbals. On all these measures, performance is amongst the worst in Scotland.

**Life expectancy** - Gorbals has a male life expectancy over six years lower than the Scottish average and significantly lower than other neighbourhoods in South Glasgow.

**Table 9 – Life Expectancy**

	<b>Gorbals &amp; Hutchesontown</b>	<b>Toryglen &amp; Oatlands</b>	<b>Govanhill East &amp; Aitkenhead</b>	<b>Castlemilk</b>	<b>Scotland</b>
Male life expectancy	69.8	71	68.8	71.7	76.6
Female life expectancy	77.9	78.3	76.7	77.5	80.8

**Alcohol and drugs** - the Gorbals area has a significant alcohol problem with 2,423 per 100,000 of the population being admitted to hospital for alcohol conditions (Compared to Scottish average of 1,088 per 100,000) and this is higher than other neighbourhoods . Drug related admissions are 3.5 times higher than the Scottish average (296.5 per 100,000 of the population compared with 85.1 per 100,000 nationally).

**Table 10 – Alcohol and Drugs**

	<b>Gorbals &amp; Hutchesontown</b>	<b>Toryglen &amp; Oatlands</b>	<b>Govanhill East &amp; Aitkenhead</b>	<b>Castlemilk</b>	<b>Scotland</b>
Alcohol related hospital admissions (rate per 100k)	1972.6	1172	1888.9	1098.5	671.7
Drugs related hospital admissions (rate per 100k)	377.1	1266.8	344.5	245.3	122



**Mental health** - Gorbals has a high incidence of mental ill health with a higher than national average of patients prescribed drugs for anxiety/depression and higher than average rate of admission to psychiatric hospitals.

**Table 11 – Mental Health**

	<b>Gorbals &amp; Hutchesontown</b>	<b>Toryglen &amp; Oatlands</b>	<b>Govanhill East &amp; Aitkenhead</b>	<b>Castlemilk</b>	<b>Scotland</b>
% patients prescribed drugs for anxiety/depression	9.7%	10.3%	8.9%	11%	9.7%
Psychiatric hospitalisation rate (per 100k)	573.9	317.6	665	305.6	291.6

**Older people and long term conditions** - hospital admissions from the Gorbals are more than twice the national average, and significantly higher than the rates for neighbourhoods nearby. Emergency hospital admissions are also significantly higher than the national average as is the rate of patients aged over 65 who have been admitted to hospital on multiple occasions.

**Table 12 – Hospital Admissions**

	<b>Gorbals &amp; Hutchesontown</b>	<b>Toryglen &amp; Oatlands</b>	<b>Govanhill East &amp; Aitkenhead</b>	<b>Castlemilk</b>	<b>Scotland</b>
Hospitalisation for COPD (rate per 100k)	1723.8	1521.4	1521.9	1328.9	659.9
Emergency Admissions (rate per 100k)	10526.3	10699.9	10204.7	9806.3	7500.2
Multiple admissions people aged 65+ (rate per 100K)	9599.4	7244.9	10204.7	9806.3	7500.2

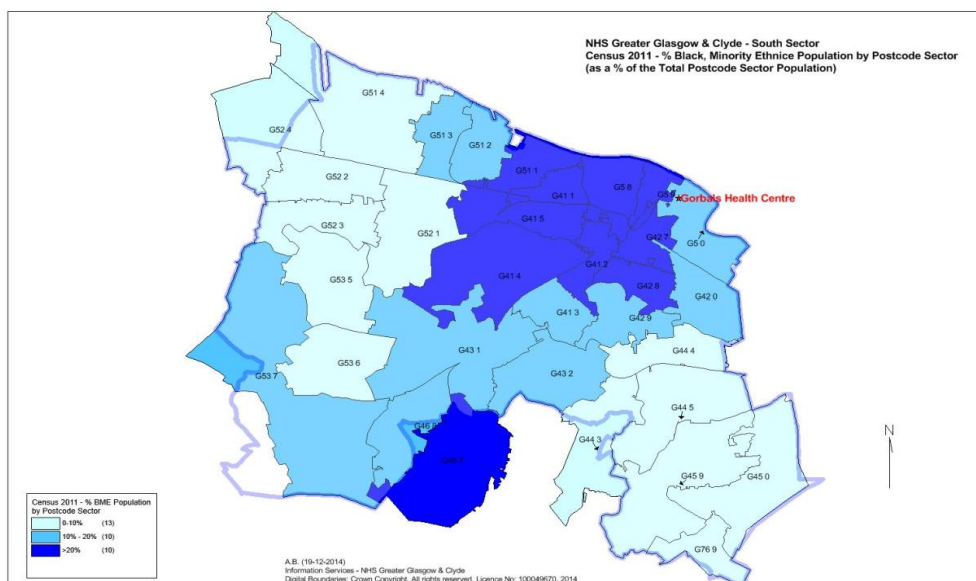
**Child health** – there are high rates of teenage pregnancies and smoking in pregnancy in the Gorbals area when compared with rates nationally. Breast feeding rates in the Gorbals have traditionally be high in the main due to a local initiative.

**Table 13 – Child Health**

	<b>Gorbals &amp; Hutchesontown</b>	<b>Toryglen &amp; Oatlands</b>	<b>Govanhill East &amp; Aitkenhead</b>	<b>Castlemilk</b>	<b>Scotland</b>
Teenage pregnancy (rate per 100k)	63	62	74	38	44.6
Smoking in pregnancy	23%	20.9%	15.7%	25.6%	20%
Breastfeeding	28.4%	15.5%	31.9%	14%	26.5%

**BME population** – the area services by the new facility includes a number of post codes where the proportion of population from black and minority ethnic heritage is significantly higher than the national or Glasgow City average. See figure 2 below.

**Figure 2 – BME Population**



These headline statistics only serve to illustrate the increasing pressure being placed on the community services from inadequate and life expired facilities.

### **3.4 Business Strategies and Aims**

#### **GGC Corporate Plan 2013 - 2016**

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

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

The Corporate Plan sets out the following five strategic priorities:

- early intervention and preventing ill-health;
- shifting the balance of care;
- reshaping care for older people;
- improving quality, efficiency and effectiveness; and,
- tackling inequalities.

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

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

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

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

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

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

- clearly defined, sustainable models of care for older people;

- more services in the community to support older people at home to provide alternatives to admission where appropriate;
- increased use of anticipatory care planning which takes account of health and care needs and home circumstances and support;
- improved partnership working with the third sector to support older people; and,
- improved experience of care for older people in all our services.

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

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

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

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

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

### **Glasgow City HSCP Strategic Plan 2016-19**

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

- improve resource utilisation: making better use of our financial, staff and other resources;
- shift the balance of care: delivering more care in and close to people's homes;
- focus resources on greatest need: ensure that the more vulnerable sectors of our population have the greatest access to services and resources that meet their needs;
- improve access: ensure service organisation, delivery and location enable easy access;

- modernise services: provide our services in ways and in facilities which are as up to date as possible;
- improve individual health status: change key factors and behaviours which impact on health; and,
- effective organisation: be credible, well led and organised and meet our statutory duties.

Key outcomes within the HSCP Strategic Plan to deliver those corporate themes include:

- enabling disadvantaged groups to use services in a way which reflects their needs;
- increasing the use of anticipatory care planning;
- improving identification and support to vulnerable children and families;
- enabling older people to stay healthy prolonging active life and reducing avoidable illness;
- fewer people cared for in settings which are inappropriate for their needs and
- planning and delivering services in ways that take account of individuals' wider social circumstances and equality needs.

## **Equality Impact Assessment**

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

### **3.5 Other Organisational Strategies**

There are a number of other key organisational strategies and plans that set the strategic context for the project in particular in relation to workforce.

#### **3.5.1 Workforce Strategy**

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

#### **3.5.2 Turnover and Stability Rate**

Gorbals has low staff turnover, with high workforce stability but high absenteeism. The average absenteeism figure for NHS staff in the HSCP is 5.4% which is above the Scottish target. The challenge will be replacing skills of the older experienced workforce as they retire and ensuring that the up and coming workforce are able to deliver the same level of care with the right skills.

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

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

A new Health and Care Centre in Gorbals will help fulfil achievement of these goals.

### **3.5.3 Enabling Recruitment - now and in the future**

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

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

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

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

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

#### **3.5.4 Opportunities for improving retention, efficiency and productivity**

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

#### **3.5.5 Managing individual and organisational workforce performance**

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

#### **3.5.6 Learning and development for individuals, teams, services and the organisation**

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

#### **3.5.7 Facing the Future Together**

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

#### **3.5.8 Agile Working**

The HSCP has embraced opportunities for agile working within the development of new facilities both for this project and the other three health centres included within the 1<sup>st</sup> phase of hub. This includes the provision of hot-desks and touch-down spaces for mobile staff to undertake work and also access to Wi-Fi networks to promote flexibility of working. This is supported by an Agile Working Policy and the provision of an infrastructure to promote agile working and at the same time as maintaining confidentiality and data security. The result of this is that anyone with an NHS or Council approved device will be able to work from any of these locations. Independent contractors have also been

offered the opportunity to work on an agile basis as part of the design process and work is underway to support this through an information infrastructure. Agile working is a significant organisational change and this process is being supported in the HSCP through an organisational development approach.

### 3.6 Investment Objectives

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

**Table 14 – Investment Criteria**

Investment objective	Criteria
<b>Customer</b>	<ul style="list-style-type: none"> <li>- improved satisfaction with physical environment;</li> <li>- access to a range of services and supports in a single location;</li> <li>- improved service co-ordination to receive best possible care; and,</li> <li>- services working in partnership with patients, users and carers.</li> </ul>
<b>Strategic/Service</b>	<ul style="list-style-type: none"> <li>- infrastructure designed to facilitate and sustain changes and outcomes for primary care, community health and social work services;</li> <li>- promote sustainable primary care services;</li> <li>- enable speedy access to clear and agreed health and care pathways;</li> <li>- sustain and grow partnership working; and,</li> <li>- facilitate services remodelling and redesign.</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>- enable the rationalisation of NHS estate and reduction in back office costs;</li> <li>- facilitate agile and mobile working; and,</li> <li>- deliver a more energy efficient building.</li> </ul>
<b>Design</b>	<ul style="list-style-type: none"> <li>- achieve a BREEAM healthcare rating of 'Excellent';</li> <li>- achieve a high design quality; and,</li> <li>- meet statutory requirements and obligations for public buildings.</li> </ul>
<b>Population Reach</b>	<ul style="list-style-type: none"> <li>- location close to patient population and public transport routes.</li> </ul>



## **3.7 Existing Arrangements**

### **3.7.1 Health Services**

The following services are provided from the existing Gorbals Health Centre:

- four General Medical Practices;
- health visiting services;
- treatment room services;
- district nursing services;
- podiatry;
- physiotherapy;
- community dental services;
- a General Dental Practice; and
- a range of community outreach services provided on a sessional basis including antenatal, anti-coagulant clinics, continence clinics, diabetes specialist nurse, epilepsy clinics, welfare rights services, and learning disability clinics

### **3.7.2 Gorbals Health Centre**

The current Gorbals Health Centre was built in the early 1970s and has had a number of minor upgrading and improvements since. A small extension for one GP practice was added to the south wing in the 1990s, funded via GP fund holding savings. The facility requires a significant on-going level of investment to improve heating, water pressure and electrical and mechanical functions. The facility does not have sufficient space to enable services to expand and provide a full range of services. The planned regeneration of the Greater Gorbals area along with the increase in housing planned in the next two to five years will create an additional significant burden on the provision of locally accessible primary care services.

Although a single lift is available in the building, due to the layout of the building, some services are located on the first floor. The inadequacy of existing access arrangements, poor circulation and way finding has created on-going and frequent issues for patients accessing these services.

Under the national formula for defining space requirements for GP practices, the current accommodation provides only 33% of that recommended. The existing health centre while meeting a number of standards does not provide sufficient space for current services, and the lay out of the building does restrict the further development of primary care and community services for the local population.

In summary it is considered that the existing facilities in Gorbals Health Centre fail to provide:

- a platform for sustaining and expanding clinical services, in line with the current and future models of primary care and the CSR service model;
- facilities which allow a fully patient centred service and “one stop shop” for all primary care and community services;
- modern facilities and design that meet the required standards for the provision of health care services including health and safety, control of infection etc.;
- the required focus on reducing health inequalities as set out in “*Better Health, Better Care*”;
- a working environment that supports the health and well-being and safety of staff;
- facilities that have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies;
- facilities which meet the required quality standards for safe, effective, patient-centred care;
- facilities which are flexible and adaptable, able to meet future changing demands; nor,
- facilities that enable effective and efficient use of resources.

### 3.7.3 NHS GGC Property Strategy

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

This Property was last formally surveyed in 2012 and at that time the following Back Log was identified:

Low - £281K,

Medium - £228K,

Significant - £47K

High - £6K.

It should be noted that since intimation of this process works other than immediate and necessary have not been carried out given the current proposals and the Back Log figures since 2012 will have increased.

Table 13 below notes the status of the infrastructure based on an assessment through the Property Asset Management system.

**Table 15 – Gorbals Health Centre – Property Asset Management System Assessment**

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

Where the following categories apply:

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

### **3.7.4 Specialist Children’s Services**

In addition to services provided from the current health centre, this business case also proposes the re-location of Specialist Children’s Services as a key part of the new Health and Care Centre. These services include child and adolescent mental health services, community paediatric services and speech and language therapy and serve the whole of the Southside of Glasgow. Specialist Children’s Services are currently provided from inadequate leased accommodation in the Gorbals.

### **3.7.5 Social Work Services**

As part of the project, Glasgow City Council will also relocate social work services from their current leased premises in the Gorbals to the new Health and Care Centre.

These services include the Community Addictions Team, Homelessness Casework Team and Children & Families services. These services and those in the current health centre, will co-exist easily in the new building with the benefits of improved access to social work and community based health services and greater opportunity for integrated joint working.

## **3.8 Business Needs – Current & Future**

### **3.8.1 General**

Having established the key health statistics for the Gorbals area, the objectives of the planned project and considered the current provision, this section demonstrates there is a continued, and increasing, clinical need and establishes the deficiencies in current provision at Gorbals Health Centre and the future additional services required.

### **3.8.2 Clinical Need**

All four GP practices in Gorbals are 'Deep End' practices with the majority of their patients living in areas of deprivation (with the resultant health problems associated with communities living in difficult circumstances).

There are a number of developments in the area that will contribute to an increase in the overall population. This includes the Laurieston and Oatlands housing developments. The GPs are fully aware of the developments and recognise that they have capacity to take on additional patients. The recent Census and population projections from the GRO highlight specific increases in population.

While it is not envisaged that there will be an increase in the number of practices, to meet future demands and maintain access standards, practices may choose to increase their GP capacity/volume of available appointments. The new health centre has been modelled to allow out-of-hours use of accommodation to provide additional capacity. Further, there is a significant provision of bookable rooms and flexible space to support other primary care services. The new health and care centre will better support any increase to practice list sizes, as well as better supporting the range of other primary and community services required to meet patient need.

As part of the assessment of clinical need the four GP practices carried out a review of their current workload, and identified that there is little potential to expand patient list sizes or to increase the range of services currently offered from the existing building. In addition, it is estimated that there will be increasing difficulty in meeting new standards, further developing the training/teaching of medical students and meeting future IT requirements.

### **3.8.3 Deficiencies in Clinical Services**

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

### **3.8.4 Adults and Children with Complex Needs**

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

### **3.8.5 Dental Services**

Primary care dental services have previously responded to the needs of inequalities groups on an ad hoc basis. A planned strategic approach is now to be developed through the maximising access to primary care dental services project, initiated June 2010. The desired outcome is that oral health inequalities will be reduced by ensuring that those with additional needs are clearly signposted into affordable, accessible, acceptable services

which are appropriate to meet their individual needs, through collaborative working between all dental providers and the wider health, social and voluntary care sectors. The Community Dental facilities are limited and situated in a poor location on the first floor of the current centre. A new purpose-built dental suite will make their services much more accessible to vulnerable patients and will improve access for specific groups of patients such as children or bariatric patients.

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

### **3.8.6 Additional Services**

A number of additional services are required in addition to the existing services provided. This includes services from both NHS GGC and GCC. The aim here is to provide a single service point for patients and visitors while also minimising the number of facilities being utilised in the Gorbals area. These include:

- Specialist Children's Services (Community Paediatrics / Child and Adolescent Mental Health Services);
- Community Addictions;
- increased Community Dental Services – including diagnostic facilities. The new facility would provide the potential to introduce a dedicated Child smile (dental education) room, decorated and equipped to encourage children to look after their teeth; and,
- Social Work services including children and families services, adult services and the homeless casework team.

### **3.9 Business Scope and Service Requirements**

The project scope is essentially the design and development of facilities that meet the investment objectives described in Table 14. However, in order to establish project boundaries, a review was undertaken by key stakeholders, and the following items were established in relation to the limitation of what the project is to deliver.

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

**Table 16 – Business Scope**

<b>Potential Business Scope</b>	<b>Min</b>	<b>Inter</b>	<b>Max</b>
To enable the HSCP to provide an integrated service spanning primary care, community health, social care services in the Gorbals area.			
To maximise clinical effectiveness and thereby improve the health of the population.			
To improve the quality of the service available to the local population by providing modern purpose built healthcare facilities			
To provide accessible services for the population of Gorbals and surrounding areas.			
To provide flexibility for future change thus enabling the HSCP to continually improve existing services and develop new services to meet the needs of the population served.			
To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.			
To provide additional services that are complimentary to the core services provided by the HSCP			
To be part of the delivery of an integrated community facility contributing to the social, economic and physical urban regeneration of a deprived area			
<b>Key Service Requirements</b>			
GP practices			
GDP and community dental services			
Health visitors and district nurses working in integrated teams			
Social Work services			
Allied Health Professional services (AHPs) e.g. podiatry, speech therapy, physiotherapy			
Training accommodation for primary care professionals including undergraduate and postgraduate medical and dental students			
Specialist Children's Services including CAMHS			
Secondary care outreach clinics including the Glasgow Women's Reproductive Service and a Community Addiction Team clinic			
Community health services and community-led rehabilitation and health improvement activity			

To summarise, the Business scope includes:

- new facilities which will be commensurate with modern healthcare standards and meet all relevant health guidance documentation;
- a project budget within the NHS Board's affordability criteria, to achieve value for money in terms of the nature and configuration of the build on the selected site given the site topography and adjacencies;
- developing facilities which take full cognisance of the local environment in terms of the choice of external materials and finishes;
- the design not being designed in isolation, but will include the best practice from all 4 Hub areas and benefit from cross fertilisation of ideas from all design teams. Information will be shared between design teams by use of common shared information portals (all Architectural teams are already sharing best practice);
- maximising the sustainability of the development, within resources, and meeting the mandatory requirement of "Excellent" under the BREEAM Healthcare assessment system;
- the development of a design that gives high priority to minimising life cycle costs;
- achieving "Secure by Design" status;
- complying with all relevant Health literature and guidance including, but not limited to, Scottish Health Technical Memorandum (SHTM), Scottish Health Planning Notes (SHPNs) and Health Briefing Notes (HBNs);
- within the relevant guidance, maximise use of natural light and ventilation;
- in conjunction with the Infection Control Team, develop a design that minimises the risk of infection. To facilitate this, the design will be considered in conjunction with the NHS "HAI Scribe" system;
- comply with CEL 19 (2010) - A Policy on Design Quality for NHS Scotland - 2010 Revision which provides a revised statement of the Scottish Government Health Directorates Policy on Design Quality for NHS Scotland. CEL 19 (2010) also provides information on Design Assessment which is now incorporated into the SGHSCD Business Case process;
- Art in Health Buildings; works of art and craft can contribute greatly to health and well-being. An Arts Group has been established to explore how art can be integral to the design of the buildings and how the development of the new health centre can give greater impetus to local community arts activity. The current costs allow circa £50,000 in relation to art and art strategy ; and,
- external views and landscaping; the connection of waiting areas and staff work areas and restrooms to the natural landscape is known to contribute to well-being and to relaxation.

### 3.10 Benefits Criteria

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

**Table 17 – Benefits Criteria**

	Main Benefit	Measured By	Baseline Measure	Target / Projected Impact
1	Enable speedy access to modernised and integrated primary care and community health services	<ul style="list-style-type: none"> <li>- Service waiting times</li>   <li>- GP access targets: % positive rating for accessing GP practice urgently</li>   <li>% able to make appointment 3 days in advance</li>   <li>- monitor patient activity and throughput in treatment rooms;</li>   <li>- monitor levels of patient activity / consultations across all services;</li>   <li>- patient registration with general practice</li> </ul>	<ul style="list-style-type: none"> <li>-Podiatry clinic new patient wait 4 weeks (<i>Head of Service</i>)</li> <li>- Alcohol &amp; Drugs RTT in 3 weeks: 100% achieved (<i>HSCP performance report June 2016</i>)</li> <li>- access to specialist CAMHS: longest wait 18 weeks (<i>HSCP performance report June 2016</i>)</li> <li>-PCMHT RTT in 18 weeks: 88% achieved (<i>HSCP performance report June 2016</i>)</li>   <li>% positive rating across 4 GP practices: 90.25% 2015/16 (<i>Scottish Health and Care experience survey</i>)</li>   <li>% positive rating across 4 GP practices: 87.5% 2013/14 (<i>Scottish Health and Care experience survey- 3 days advance measure</i>)</li>   <li>GP consultations / treatment room activity not routinely collected – will require baseline audit to be undertaken</li>   <li>Combined patient list size: 26,661 (including</li> </ul>	<ul style="list-style-type: none"> <li>- reduced waiting times across all services</li>   <li>Improve positive experience rating</li>   <li>- increase number of musculoskeletal annual appointments</li>   <li>-Improve positive experience rating</li>   <li>- increased number of patient consultations;</li> <li>- increased patient throughput in treatment rooms;</li>   <li>-increased patient registration in line with demographic projections</li> </ul>



			branch practice information)	
2	Promote a greater focus on prevention and anticipatory care	<ul style="list-style-type: none"> <li>- monitor level of anticipatory care plans;</li> <li>- LTC bed days per 100,000</li> <li>-LTC discharges per 100,00</li> <li>- rate of emergency admissions 75+</li> <li>- Referrals to financial inclusion and employability</li> <li>-carer assessments</li> <li>- screening and immunisation rates</li> </ul>	<p>Under Integrated Care Fund, we are developing a model for anticipatory care that will be supported by the roll-out of anticipatory care plans. A baseline for performance will be set in 2016/17</p> <p>-South rate: 9991 March 16 (<i>Sharepoint</i>) -South 3859 discharge March 16 (<i>Sharepoint</i>)</p> <p>Glasgow City rate: 5965 per 1000 – January 2016 (<i>Sharepoint</i>)</p> <p><i>Glasgow City – 1897- (April 16 performance report)</i></p> <p>South: 1540 2015/16 (<i>HSCP performance report June 2016</i>)</p> <p>-South bowel screening 48.7% uptake (Mar 2015 – Sharepoint) -South cervical screening 72.6% uptake (Sharepoint Jun 15) -South breast screening 65.6% uptake - Sharepoint</p>	<ul style="list-style-type: none"> <li>- increased number of patients with anticipatory care plans;</li> <li>- Reduction in LTC bed days and discharges</li> <li>- reduction in rate of patients aged 75 plus admitted as an emergency;</li> <li>-increased number of social prescribing referrals</li> <li>-increase number of carer assessments</li> <li>-increased uptake of screening and immunisation programmes</li> </ul>
3	Improve the patient and service user experience	<ul style="list-style-type: none"> <li>- monitor levels of patient and user satisfaction: Overall % positive rating for care provided by GP practice</li> </ul>	<p>% positive rating across 4 GP practices: 90.25% 2015/16 (<i>Scottish Health and Care experience survey</i>)</p>	<ul style="list-style-type: none"> <li>- positive patient and service user feedback on both the facilities and services;</li> <li>- audit of service usage / waiting times;</li> <li>- monitor levels of patient registration;</li> <li>- survey of community use of facilities;</li> </ul>

				- positive feedback from community groups and representatives
4	Promote integrated working between primary care, community health services, specialist children's services and social work services	<ul style="list-style-type: none"> <li>- Patient's rating of referral arrangements to other services</li> <li>-Monitoring of Integration Delivery Principle: 'services are integrated from the point of view of services users'</li> <li>- monitor levels of liaison including meetings and informal contacts between all services;</li> <li>- review community use of facilities</li> </ul>	<p>% Positive rating across 4 GP practices 80.2%. (Scottish Health and Care Experience Survey (patients rating re referral))</p> <p>Will be monitored as part of national health &amp; care outcomes. Baseline to be established.</p> <p>Local survey to be undertaken to establish baseline performance</p>	<p>Improve percentage of people expressing a positive experience</p> <ul style="list-style-type: none"> <li>- increased levels of liaison between GPs and SWS;</li> <li>- increased levels of liaison between community health services and SWS;</li> <li>- increased levels of liaison between SCSs and SWS;</li> <li>- increased levels of liaison between community health services and SCS;</li> <li>- increased levels of liaison between GPs and SCS;</li> </ul>
5	Deliver a more energy efficient building within the NHSGGC estate, reducing CO2 emissions and contributing to a reduction in whole life costs	<ul style="list-style-type: none"> <li>- contribute to South Locality's share of HSCP target for reduced carbon emissions.</li> </ul>	Will be assessed upon facility becoming operational	Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)
6.	Achieve a BREEAM Healthcare rating of 'Excellent'	<ul style="list-style-type: none"> <li>- independent assessment by BREEAM accredited assessor</li> </ul>	Will be assessed upon facility becoming operational	BREEAM score of 70 or over. Securing BREEAM Healthcare Rating of Excellent
7	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	<ul style="list-style-type: none"> <li>- use of quality design and materials to create a pleasant environment for patients and staff;</li> <li>- HAI cleaning audits ( regular NHSGG&amp;C process);</li> <li>- building</li> </ul>	Will be assessed upon facility becoming operational	Secure a joint statement of support from A+DS and HFS via the NHS Scotland Design Process (NDAP).
8	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	<ul style="list-style-type: none"> <li>- carry out DDA audit and EQIA of building;</li> <li>- involve of BATH (Better Access to Health) Group in checking building works for people with different types of disability;</li> <li>- engagement with local people to ensure building is welcoming – PPF to carry out survey of users.</li> </ul>	Will be assessed upon facility becoming operational	Compliance with Disability Discrimination Act, Building Control Standards and NHS SHTMs.

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

### 3.11 Strategic Risks

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

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

### 3.12 Constraints

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

#### Financial

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

## **Programme**

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

## **Quality**

Compliance with all current health guidance.

## **Sustainability**

Achievement of BREEAM Health “Excellent” for new build.

### **3.13 Dependencies**

The development of a New Gorbals Health and Care Centre cannot be viewed in isolation. The regeneration plan for the Greater Gorbals area led by New Gorbals Housing Association and GCC has seen major transformation of the Hutchinson and Oatlands areas over the past decade. The Laurieston area has been designated as one of eight transformational regeneration areas in Glasgow City, and work started in May 2012 on a major regeneration of this area. The HSCP is keen to play its part in the regeneration of the Greater Gorbals area by the provision of modern primary and community health care services to service the local population

The construction on the new facility will depend on securing appropriate approvals from GCC planning department. Full Planning approval for the new facility was granted on 11 December 2015. Refer to Appendix B, however there are a number of ‘conditions’ to this approval that need to be discharged as part of the pre construction and pre occupancy process.

## 4 Economic Case

### 4.1 Introduction

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

### 4.2 Critical Success Factors

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

**Table 18 – Critical Success Factors**

<b>Critical Success factor</b>	
<b>Strategic fit &amp; business needs</b>	How well the option meets the agreed investment objectives, business needs and service requirements and provides holistic fit and synergy with other strategies, programmes and projects.
<b>Potential Value for money</b>	How well the option maximises the return on investment in terms of economic, efficiency effectiveness and sustainability and minimises associated risks.
<b>Potential achievability</b>	How well the option is likely to be delivered within the Hub timescale for development (i.e. operational by April 2015) and matches the level of available skills required for successful delivery.
<b>Supply-side capacity and capability</b>	How well the option matches the ability of service providers to deliver the required level of services and business functionality and appeals to the supply
<b>Potential affordability</b>	How well the option meets the sourcing policy of the organization and likely availability of funding and matches other funding constraints

### 4.3 Options Considered

#### 4.3.1 Long List of Options

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

**Table 19 – Long List**

Option	Description
1	Option 1 - Do Nothing
2	Option 2 - Do Minimum
3	Option 3 - Extend / Refurbish Existing Health Centre
4	Option 4 - New Build on existing health centre site
5	Option 5 - New build Health Centre - Oxford Street
6	Option 6 - New build Health Centre - Florence Street
7	Option 7 - New build Health Centre - Laurieston St / Crown Street
8	Option 8 - New build Health Centre - Caledonian Road /Naburn Gate Street
9	Option 9 - New build Health Centre - Tesco Site – Private Developer
10	Option 10 - New build Health Centre - Sandiefield Site
11	Option 11 - New build Health Centre - Laurieston Site at Gorbals Street
12	Option 12 - New build Health Centre - Laurieston Master plan Site
13	Option 13 - New build Health Centre - Former Gorbals Parish Church site
14	Option 14 - New build Health Centre - Coliseum Site

#### 4.3.2 Options Short List

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

**Table 20 – Short List**

Option	Description
<b>2 – Do Minimum</b>	This option would incur minor interior upgrade works to improve the building. This option would fail to meet the service and project objectives. However it has been included as an option to provide a baseline so that the extra benefits and costs of the other options can be measured against it.
<b>4 – New Build on existing health centre site</b>	This option would involve the demolition of the existing Health Centre and construction of a new facility on same site. This option would provide considerable difficulties to implement with either a phased demolition or short term relocation of services to an alternative facility incurring further rental charges. This option was also difficult due to the constraints on the site with a park and possible grave stones required to be removed to increase the footprint of the building. Furthermore parking facilities would be difficult to provide.

Option	Description
<b>10 – New build Health Centre – Sandiefield Site</b>	The proposals for this location involve the agreement to purchase land recently made available by NGHA through the demolition of two high rise tower blocks. The site is part of a master plan developed by NGHA to construct new offices for the Association and housing. The remainder of the site would see the development of a new health and care centre. The benefits here would see the creation of a new central civic area for the Gorbals area and also the development of a new civic realm adjacent to the existing retail and community facilities. This site is also within a reasonable distance from the existing health centre. Parking will be an issue here with limited area for new car park. Limited on street parking is already available.
<b>11 - New build Health Centre – Laurieston Site at Gorbals Street</b>	This option involved the clearance of a green space area neighbouring the existing Citizens Theatre. The proposal involved the clearance and levelling of the site to allow construction of the new health centre. This would have positioned the new facility directly adjacent to the railway arches and lines. Parking to this site would need to be remote due to location of the site. This site also increases the distance required to travel from the existing health centre.

#### 4.4 Non-Financial Benefits Appraisal

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

**Table 21 – Weighted Benefit Scores**

Option Nr	Option Description		Customer/patient	Strategic/service	Population reach	Design	Efficiency	Total weighted score
2	Do Minimum	Score	45	36	91	19	17	208
		Weight	35%	15%	30%	15%	5%	
		Weight Score	1,575	540	2,730	285	85	5,215
4	Build new on Existing Gorbals Health Centre	Score	74	66	101	79	99	419
		Weight	35%	15%	30%	15%	5%	
		Weight Score	2,590	983	3,030	1,185	495	8,283
10	Build new Gorbals Health centre at Sandiefield Site	Score	114	124	117	124	127	606
		Weight	35%	15%	30%	15%	5%	
		Weight Score	3,990	1,860	3,510	1,860	635	11,855
11	Build new Gorbals Health centre Laurieston site at Gorbals St	Score	75	88	68	95	112	438
		Weight	35%	15%	30%	15%	5%	100%
		Weight Score	2625	1320	2040	1425	560	7970

#### 4.5 Summary of Economic Appraisal

An initial stage 2 submission was provided by hWS in November 2015. However at that time the price significantly exceeded the affordability cap for the project. A detailed review was undertaken at that stage involving all parties to the project. The outcome of this was the establishment of a revised affordability cap in May 2016 of £17,051,105.

The capital cost for the preferred option at OBC stage was £16,074,586, however the current capital costs at stage 2 (FBC) for the preferred option is £17,021,459. Whilst this is within the affordability cap it is an increase of circa £946k (6%) on the OBC figure. A detailed review was carried out by NHS GGC alongside GCC to establish the revised



affordability cap, recognising the changes that had occurred and to ensure all parties were satisfied it represented value for money.

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

- Increased building area to 6,509sqm (6,477sqm at stage 1)
- Programme delay to overall completion by Sept 2018 (May 2017 at stage 1)
- Revised requirements, including to achieve improved energy targets and updated regulations, technical standards covered by change control forms

It has also been verified that the stage 2 costs have been fully market tested in accordance with requirements.

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

**Table 22 - Capital Cost Estimates**

<b>Option</b>	<b>Initial Capital Cost Estimate</b>
Option 2 – Do Minimum	£4,332,860.36*
Option 4 – build new Gorbals Health centre at existing site	£16,499,900.68**
Option 10 – build new Gorbals Health centre at Sandiefield Site	£17,021,459.00***
Option 11 – build new Gorbals Health centre at Laurieston Site, Gorbals St.	£16,369,380.94**

\* This figure is made up from an estimate based on historic backlog information available at the time of the original IA, 2012, and increased to represent the condition of the GCC premises which now form part of the project accommodation requirements. This provided a total base figure of £2.6m. This has been adjusted since OBC stage to include for inflation to reflect the programme, prelims, professional fees and a risk allowance.

\*\* The initial costs for options 4 and 11 have been established based upon the agreed based rate of £1,462sqm updated for inflation to reflect the actual programme. The costs are based on a GIFA of 6.509sqm. It also includes allowances that match Option 10 for elements including Prelims (10.80%), overheads and profit (4%), new project development fees (6.65%), additional management costs (2.49%), DBFM fees (1.70%) and hubco portion (1.83%). An allowance (£133.92sqm) matching that for option 10 has been included for

external works and an allowance of £400k (option 4) and £300k (option 11) has been included for abnormals, in addition to 1% risk allowance.

\*\*\* These costs are based on the detailed stage 1 report from hubco. They reflect the level of design completed to stage E. A technical review of the stage 2 submission has been carried out which has confirmed that the proposal demonstrates value for money and that costs are in line with market rates.

#### 4.6 VfM Analysis

The table below shows the value for money analysis for the short listed options. The calculation for deriving the NPV figures are enclosed at Appendix E.

**Table 23 - VFM**

25 year Life Cycle		Option 2 - Do Min	Option 4 – NB existing site	Option 10 – NB Sandiefield Site	Option 11 – NB Laurieston site at Gorbals St
<b>Appraisal Element</b>					
Benefit Score	a	5215	8283	11855	7970
Rank		4	2	1	3
Net Present Cost – Includes risk	b	£13,664,588	£26,905,697	£27,597,623	£26,776,186
Cost per benefit point	b/a	£2,620.25	£3,248.30	£2,327.93	£3,359.62
<b>Rank</b>		<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>

##### 4.6.1 Summary and Conclusion

The result of the benefit scoring in the format used in the OBC is summarised in the table above which confirms that Option 10 – New Build at Sandiefield Site, is the highest scoring option whilst also meeting the critical success factors. Costs for options 4 and 11 have been reviewed to incorporate relevant elements of the GMP figure for option 10.

This validates the outcome of the OBC indicating that Option 10 provides the greater economic benefit compared to the other options.

## **4.7 Risk**

### **4.7.1 Workshop and Assessment**

The objective of performing a risk assessment is to:

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

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

The risk register has been a key tool in driving the on-going management of risk through the FBC stage. A copy of the risk register is included at Appendix D. This reflects the NHS risks at November 2016.

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

### **4.7.3 Key Risk and Costs Associated with Preferred Option**

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

Preferred Option - total risk allowance of £756,359 which represented 7.5% of the Prime Cost (1% Construction Risk + 6.5% Project Un – Assessed Risk).

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

A risk register has been provided in the stage 2 cost report. The stage 2 costs incorporate a risk allowance of £142,965 which is included in the Maximum Cost set out in the stage 2 report. This represents circa 1% of the Prime Cost including preliminaries and is in accordance with the allowances permitted under the Territory Partnering Agreement.

### **4.7.4 Sensitivity Analysis**

It is clear from Table 23 above that Option 10 represents the most favourable option in NPV terms with a net cost per benefit point of £2,327.93. It is noted that for Option 2 (the second ranking option), to become the greater economic benefit than option 10, the cost

of Option 10 would need to increase by 12.55% whilst the cost of Option 2 remained the same.

It should be noted that Option 2 is the Do Minimum Option which as demonstrated in Table 21 fails to meet the majority of investment criteria or the critical success factors. If Option 10 is compared with Option 4, which is the 3<sup>rd</sup> ranking option in NPV terms, then for Option 4 to demonstrate greater economic benefit than Option 10, the cost of Option 10 would need to increase by 39.53% whilst the cost of Option 4 remained unchanged.

#### **4.8 Performance Scorecard**

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

Area performance measurements:

- area per GP - a 17% improvement on the standard metric at 87sqm/GP (standard is 105 sqm/GP);
- ratio of clinical space versus support space – an 22% uplift on the standard metric at a ratio of 1:3.6 (standard is a ratio of 1:3);

Commercial performance metrics:

- total project costs - a 12% improvement on total cost metric;
- prime costs - a 1% uplift on prime cost metric; and,
- lifecycle - an 8% uplift on the cost metric.

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

The abnormalities include; issue 1 – ground works to deal with site specific issues including vibro ground improvement; issue 2 – includes additional fire compartmentation works agreed with NHS in compliance with SHTM81; issue 3 – includes services diversion works; item 4 includes additional mechanical ventilation works necessary to deal with site specific acoustic issues; issue 5 – includes additional site specific hard landscaping works required due to site specific issues and terms related to purchase of site.

The LCC cost of £19.41/sqm has been obtained through market testing with Robertsons FM. This reflects project specific issues, including in relation to additional provision for cooling water at storage tank and finalised design..

The Stage 2 Cost Plan and the Stage 2 Final Pricing Report provided by hWS indicates that the cost to deliver Gorbals Health and Care Centre is £17,021,459, which is £29,646 below the agreed Affordability Cap of £17,051,105. The costs within the Stage 2

submission from HWS are based upon Prime Costs including site abnormal costs, risks including those defined within the Risk Register, additional inflation allowance and all development costs including tendered Design Team Fees. The Project Specific Issues and abnormal elements to the project include the items noted above.

As part of the development of the stage 2 design and FBC, hWS have reviewed the Gorbals HCC design with the Participants, NHS GGC and GCC and incorporated the agreed list of design developments required as part of the design process.

#### **4.9 The Preferred Option**

The results of the combined quantitative and qualitative appraisal of the shortlisted options shows that **Option 10 –New Build at Sandiefield Road** gives the lowest cost per benefit point and therefore is confirmed as the preferred option.

## **5 Sustainability Case**

### **5.1 Overview**

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

### **5.2 BREEAM Healthcare**

The requirement to achieve a BREEAM Healthcare excellent rating is integral to the business case process. The Stage 2 report includes updated work to that carried out for the FBC and includes a BREEAM Assessment report based on the stage E design. This indicates an expected score of 75.65 which is above the BREEAM threshold of 70%.

### **5.3 The Cost of Sustainable Development**

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

### **5.4 Green Travel Plan**

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

### **5.5 Summary**

The project team has given careful consideration to the on-going sustainability of the New Gorbals Health and Care Centre post completion. After providing a building that is designed and constructed with sustainability as one of the priorities it is then essential that the on-going management of the facility continues these principals. Operational policies

should be developed to ensure resources are utilised to their maximum and waste is minimised. Installing an Environmental Management System in the building will help staff control light, ventilation, temperature and monitor energy usage and allow targets to be set regarding reducing consumption.

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

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

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

## **6 Commercial Case**

### **6.1 Introduction**

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

### **6.2 Procurement Route**

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

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

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

The TPA prescribes the stages of the procurement process including:

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

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

### **6.3 Agreed scope and services**

#### **6.3.1 The Site**

The preferred site is located within the Gorbals on the south side of Glasgow. The site was formerly two 24 storey high rise apartment buildings constructed in 1968 and



demolished in 2013. At this time the site has been cleared of all loose materials and recycled by the demolition contractor leaving a site ready for re-development.

A missive to purchase the land has been agreed with New Gorbals Housing Association and this will be concluded early in the new year before financial close..

### **6.3.2 Site Access, Constraints and Orientation**

The site has a number of challenging engineering issues associated with ground conditions and utilities, all of which have been fully accounted for in the stage 2 design proposals and associated costs. Diversion of a Scottish Power has been undertaken by NHS as this was a pre-requisite to start on site.

The management of car parking associated with the site is recognised as an issue of concern for staff, visitors and patients. It is a requirement of the planning permission that a parking management plan is developed, and this is currently in preparation. An overall approach will be used to maximise the use of public or other transport options and to reduce the demand on car parking for the facility. A travel plan is being developed for the new facility.

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

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

### **6.3.3 Design Development**

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

### **6.3.4 Schedule of Accommodation**

A Schedule of Accommodation (SOA) has been arrived at following a number of meetings with the users and project team and totals a floor area of 6,509m<sup>2</sup>. The agreed SoA is included as Appendix H.

### 6.3.5 Architecture and Design Scotland

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

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

### 6.3.6 HAI-Scribe

An HAI-Scribe Stage 2 Infection Control Assessment of the preferred option site was successfully carried out with representatives of the Infection Control Team and the Glasgow City HSCP.

The Stage 2 report is included at Appendix I.

### 6.3.7 Clinical and Design Brief

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

### 6.3.8 Staff to be accommodated in the new facility

The number of staff (including Social Care) to be accommodated in the new facility is estimated at this stage, as summarised in the table below:

**Table 24 – Staff numbers**

Services	Estimated No of Staff
General Practices	60
Treatment Room	3
Reception / Building Management	6
Community Dental	5
General Dental	7
Health Visitors	16
District Nurses	8

Services	Estimated No of Staff
Physiotherapy	7
Podiatry	5
<b>Specialist Children's Services</b>	
CAMHS	93
Community Paediatrics	75
<b>Social Work</b>	
Children and Families	110
Community Addictions	37
Homeless Casework Team	18
<b>Total</b>	<b>450</b>

### 6.3.9 Surplus Estate

As described in item 6.3.1 above there will be no surplus estate as part of this project, apart from the site of the existing health centre which will pass to NGHA to be developed for housing. The agreement with NGHA require that the site be cleared by NHS GG&C. The costs for this demolition are not shown in the FBC, and are included as part of a board-wide demolition programme.

### 6.3.10 Service Continuity – during the construction period and migration

#### I.T. Overview

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

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

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

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

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

All internal networking within the building will be provided by the PSCP, this will provide a modern, flexible and versatile cabling system capable of supporting voice, video and data systems. Connections to the outside world will be provided and maintained by NHS GGC with the exception the equipment needed by GCC which will follow their own IT policies and strategy of GCC IT (Access).

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

### **I.T. Strategy**

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

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

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

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

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

Use of Electronic check in within GP and clinic settings

Electronic Booking and appointment systems

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

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

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

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

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

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

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

### 6.3.11 Facilities Management (FM)

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

## 6.4 Risk Allocation

### 6.4.1 Transferred Risks

Inherent construction and operational risks are to be transferred to the DBFN Co.

These can be summarised as follows:

**Table 25 – Risk Allocation**

	Risk Category	Potential Allocation		
		Public	Private	Shared
1	Design risk		Yes	
2	Construction and development risk		Yes	
3	Transitional and implementation risk		Yes	
4	Availability and performance risk		Yes	

	Risk Category	Potential Allocation		
		Public	Private	Shared
5	Operating risk			Yes
6	Variability of revenue risks		Yes	
7	Termination risks			Yes
8	Technology and obsolescence risks		Yes	
9	Control risks	Yes		
10	Residual value risks	Yes		
11	Financing risks		Yes	
12	Legislative risks			Yes

#### 6.4.2 Shared Risks

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

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

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

#### 6.5 Contractual Arrangements

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

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

The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To increase the value for money for this project it is intended that the Gorbals Health and Care Centre will be bundled with

the similarly timed new Woodside Health and Care Centre. This will be achieved under a single Project Agreement utilising SFT's current standard "Design Build Finance and Maintain (DBFM) Agreement".

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

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

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

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

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

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

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

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

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

The term will be for 25 years.

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

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

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

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

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

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

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

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

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

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

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



## **6.6 Method of Payment**

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

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

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

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

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

## **6.7 Personnel Arrangements**

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

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

## **7 The Financial Case**

### **7.1 Introduction**

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

The financial case for the preferred option, option 10 New Build Gorbals Health and Care Centre at Sandiefield Site sets out the following key features:

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

There have been a number of changes to the project since the OBC. There has been an increase in the overall capital cost and the removal of Glasgow City Council's Capital Contribution due to ESA10. The FBC submission notes a total project cost of £17,021,459 compared to £16,074,587 at OBC Stage.

A revised Affordability Cap of £17,051,105, was set taking account of inflationary uplift, technical changes to the project, further design development and site issues. The revised figures were supported by SFT and the Boards technical advisors, reflecting the true cost of the proposed works.

### **7.2 Revenue Costs & Funding**

#### **7.2.1 Revenue Costs and Associated Funding for the Project**

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

In addition to the revenue funding required for the project, capital investment will also be required for land purchase including site investigation (£168k) equipment (£675k) and subordinated debt investment (£151k). Details of all the revenue and capital elements of the project together with sources of funding are presented below:

**Table 26 - Recurring Revenue Costs**

<b>First full year of operation</b>	<b>2019/20</b>
<b><u>Additional Recurring Costs</u></b>	<b>£'000</b>
Unitary Charge (net of GCC contribution)	████████
Depreciation on Equipment	67.5
IFRS – Depreciation	538.6
Heat, Light & Power, Rates & Domestic services	357.4
Client Facilities Management (FM) Costs	27.2
<b>Total Additional Recurring costs for Project NHSGG &amp; C</b>	████████
Glasgow City Council Unitary Charge	████████
Glasgow City Council recurring costs	101.2
Total Additional Recurring costs for the Project GCC	452.2
<b>Total Recurring Costs</b>	████████

### **7.2.2 Unitary Charge.**

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 2 submission dated 9 November 16 and the Financial Model Gorbals & Woodside v13 and represents the Predicted Maximum Unitary Charge of ██████████ pa based on a price base date of April 13.

Glasgow City Council (GCC) will make a revenue contribution equal to the value of the capital and finance cost for its share of the building. The UC figure presented above is a net UC figure after GCC's revenue contribution.

The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% pa in the financial model. The current financial model includes a level of partial indexation (20%) and this will be reviewed prior to financial close to ensure that it provides a natural hedge.

### **7.2.3 Depreciation**

Depreciation of £67.5k relates to a 5% allowance assumed for capital equipment equating to £675k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

#### **7.2.4 HL&P, Rates & Domestic Costs**

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

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

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

#### **7.2.5 Client FM Costs**

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

#### **7.2.6 Costs with regard to Services provided in new Health Centre**

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

#### **7.2.7 Recurring Funding Requirements – Unitary Charge (UC)**

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

- 100% of construction costs;
- 100% of private sector development costs;
- 100% of Special Purpose Vehicle (SPV) running costs during the construction phase;
- 100% of SPV running costs during operational phase; and,
- 50% of lifecycle maintenance costs.

Based on the above percentages the element of the UC to be funded by SGHD is £[REDACTED] which represents 71.6% of the total UC, leaving NHSGG&C and GCC to fund the remaining £[REDACTED] (28.4%). This split is tabled below:

**Table 27 – Unitary Charge split**

<b>UNITARY CHARGE</b>	<b>Unitary Charge £'000</b>	<b>SGHD Support %</b>	<b>SGHD Support £'000</b>	<b>NHSGGC Cost £'000</b>	<b>GCC Cost £'000</b>
Capex inc group1 equipment (Net)				0	
Life cycle Costs NHS	99.9	50%	49.9	50.0	0
Life cycle Cost GCC	26.5	0	0	0	26.5
Hard FM NHS	74.9	0	0	74.9	0
Hard FM GCC	19.8	0	0	0	19.8
<b>Total Unitary Charge</b>				<b>124.9</b>	

### 7.2.8 Sources of NHSGG&C recurring revenue funding

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

**Table 28 – Sources of revenue funding**

<b>NHSGG&amp;C Income &amp; Reinvestment</b>	<b>£'000</b>
Existing Revenue Funding – Depreciation	70.4
Existing Revenue Funding - HL&P, Rates & Domestic costs NHSGG&C	110.1
IFRS – Depreciation	538.6
Additional Revenue Funding – HL&P, Rates & Domestic costs GPs contribution	73.9
Additional Revenue Funding	322.6
<b>Sub total</b>	<b>1,115.6</b>
Glasgow City Council Unitary Charge	
Glasgow City Council running costs	101.3
<b>Sub Total</b>	
<b>Total Recurring Revenue Funding</b>	

### 7.2.9 Depreciation

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

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

All heat, light & power, rates and domestic budget provision for current buildings will transfer to the new facility. This is reflected above in the NHSGG&C contribution.

Current budget provision for rent / rates of existing GP premises will also transfer to the new facility as reflected above.

#### 7.2.11 Additional Revenue Funding

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

#### 7.2.12 Glasgow City Council

Budget provision for existing Council premises will transfer to the new facility. Provision has been made by GCC for the change from Capital Contribution to Revenue. Should any shortfall be identified this will be addressed through the Council revenue budget process and therefore does not pose any financial risk.

#### 7.2.13 Summary of revenue position

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

**Table 29 – Summary revenue position**

<b>Recurring Revenue Funding</b>	<b>£'000</b>
SGHD Unitary Charge support	██████
NHSGG&C recurring funding per above	1,115.6
NHSGGC funding from GCC per above	452.3
<b>Total Recurring Revenue Funding</b>	██████

<b>Recurring Revenue Costs</b>	<b>£'000</b>
Total Unitary charge(service payments)	██████
Depreciation on Equipment	67.5
Facility running costs	384.6
IFRS - Depreciation	538.6
<b>NHSGGC Recurring Costs</b>	██████
GCC recurring costs	101.3
<b>Total Recurring Revenue Costs</b>	██████

<b>Net surplus at FBC stage</b>	<b>0</b>
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The above table highlights that at FBC and Stage 2 Submission stage, the project revenue funding is cost neutral.

### 7.3 Capital Costs & Funding

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

**Table 30 - Capital costs and associated funding for the project**

<b>Capital Costs</b>	<b>£'000</b>
Land purchase & Fees	168.0
Group 2 & 3 equipment Including VAT NHS	675.0
Sub debt Investment	151.1
<b>Total Capital cost</b>	<b>994.1</b>
<b>Sources of Funding</b>	
NHSGG&C Formula Capital	994.1
SGHD Capital	0
<b>Total Sources of Funding</b>	<b>994.1</b>

#### 7.3.1 Land Purchase

A capital allocation for the land purchase of £168k including the cost for survey fees has been incorporated in NHSGG&C's capital plan.

#### 7.3.2 Group 2 & 3 Equipment

An allowance of £675k including VAT has been assumed for the Gorbals Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance of £675k will reduce.

#### 7.3.3 Sub Debt Investment

The Board will be providing the full 10% investment. The value of investment at FBC stage is £141.1k for which NHSGG&C has made provision in its capital programme.

#### 7.3.4 Non Recurring Revenue Costs

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

### 7.3.5 Disposal of Current Health Centre

The FBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facility. The net book value as at 28<sup>th</sup> November 2016 is £1,397k. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

### 7.4 Statement on Overall Affordability

The current financial implications of the project in both capital and revenue terms as presented in the above tables confirm the projects affordability.

### 7.5 Financing & Subordinated Debt

#### 7.5.1 hubco's Financing Approach

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

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

#### 7.5.2 Current finance assumptions

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

**Table 31 – Current finance assumptions**

	<b>Gorbals</b>
<b>Senior Debt (£000)</b>	16,771
<b>Sub debt (£000)</b>	1,652
<b>Equity (£000)</b>	0.01
<b>Total Funding</b>	18,423

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



### 7.5.3 Subordinated debt

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

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

**Table 32 – Subordinated debt**

	NHS GG&C	SFT	HCF Investments	hubco	Total
<b>Proportion of sub debt</b>	10%	10%	20%	60%	100%
<b>£ sub debt</b>	141,070	141,070	282,140	846,420	1,140,700

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

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

### 7.5.4 Senior Debt

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

**Table 33 – Senior debt**

Metric	Terms			
Margin during construction	██████████			
Margin during operations	██████████			
Arrangement fee	██████████			
Commitment fee	██████████			
Maximum gearing	<table border="1"> <tr> <td>██████████</td> </tr> <tr> <td>██████████</td> </tr> <tr> <td>██████████</td> </tr> </table>	██████████	██████████	██████████
██████████				
██████████				
██████████				

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

## 7.6 Financial Model

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

**Table 34 – Financial model key inputs and outputs**

Output	Gorbals
Total Annual Service Payment (NPV)	██████
Nominal project return (post tax)	██████
Nominal blended equity return	██████
Gearing	██████
All-in cost of debt (including 0.5% buffer)	██████
Minimum ADSCR <sup>3</sup>	██████
Minimum LLCR <sup>4</sup>	██████

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

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

### 7.6.1 Financial efficiencies through project bundling

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

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

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

## 7.7 Risks

The key scheme specific risks are set out in the Gorbals Health and Care Centre Risk Register, which is held at Appendix D to this FBC. This has been developed by joint risk workshops with hub West Scotland.

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

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

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

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

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

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

## **7.8 Accounting Treatment and ESA10**

This section sets out the following:

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

### **7.8.1 Accounting treatment**

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

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"<sup>5</sup> states:

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

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

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

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

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

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

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

### **7.8.2 ESA10 (European System of Accounts 1995)**

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

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

### **7.9 Value for Money**

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

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

### **7.10 Composite Tax Treatment**

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

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

## 8 Management Case

### 8.1 Overview

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

### 8.2 Project Programme

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

**Table 35 – Project programme dates**

Stage 2: Approval of OBC	April 2015
Stage 3: Submission of FBC	Dec 2016 (Approval Jan 2017)
Stage 4: Start on site	Feb 2017
Completion date	Sept 2018
Services Commencement	Oct 2018

A detailed project programme is included as Appendix J.

### 8.3 Project Management Arrangements

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

A Project Board has been established and is chaired by the South Locality Head of Operations of Glasgow City HSCP who will act as Project Sponsor. The Project Board comprises representatives from the:

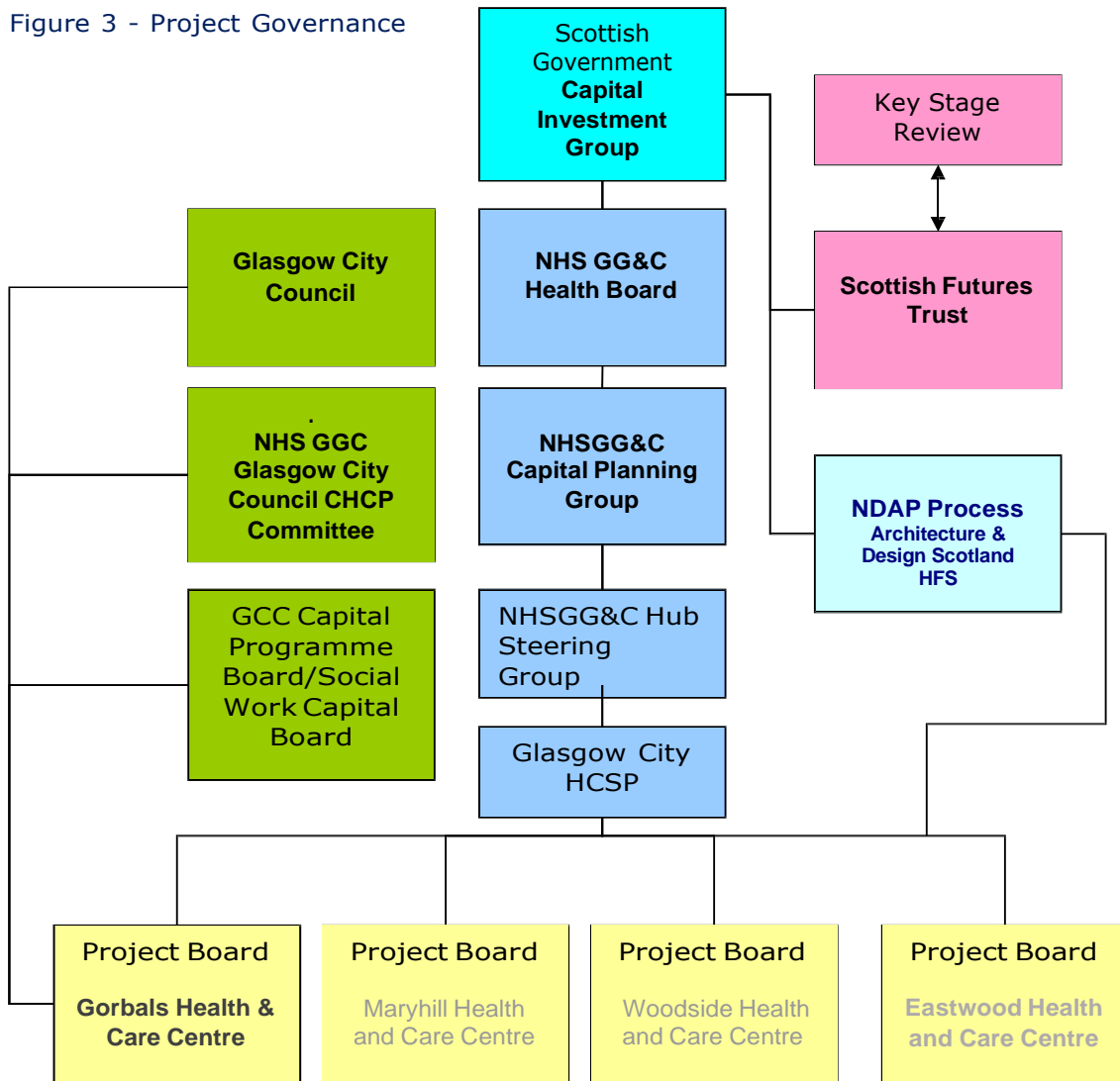
- GP practices;
- dental services;
- staff in the health centre;

- social work services;
- specialist children's services;
- addictions;
- New Gorbals Housing Association;
- GCC;
- Hub Co;
- NHS Board; and,
- community representatives.

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



Figure 3 - Project Governance



**Project Roles**

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

**Table 36 – Project Management Arrangements**

Project:	Gorbals Health and Care Centre	
Parties	NHS Greater Glasgow & Clyde Glasgow City Council	NHSGGC GCC

	Hub West Scotland	Hubco
Project Sponsor	Alex MacKenzie	
Project Director	David Walker	DW
Project Manager	Ian Docherty	ID
Finance Managers	Marion Speirs / Stephen Tucker	MS / ST
Head of Planning & Performance	Hamish Battye	HB
Planning Manager	Alan Gilmour	AG
Private Sector Development Partner – Project Manager	Hubco - (Jim Allen)	Hubco
Private Sector Development Partner - Tier 1 contractor	Morgan Sindall , Principal Supply Chain Member (Lead) – Henry McKeown (Craig Tait) JM Architects	MS
Legal	CMS	CMS
Financial	Grant Thornton	GT
Technical	Turner & Townsend	TT

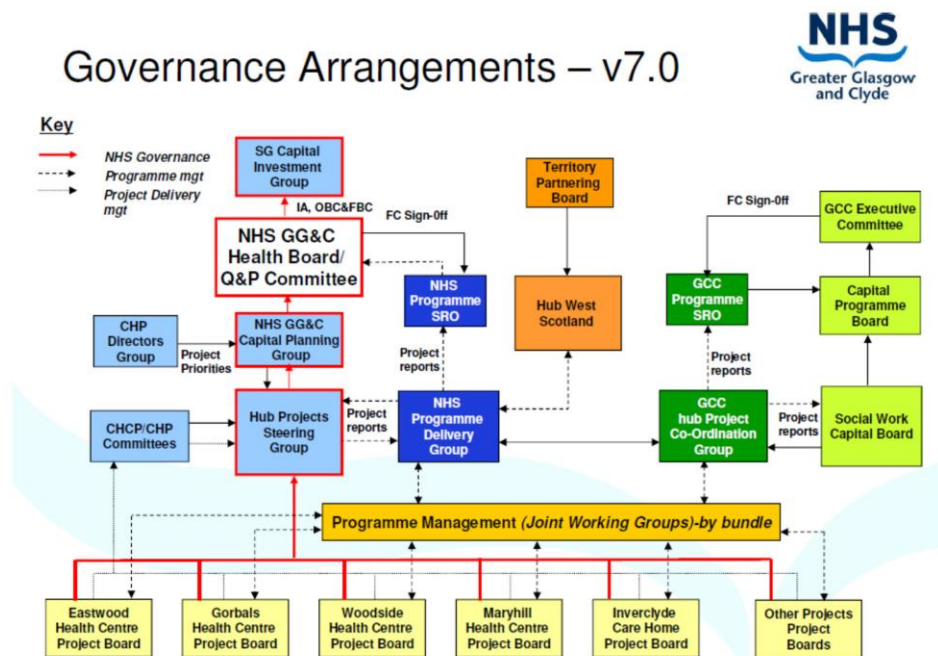
#### **8.4 Revised hub Governance and Reporting Arrangements**

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

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

- Senior Responsible Officer - Robert Calderwood
- Overall Project (Programme) Director - Brian Moore
- Commercial Lead – John Donnelly
- Finance Lead – Marion Speirs
- Technical Lead- John Donnelly

**Figure 4 – hub governance structure**



## 8.5 Roles and Responsibilities

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

## **Project Director:**

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- David Walker, Head of Operations, South Locality, Glasgow City HSCP

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

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

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

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

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

## **PSDP (Private Sector Development Partners) Project Development Manager**

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- Jim Allen, hub West Scotland Ltd

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

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

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

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

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

### **hub Technical Adviser**

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- Martin Hamilton, Turner & Townsend

Key duties covered by the Technical Adviser are as follows:

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

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

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

### **8.6 Communications and Engagement**

The FBC has been developed through consultations with the following internal and external stakeholders:

- GPs, dental services and all community services based in the current health centre;
- public and patient representatives;
- local elected members;
- social work services;
- specialist children's services;
- Scottish Futures Trust;
- Local Authority Planning Department;
- A&DS ;

- New Gorbals Housing Association; and,
- Local Community Planning Partnership partners.

It is NHS GGC's intention, with the support of the PSDP to continue to consult widely with various stakeholders associated with the development of the scheme. NHS GGC have prepared a Communication Plan and a Stakeholder Engagement Plan (see Appendix L), to facilitate the communication and engagement process including:

- information to be consulted upon including newsletters, briefings etc.;
- all required consultees;
- method of communications including social media;
- frequency of consultations and updates; and,
- methods of capturing comments and sharing.

## **8.7 Arrangements for Contract Management**

### **Reporting**

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

- an executive summary highlighting key project issues;
- a review of project status including:
  - programme and progress, including procurement schedules;
  - design issues;
  - cost;
  - health and safety;
  - comments on reports submitted by others;
- review of issues/problems requiring resolution;
- forecast of team actions required during the following period;
- identification of information, approvals, procurement actions etc. required from the Client; and,

- review and commentary of strategic issues to ensure NHS GGC objectives are being met.

### **Management and Reporting Governance in Operational Phase**

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

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

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

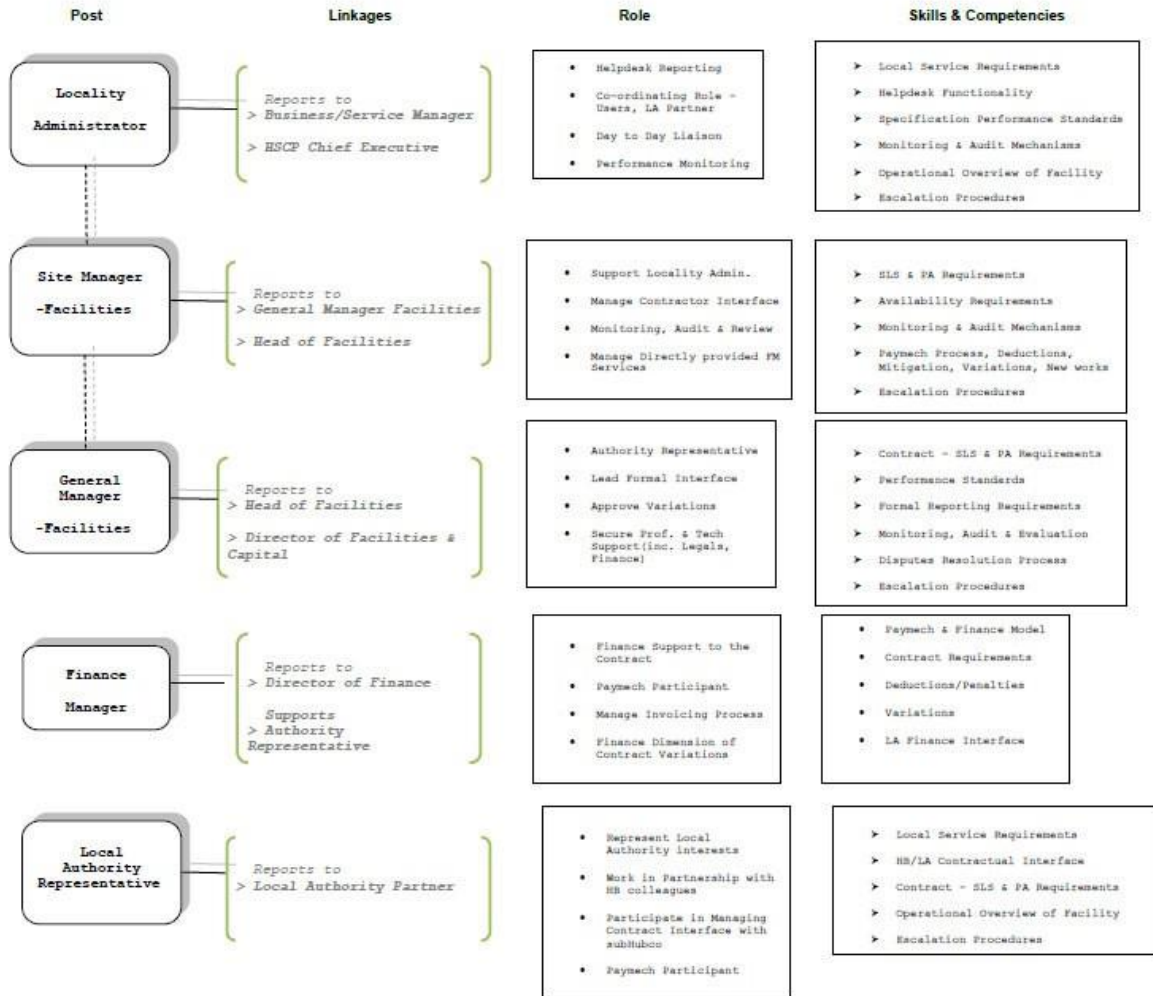
For Health Board roles within the Facilities & Capital Directorate (General Manager and Site Manager), the approach builds on broad experience of Managing PFI contracts, the fundamental principles of which have equivalence with hub Project Hard FM provision.

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

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

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

**Management & Reporting Governance**



**Performance Monitoring and Management – Operational Phase**

**Reporting to Helpdesk**

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

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



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

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

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

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

***Pre-Paymech Meeting : Monthly***

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

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

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

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

***Paymech Meeting : Monthly***

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

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

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

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

## ***Annual Review***

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

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

### **8.8 Change Management**

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

### **8.9 Benefits Realisation**

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

The benefits identified will be monitored in accordance with the Benefits Realisation Plan outlined within Appendix M

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

### **8.10 Risk Management**

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

### **8.11 Post Project Evaluation**

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

the project against its original objectives, its performance in terms of time, cost and quality outcomes and whether it has delivered value for money. It will also provide information on key performance indicators.

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

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

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

- a post project evaluation will be undertaken within 6 months after occupation;
- the benefit realisation register, developed during the Full Business Case stage, will be used to assess project achievements and
- clinical benefits through patient and carer surveys will be carried out and trends will be assessed.

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

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

**Table 37 – PPE stages**

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

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

### 8.11.1 Post Project Audit

The project audit will include:

- brief description of the project objectives;
- summary of any amendments to the original project requirements and reasons;
- brief comment on the project form of contract and other contractual/agreement provisions;
- organisation structure, its effectiveness and adequacy of expertise/skills available;
- master schedule – project milestones and key activities highlighting planned v actual and whether they were met; and,
- unusual developments and difficulties encountered and their solutions.

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

- cost;
- planning and scheduling;
- technical competency;
- quality;
- safety, health and environmental aspects e.g. energy performance;
- functional suitability;
- was the project brief fulfilled and does the facility meet the service needs? What needs tweaking and how could further improvements be made on a value for money basis?
- added value area, including identification of those not previously accepted;
- compliance with NHS requirements; and,
- indication of any improvements, which could be made in future projects.

### **8.11.2 Cost and Time Study**

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

- effectiveness of:
  - cost and budgetary controls, any reasons for deviation from the business case time and cost estimates;
  - claims procedures;
- authorised and final cost;
- planned against actual cost and analysis of original and final budget;
- impact of claims;
- maintenance of necessary records to enable the financial close of the project;
- identification of times extensions and cost differentials resulting from amendments to original requirements and/or other factors; and,
- brief analysis of original and final schedules, including stipulated and actual completion date; reasons for any variations.

### **8.11.3 Performance Study**

The performance study will review the following:

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

#### **8.11.4 Project Feedback**

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

The feedback includes:

- brief description of the project;
- outline of the project team;
- form of contract and value;
- feedback on contract (suitability, administration, incentives etc.);
- technical design;
- construction methodology;
- comments of the technical solution chosen; ,
- any technical lessons learnt; and,
- comments on consultants appointments;
- comment on project schedule;
- comments on cost control;
- change management system;
- major source(s) of changes/variations;
- overall risk management performance;
- overall financial performance;
- communication issues;
- organisational issues;
- comments on client's role/decision making process;
- comments on overall project management; and,
- any other comments.

## 9 Glossary of Terms

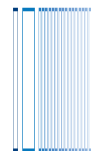
Term	Explanation
Benefits	Benefits can be defined as the positive outcomes, quantified or unquantified, that a project will deliver.
Cost Benefit Analysis	Method of appraisal which tries to take account of both financial and non-financial attributes of a project and also aims to attach quantitative values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

Term	Explanation
Outline Business Case (OBC)	The OBC is a detailed document which identifies the preferred option and supports and justifies the case for investment. The emphasis is on what has to be done to meet the strategic objectives identified in the Initial Agreement (IA). A full list of options will be reduced to a short list of those which meet agreed criteria. An analysis of the costs, benefits and risks of the shortlisted options will be prepared. A preferred option will be determined based on the outcome of a benefit scoring analysis, a risk analysis and a financial and economic appraisal.
Principal Supply Chain Partner (PSCP)	The PSCP (Contractor) offers and manages a range of services from the IA stage to FBC and the subsequent conclusion of construction works.
Risk	The possibility of more than one outcome occurring and thereby suffering harm or loss.
Risk Workshop	Held to identify all the risks associated with a project that could have an impact on cost, time or performance of the project. These criteria should be assessed in an appropriate model with their risk being converted into cost.
Scope	For the purposes of this document, scope is defined in terms of any part of the business that will be affected by the successful completion of the envisaged project; business processes, systems, service delivery, staff, teams, etc.
Sensitivity Analysis	Sensitivity Analysis can be defined as the effects on an appraisal of varying the projected values of important variables.
Value for Money (VfM)	Value for money (VfM) is defined as the optimum solution when comparing qualitative benefits to costs.



## APPENDIX A – OBC APPROVAL LETTER

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



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

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



24 April 2015

Dear Robert

## **NHS GREATER GLASGOW AND CLYDE – GORBALS HEALTH AND CARE CENTRE – OUTLINE BUSINESS CASE**

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

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

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

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



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

Yours sincerely

A handwritten signature in black ink that reads "Paul Gray". The signature is written in a cursive style with a large initial 'P' and a long, sweeping underline.

**PAUL GRAY**

## APPENDIX B – STATUTORY APPROVALS



Executive Director  
Richard Brown

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

Jmarchitects  
Euan Hardie  
50 Bell Street  
GLASGOW  
G1 1LQ

Our ref: DECISION  
GCC Application Ref: 15/01298/DC

11 December 2015

Dear Sir/Madam

SITE: Site Bounded By Sandiefield Road/Cumberland Street/ Crown Street  
Glasgow

PROPOSAL: Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.

I am pleased to inform you that a decision to approve your application, 15/01298/DC has now been taken.

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

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

Should you require any additional information regarding the decision, please contact the case officer Mr S McCollam on direct phone 0141 287 6021, fax 0141 287 6080 email Sean.McCollam@drs.glasgow.gov.uk, who will be happy to help you.

Yours faithfully

for Executive Director of Development and Regeneration Services

Encls.



# PLANNING DECISION NOTICE

## Full Planning Permission GRANTED SUBJECT TO CONDITION(S)

IN RESPECT OF APPLICATION 15/01298/DC

Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.

AT

Site Bounded By Sandiefield Road/Cumberland Street/ Crown Street Glasgow

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

5078 L(0)0004	Proposed Masterplan
5078 L(0)101 Revision L	Ground Floor General Arrangement Plan
5078 L(0)102 Revision L	First Floor General Arrangement Plan
5078 L(0)103 Revision M	Second Floor General Arrangement Plan
5078 L(0)104 Revision H	Roof General Arrangement Plan
5078 L(20)201 Revision E	Proposed Elevations - Sheet 1 of 3
5078 L(20)202 Revision F	Proposed Elevations - Sheet 2 of 3
5078 L(20)203 Revision D	Elevations 3 of 3: South Courtyard
5078 L(20)301 Revision C	Proposed Sections - Sheet 1 of 2
10160784 IDV-4220 Revision P3	Proposed Drainage Plan
1935/01 Revision G	Landscape Layout

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

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

5078 L(0)0004	Proposed Masterplan
5078 L(0)101 Revision L	Ground Floor General Arrangement Plan
5078 L(0)102 Revision L	First Floor General Arrangement Plan
5078 L(0)103 Revision M	Second Floor General Arrangement Plan
5078 L(0)104 Revision H	Roof General Arrangement Plan
5078 L(20)201 Revision E	Proposed Elevations - Sheet 1 of 3
5078 L(20)202 Revision F	Proposed Elevations - Sheet 2 of 3
5078 L(20)203 Revision D	Elevations 3 of 3: South Courtyard
5078 L(20)301 Revision C	Proposed Sections - Sheet 1 of 2
10160784 IDV-4220 Revision	P3 Proposed Drainage Plan
1935/01 Revision G	Landscape Layout

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

Reason: As these drawings constitute the approved development.

2. External materials shall be
- (a) High quality facing brick, stretcher bond
  - (b) Timber/aluminium composite windows with fixed glazed and operable timber faced side panel.
  - (c) Pre-cast concrete string course
  - (d) Aluminium curtain walling
  - (e) Timber composite curtain walling
  - (f) Anodised aluminium spandrel panels integrated to curtain walling
  - (g) Pre-cast concrete columns
  - (h) Vertical format Siberian larch cladding
  - (i) Metalwork screen
  - U) Translucent cast glass glazing

Reason: In order to protect the visual amenity of the surrounding area.

3. A full scale sample panel of the materials listed in Condition 02 above shall be erected for the inspection of the Planning Authority prior to their installation on site. The sample panels of approved materials shall remain in place throughout construction.

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

4. All external colours shall be agreed in writing with the planning authority prior to the commencement of works.

Reason: In order that the works do not detract from the appearance of the building.

5. No external fittings including gas and water pipes, gas and water meter boxes, balanced flues, solar panels, wind turbines, burglar alarms, security lights and cameras, air conditioning and ventilation plant, grilles or ducts shall be installed on the elevations facing Cumberland Street, Sandiefield Road, or the new section of public realm to the north.

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

6. Prior to the commencement of development, details of measures to prevent overlooking from east facing windows onto the adjacent approved residential amenity space shall be submitted for the written approval of the planning authority. The approved measures shall be implemented prior to occupation of the premises and thereafter retained in the approved format.

Reason: To protect the privacy of neighbouring residential properties.

7. (a) Prior to the commencement of development, details of the Sustainable Urban Drainage System (SUDS), discharge rate, sizing of the pipe and approval of Scottish Water, SEPA and, where appropriate, the owner of any existing infrastructure to be used, shall be submitted for the written approval of the Planning Authority.
- (b) No development shall take place until the applicant has provided written Technical Approval from Scottish Water that they will accept surface water into their drainage network.
- (c) Should surface water be discharged to a watercourse, the applicant will require to demonstrate that there will be no detrimental impact on any watercourse and that flooding will not be increased in the surrounding area upstream and downstream as a result of the development. Thereafter, the details approved at (a) or (b) shall be implemented and retained in the approved format.

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

8. Before any work on the site is begun, a scheme of landscaping shall be submitted to and approved in writing by the planning authority. The scheme shall include hard and soft landscaping works, boundary treatment(s), details of trees and other features which are to be retained, and a programme for the implementation/phasing of the landscaping in relation to the construction of the development. All landscaping, including planting, seeding and hard landscaping, shall be completed in accordance with the approved scheme.

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

9. Before any work on the site is begun, a programme for the implementation/phasing of the landscaping in relation to the construction of the development shall be submitted to and approved in writing by the planning authority.

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

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

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

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

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

12. Before any work on the site is begun, a comprehensive site investigation for ground contamination shall be submitted to and approved in writing by the planning authority. The investigation shall be completed in accordance with a recognised code of practice such as British Standards Institution "The investigation of potentially contaminated sites - Code of Practice" (BS10175:2001). The investigation report shall include a risk assessment of all relevant pollutant linkages, as required by Planning Advice Note PAN 33 Revised 2000 Development of Contaminated Land. Where a risk assessment identifies any unacceptable risk or risks, it shall include a detailed remediation strategy. The approved remediation works shall be carried out prior to the commencement of development on site other than that required to carry out remediation.

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

13. On completion of the approved remediation works and prior to occupation of the development, a verification report confirming that the works have been carried out in accordance with the approved remediation strategy shall be submitted to and approved in writing by the planning authority.

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

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

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



15. Before any work on the site is begun, a noise survey demonstrating the impact of mixed traffic sources on the development using the principles set out in "Calculation of Road Traffic Noise" (DoE/Welsh Office, HMSO, 1988) and in "Calculation of Railway Noise" (DoT, HMSO, 1995) shall be submitted to and approved in writing by the planning authority. Where mitigation measures are required to achieve internal noise levels, with windows closed, of 45 dB(A) daytime and 35 dB(A) night time when measured as LAeqT, these shall be specified in the survey report. The approved mitigation measures shall be completed before any part of the building is occupied. The survey shall also demonstrate that the building will be designed and constructed to ensure that noise arising from railway movements will be no more than 45 dB LA max(fast) within any room in accordance with World Health Organisation Community Noise Guidelines for sleep disturbance.

**Reason:** To protect residents in the development from all transportation noise.

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

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

17. A detailed drawing showing the bin store and boundary enclosure shall be submitted to, and approved by, the Planning Authority prior to the commencement of works.

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

18. Light from the development shall not give rise to:

- (a) An "Upward Waste Light Ratio" (maximum permitted percentage of luminaire lux that goes directly to the sky) in excess of 15%
- (b) A "Light Into Windows" measurement in excess of 10Ev (lux). (Ev is the vertical luminance in lux.)
- (c) "Source Intensity" measurement in excess of 100 Kcd (kilocandela). (Source Intensity applies to each source in the potentially obtrusive direction out of the area being lit.)

**Reason:** In the interests of limiting the effects of light pollution on the environment and the users of surrounding developments, and of energy efficiency.

19. Prior to the commencement of development, details of measures to allocate and manage all dedicated car parking shown on drawing number 5078 L(0)0004 'Proposed Masterplan'.

**Reason:** In the interests of traffic safety at the locus.

20. Before occupation of the development, a robust Travel Plan and associated car parking management plan, which promotes sustainable travel and measures that minimise the impact of car parking generated by the development on neighbouring residents, shall be developed and submitted to the Planning Authority for written approval. The Travel Plan shall include details of implementation and monitoring and shall be implemented in accordance with these agreed details. The results of the implementation and monitoring shall be made available to the planning authority on request, together with any changes to the plan arising from those results.

**Reason:** To be consistent with the requirements of Scottish Planning Policy/PAN 75 Planning for Transport and Glasgow City Plan 2.

21. Details of the final reinstatement of the surface of the pedestrian area shall be submitted to and approved in writing by the planning authority. The approved reinstatement shall be completed as approved before any part of the development is occupied.

**Reason:** In the interests of pedestrian safety.

22. Public street lighting shall be maintained during all phases of the development.

Reason: To enhance safety and security during hours of darkness.

23. Clear delineation between the public (adopted) and private (non-adopted) areas shall be provided by means of a flush heel kerb, with any steps / ramps being located in private (non-adopted) areas.

Reason: In the interests of pedestrian safety.

24. All pedestrian and vehicular access levels shall be compatible with existing footway levels, with appropriate footway gradients and crossfalls provided. All doors / gates shall open inwards or be recessed and not open outwards over the public footway, in line with Section 67 of the Road (Scotland) Act 1984.

Reason: In the interests of pedestrian safety.

25. Existing street furniture (including signs, lighting columns, electrical control boxes etc) shall be maintained / relocated to suit the new footway / access arrangements as appropriate and to the approval of Development and Regeneration Services (Transport).

Reason: To enable the planning authority to monitor the implementation of the development.

26. Safe secure and sheltered cycle parking (along with the provision of suitable staff shower and changing facilities) shall be provided in accordance with Policy TRANS 6 of the Glasgow City Plan.

Reason: To ensure that cycle parking is available for the occupiers/users of the development.

#### Reason(s) for Granting this Application

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

Dated: 11 December 2015



Appointed Officer  
Development and Regeneration Services  
Glasgow City Council

THIS DECISION NOTICE SHOULD BE READ WITH THE ATTACHED ADVICE NOTES

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**IMPORTANT NOTES ABOUT THIS GRANT OF PLANNING PERMISSION**

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

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**DURATION OF PLANNING PERMISSION**

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

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**CONDITIONS OF THIS NOTICE**

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

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**RIGHTS OF APPEAL**

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

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

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

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

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

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

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

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

THIS IS AN IMPORTANT LEGAL DOCUMENT AND SHOULD BE KEPT SECURE FOR FUTURE REFERENCE

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**NOTICES OF INITIATION AND COMPLETION**

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

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

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**OWNERSHIP OF THE SITE**

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

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

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**BUILDING WARRANT**

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

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**ROADS CONSTRUCTION CONSENT**

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

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**DISABLED ACCESS**

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

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**WORK INVOLVING GROUND EXCAVATION**

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

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### SMALL FORMAT POSTERS

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

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### COMMUNITY BENEFIT

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

The policy introduces measures to encourage:

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

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

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

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

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

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

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### ADVISORY NOTES TO APPLICANT

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1. The part of this development involving the solum of cannot be carried out before iUthey are stopped up under planning legislation. The applicant should, therefore, on receipt of planning permission, request the planning authority in writing to initiate the necessary procedure as the intention is to carry out the development. The applicant will then be advised of the procedure, including payment of an administration fee.
2. Prior to implementation of this permission, the applicant should contact Development and Regeneration Services (Transport) at an early stage in respect of legislation administered by that Service which is likely to have implications for this development.
3. All on site loading and waiting will comply with existing and/or future changes to Traffic Regulation Orders.
4. The applicant is advised that it is not permissible to allow water to drain from a private area onto the public road and to do so is an offence under Section 99(1) of the Roads Scotland Act 1984.

5. The applicant is advised to liaise with Strathclyde Partnership for Transport regarding provision of travel information for staff and users of the premises.
6. Before the lighting system is installed, the applicant should submit certification from a member of the Institute of Lighting Engineers, or other suitably qualified person, to the planning authority confirming that the proposed system will satisfy the requirements of the light pollution condition.
7. Before the use commences, the applicant should, following the testing of the installed lighting system, submit certification from a member of the Institute of Lighting Engineers, or other suitably qualified person, to the planning authority confirming that the system complies with its design specification.
8. Construction and/or demolition work associated with this development should conform to the recommendations/standards laid down in BS5228 Part 1: 1997 "Noise and Vibration Control on Construction and Open Sites". Best Practicable Means as defined in Section 72 of the Control of Pollution Act 1974 should be employed at all times to ensure noise levels are kept to a minimum.
9. In order to protect local residents' amenity, noise associated with construction and demolition works in residential areas should not occur before 0800 or after 1900 Monday to Friday, and not before 0800 or after 1300 on Saturdays. Noise from construction or demolition works should be inaudible at the site's perimeter on Sundays and public holidays. The planning authority should be notified of necessary works likely to create noise outwith these hours.
10. Commercial waste from the premises requires to be disposed of in accordance with the Duty of Care requirement under section 34 of the Environmental Protection Act 1990. Waste transfer notes require to be obtained for the disposal of such waste and retained for a period of two years.

**TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997**

Notice under Section 27A Notification of Initiation of Development

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

Notice under Regulation 37 Notification of Initiation of Development

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

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

Application Reference:	15/01298/DC	I SML
Application Address:	Site Bounded By Sandiefield Road/Cumberland Street/Crown Street Glasgow	
Proposal:	Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.	
Applicant:	NHS Greater Glasgow & Clyde Capital Planning Per Mr Ian Docherty Adam Building 2Nd Floor Gartnavel Royal Hospital Glasgow G12 0XH	
Decision:	Grant Subject to Condition(s)	
Decision Date:	11 December 2015	
Full name and address of person(s), company or body carrying out the development (if different from applicant):		
Full name and address of all owner(s) of the land to be developed (if different from applicant):		
Full name, address and contact details of person(s), company or body appointed to oversee the carrying out of the development:		
START DATE:		

Signed ..... Date .....

\*On behalf of ..... \*Delete where inappropriate

# TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997

## Notice under Section 27B Notification of Completion of Development

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

Application Reference:	15/01298/DC	I SML
Application Address:	Site Bounded By Sandiefield Road/Cumberland Street U Crown Street Glasgow	
Proposal:	Proposed health centre comprising GP and dental surgeries, physiotherapy, podiatry, social work services and NHS offices, with associated car parking and landscaping.	
Applicant:	NHS Greater Glasgow & Clyde Capital Planning Per Mr Ian Docherty Adam Building 2Nd Floor Gartnavel Royal Hospital Glasgow G12 OXH	
Decision:	Grant Subject to Condition(s)	
Decision Date:	11 December 2015	
COMPLETION DATE FOR DEVELOPMENT:		

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

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

Signed

Date

\*On

behalf

of

\*Delete where inappropriate





Executive Director  
Richard Brown

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

## BUILDING WARRANT

Building (Scotland) Act 2003

Warrant under Section 9 for work subject to building regulations

### Grant of Warrant

This warrant is granted by Glasgow City Council in connection with the application by Gartnavel Royal Hospital (Ian Docherty) dated 30 June 2015 for Erection- Stage 1 - Foundations, substructure and underground drainage at Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow

### Reference number

The reference number of this building warrant is 15/01676/BW\_SI

### Conditions

The following condition(s) apply: that the work will be carried out as described in the building warrant and in accordance with the building regulations; and that nothing in any drawing, specification or other information submitted with the application indicates that the building when constructed will fail to comply with building regulations; and that work on

Stage 2 - Superstructure

Stage 3 - External envelope and fire strategy

Stage 4 - Services is not to proceed until such further information relating to that stage or stages as the verifier may require is submitted, and the verifier is satisfied with the information and has issued an amendment of building warrant (see Notes 2 and 3).

A copy of the agreed plans is returned

Signed

For the Director of Development and Regeneration Services

Dated 19th August 2015

Sent to;

JM Architects

50 Bell Street

Glasgow

G1 1LQ

Ian Scott, 0141 287 4765 South

**GLASGOW CITY COUNCIL**  
**Building Warrant Approval Note**

*(If you are an Agent you may wish to pass this note to your client.)*

Please find enclosed the Building Warrant documentation and the approved drawings for your project. Please note that you are required to advise this office within 7 days of starting the project. (Form J)

It should be noted that a Building Warrant does not exempt you from obtaining other types of permission that may be necessary, such as planning permission or listed building consent. For information on planning matters please phone 0141 287 8555 or email [regeneration@glasgow.gov.uk](mailto:regeneration@glasgow.gov.uk)

The purpose of the building standards system is to protect the public interest. It is not intended to provide protection to a client in a contract with a builder. The system therefore does not so much control building instead it sets out the essential standards to be met when building work takes place and only to the extent necessary to meet the building regulations.

**Completion Certificate Submission**

It is important to note that the responsibility for ensuring compliance with the approved Building Warrant and the Building (Scotland) Regulations 2004 lies with the '*relevant person*'\*. It is recommended that you seek professional advice to ensure compliance during the construction phase of your project.

Enclosed is Form 5 (Completion Certificate Submission). This form requires to be completed by the '*relevant person*'; or a duly authorised agent, confirming that the project complies with the approved Building Warrant and the Building (Scotland) Regulations 2004. It should be returned to this office when works are complete along with any other required documentation. (\* See the Completion Certificate Submission form which defines the term '*relevant person*':)

**Certificate of Construction**

If you indicated on your Building Warrant application form that you intend to utilise a Certificate of Construction you should ensure that the required certificate accompanies the Completion Certificate Submission form. Your Agent/Builder can advise further on this matter.

**Certificate of Design**

If a Certificate of Design was utilised as part of your Building Warrant approval submission and it was accompanied by a Schedule 1 form, please ensure that the required 'Notice Of Finalisation of Design Details' (Form Q) accompanies the Completion Certificate Submission form, if it has not already been submitted. Your Agent/Engineer can advise further on this matter.

**NOTICE REGARDING START OF WORK Form J**

Building (Procedure) (Scotland) Regulations 2004

Notice under regulation 59(1)(a) of the commencement of work for which a building warrant has been granted for works at: **Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow,**

As required by building warrant reference number: **15/01676/BW\_SI**

I hereby give notice that the work will commence/was commenced\* on (see Note 1)

The main contractor for the project is/will be\* (see note 2) -

Name

Address

Post code

Tel No

Fax No

e-mail

The duly authorised agent for the building warrant application (if any) will continue to act on my/our\* behalf for the period of construction\* (see note 2) - YES/NO\*

The duly authorised agent (if any) is to change from that indicated on the building warrant, revised details are provided below\* (see note 2) -

Name

Address

Post code

Tel No

Fax No

e-mail

The works are expected to be completed by: ..... (see note 2)

**Signed:** ..... **Dated:** .....

\*Delete as appropriate

Notes

1. Notice of start of work must be given at least 7 days before the date on which work will be commenced.
2. You do not have to provide this information but it may assist the verifier in dealing with your project.

This completed form should be sent to:

**Development and Regeneration Services  
Building Control and Public Safety  
231 George Street  
Glasgow G1 1RX**

**Fax 0141 287 5588**

**NOTICE OF WORK STAGE COMPLETED      Form K**

Building (Procedure) (Scotland) Regulations 2004

Notice under regulation 59(1)(b), (c) or (e) of the completion of particular stages of work for which a building warrant has been granted

As required by building warrant reference number: **15/01676/BW\_SI**

Address: **Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow,**

I hereby give notice that

\*drainage is laid and open ready for inspection or test      (see Note 1)

\*drain tracks are in-filled and the system is ready for inspection or test      (see Note 1)

\*the following work stage(s) are complete: ..... (see Notes 1 and 2)

**Signed:** .....      **Dated:** .....

\*Delete as appropriate

Notes

1. Notice of these stages of work is not required if the verifier has been informed the work is to be covered by an approved certifier of construction.
2. Only stages of work which have been specifically identified in the building warrant need to be notified.
3. This form should not be used to indicate that the entire project has been completed. The submission of a Completion Certificate should be made on Form 5.

This completed form should be sent to:  
**Development and Regeneration Services**  
**Building Control and Public Safety**  
**231 George Street**  
**Glasgow G1 1RX**

**Fax 0141 287 5588**

**NOTICE OF FINALISATION OF DESIGN DETAILS      Form Q**

Building (Procedure) (Scotland) Regulations 2004

Notification of finalisation of design of elements specified in schedules to certificates issued in accordance with regulations 32 and 34

**Part A to be completed by approved certifier**

I hereby give notice that the detailed design of the elements specified in the schedule to the:  
certificate of design number:

relating to

building warrant reference number: **15/01676/BW\_SI**

Address: **Site Bounded By Sandiefield Road/Cumberland Street/, Crown Street, Glasgow,**

has been finalised and is in accordance with the relevant performance specification.

Name of certifier: .....

Registration number of certifier: .....

**Signed:** ..... (Certifier)      **Dated:** .....

**Part B to be completed by approved body**

I confirm that the person signing Part A is an approved certifier of design and is a principal in or is employed by this body.

Name of approved body: .....

Registration number of approved body: .....

**Signed:** ..... (Certification co-ordinator of Approved body)

**Dated:** .....

If applicable, this form should be sent to:

**Development and Regeneration Services  
Building Control and Public Safety  
231 George Street  
Glasgow G1 1RX**

**Fax 0141 287 5588**



Development & Regeneration Services  
Building Control and Public Safety  
231 George Street  
Glasgow G1 1RX  
Phone 0141 287 5703  
Fax 0141 287 5588  
Email [building\\_mntrol@drs.glasgow.gov.uk](mailto:building_mntrol@drs.glasgow.gov.uk)  
Web [www.glasgow.gov.uk](http://www.glasgow.gov.uk)

**COMPLETION CERTIFICATE - SUBMISSION**  
**Building (Scotland) Act 2003**

Submission under section 17(1) and (7) of a completion certificate

**Notes:**

This form should be used for building warrant applications lodged after 1<sup>st</sup> May 2007.

Relevant person (see below)

Name

Address

Post Code

Flat position

Tel No. #

FAX No. #

e-mail #

**Relevant person**

The completion certificate must be submitted by the relevant person as defined by the Building (Scotland) Act 2003, that is -

- (a) Where the work was carried out, or the conversion made, otherwise than on behalf of another person, the person who carried out the work or made the conversion.
- (b) Where the work was carried out, or the conversion made, by a person on behalf of another person, that other person.
- (c) If the owner of the building does not fall within paragraph (a) or (b) and the person required by these paragraphs to submit the completion certificate has failed to do so, the owner.

Duly authorised Agent (if any)

Name

Address

Post Code

Flat position

Tel No. #

FAX No. #

e-mail #

# Provision of this information is optional but it may assist processing of the application.



Executive Director  
Richard Brown

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

## AMENDMENT TO BUILDING WARRANT

Building (Scotland) Act 2003  
Amendment under Section 9 of a building warrant

This amendment of the building warrant detailed below is granted by Glasgow City Council  
In connection with the application for amendment by: Gartnavel Royal Hospital (Ian Docherty)

Reference number  
The reference number of this amendment is- 15/01676/BW\_S2

Details of original building warrant  
Date of building warrant -  
Reference number of building warrant - 15/01676/BW

Address of building or site to which the building warrant applies: Site Bounded By Sandiefield  
Road/Cum berland Street/, Crown Street, Glasgow

Amendment(s) to building warrant  
Erection - Stage 2 - Superstructure

For which stages did the original building warrant require further detail?

Stage 2 - Superstructure  
Stage 3 - External envelope and fire strategy  
Stage 4 - Services

To which of these stages does this amendment relate? Stage 2

A copy of the plans showing this amendment are enclosed.

Signed

**For the Director** of Development and Regeneration Services

Dated 11th September 2015

(see over)

Sent to:  
JM Architects  
50 Bell Street  
Glasgow  
G1 1LQ

Ian Scott, South, 0141 287 4765

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Flood Prevention, Housing Strategy and Investment, Project Management and Design, Property Development, Transport and Environment.

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## WARNING

Please note that approval of amendment of building warrant does not:

- remove the need to obtain amended planning permission if that is authority if in doubt).
- extend the period of validity of the building warrant.

NOTE: Where the owner is not the applicant, then the verifier will notify the owner of the granting of the amendment to the building warrant as the verifier is required to do in terms of section 9(7)(b) of the Building (Scotland) Act 2006.



## APPENDIX C – EQUALITY IMPACT ASSESSMENT - ACTION PLAN

## Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

### 1. Name of Strategy, Policy or Plan

Gorbals Health & Care Centre Full Business Case (FBC)

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

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

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

### 3. Lead Reviewer

Hamish Battye, Head of Planning & Strategy (Older People and South Locality), Glasgow City HSCP

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

Alan Gilmour, Planning Manager, Glasgow City HSCP South Locality  
Lisa Martin, Community Engagement & Development Officer, Glasgow City HSCP South Locality  
Project Delivery Group members, including representatives from all services e.g. GPs, social work etc.  
Project Board members, including all stakeholders and community representatives

## 5. Impact Assessment

### A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

Yes. The FBC when finalised will refer to all appropriate equality legislation and guidance, including NHS GG&C equalities policies. Specific objectives for the scheme have also been identified including tackling inequality, improving access to services in an area of deprivation (see attached).

### B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source	
<b>All</b>	<b>Long Term Condition - South Locality</b>		
	Deafness / Partial Hearing Loss	6.10%	Social Work Area Demographics Compendium September 2014
	Blindness / Partial sight loss	2.50%	
	Learning disability	0.60%	
	Learning difficulty	2.10%	
	Developmental Disorder	0.60%	
	Physical Disability	7.80%	
	Mental Health Condition	6.50%	
	Other Condition	18.90 %	
	Hospital Admissions - The average rate of emergency admissions across the neighbourhood is significantly above the national rate.	ScotPHO	

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
<b>Sex</b>	In Gorbals and the surrounding area life expectancy for males and females is significantly less than the national average:  Males - 69.8 – national average - 76.6 Females - 77.9 - national average – 80.8	ScotPHO
<b>Gender Reassignment</b>	We do not have this information available at a HSCP / Locality level. The only source for this would be clinical information collected as part of each patient's record and when patients attend for appointments, clinics etc. There is no other source of information available.	N/A
<b>Race</b>	The area covered by the Health Centre and the registered patients represent a wide range of ethnic backgrounds. The level of black and minority ethnic patients is significantly higher than the Scottish and the overall rate for Glasgow City.	Scotland's Census 2011 – National Records of Scotland
<b>Disability</b>	Glasgow has an average rate of 17% of people who identified themselves as disabled compared with a Scotland average rate of 14.1%. In the 2016 Scottish Index of Multiple Deprivation (SIMD) the disability rate for people living in deprived areas in Glasgow was estimated at 20.1%, compared with a Scotland average rate of 14.1%.	N/A
<b>Sexual Orientation</b>	As the census and most large scale surveys do not include categories to identify Lesbian, Gay, Bisexual and Transgender people (LGBT), there is no definitive or consistent way to measure those in the population who are LGBT. In planning for introducing civil partnerships, the UK Government's best estimate based on synthesising survey data is that between 5-7% of the population identified as LGBT. However, it is known that many LGBT people tend to migrate towards cities, therefore this number will likely to be higher for the Glasgow City area with a	The Needs and Experiences of Lesbian, Gay, Bisexual and Transgender People in Glasgow

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>					
					<b>Source</b>
	recent study showing that Glasgow is a favourable place to migrate to for LGBT people.				
<b>Religion and Belief</b>	<p>According to the 2011 census the largest faith groups in Glasgow are:</p> <ul style="list-style-type: none"> <li>○ Christian 322,954</li> <li>○ No Religion 183,835</li> <li>○ Religion not stated 42,050</li> <li>○ Muslim 32,117</li> <li>○ Hindu 4,074</li> <li>○ Buddhist 2,570</li> <li>○ Sikh 3,149</li> <li>○ Other Religions 1,599</li> <li>○ Jewish 897</li> </ul>				Scotland's Census 2011 – National Records of Scotland
<b>Age</b>					ScotPHO
	<b>Age Range</b>	<b>Number</b>	<b>Percentage of Overall Population</b>	<b>National Average (Percentage)</b>	
	Top of Form Top of Form				
	0-15Bottom of Form				
	Bottom of Form	908	14.6	17	
	16-64	4463	71.5	64.9	
	65-74	481	7.7	10	
	75+	388	6.2	8.1	

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>						
						<b>Source</b>
	85+	75	1.2	2.1		
	The rate for older people with emergency or multiple admissions to hospital is significantly higher than the national rate.					
<b>Pregnancy and Maternity</b>	It is known that there were 7,631 births in the Glasgow city area during 2011 (51% female and 49% male).					National Records of Scotland, Glasgow City council Area Demographic Factsheet
<b>Marriage and Civil Partnership</b>	In 2011 there were 2846 marriages in Glasgow City and 41 male and 55 female Civil Partnerships.					(2011: The Registrar General's Annual Review of Demographic Trends)
<b>Social and Economic Status</b>	Mental Health, Addictions and Homelessness feature significantly higher in the Gorbals Hutchesontown area than elsewhere in Scotland.					ScotPHO
<b>Other marginalised groups (homeless, addictions,</b>	Two thirds of children and adults in Glasgow are deemed to live in the 15% most deprived areas. For older people this figure is still very high at around 50%.  Asylum seekers - as of January 2008, the number of asylum seekers supported in Glasgow was 4,887					

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
<b>asylum seekers/refugees, travellers, ex-offenders</b>	Gypsy Travellers - Latest figures for Scotland in the census states approx. 4,200	

<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	Yes. The expectation is that all the aims and objectives for the project will be met.		
<b>Sex</b>	Yes. The facility should have a positive impact.		
<b>Gender Reassignment</b>	Yes. The facility should have a positive impact.		
<b>Race</b>	Yes. The facility should have a positive impact.		
<b>Disability</b>	Yes. The latest design standards meet all the legislative requirements for disability access.		
<b>Sexual</b>		The facility could have a positive	

<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>Orientation</b>		impact, supported by increased staff awareness of equality related issues / participation in staff training.	
<b>Religion and Belief</b>	Yes. The new facility includes specific provision for a spiritual room.		
<b>Age</b>	Yes. The facility should have a positive impact.		
<b>Marriage and Civil Partnership</b>	Yes. The facility should have a positive impact.		
<b>Pregnancy and Maternity</b>	Yes. Provision is also made in the new building for breast feeding, nappy change and adults with young children in push chairs.		
<b>Social and Economic Status</b>	Yes. The location of the new facility has been selected to improve access for the local population. The services in the new facility serve the wider Gorbals area which includes a large proportion of its population in SIMD areas 1 and 2.		



<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	Services will be available in the new facility for all these groups. Specifically the facility includes the local CAT team and the homelessness case work team.		

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Sex</b>			No negative impacts are either planned or intended for any specific

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
			equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Gender Reassignment</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Race</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Disability</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
			evaluation as part of the next stage of the project.
<b>Sexual Orientation</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Religion and Belief</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Age</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>Marriage and Civil Partnership</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Pregnancy and Maternity</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Social and Economic Status</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.
<b>Other marginalised groups</b>			No negative impacts are either planned or intended for any specific equality group but nevertheless

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>(homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</b>			unintended impacts may occur. This will need close monitoring and evaluation as part of the next stage of the project.

<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>E1 Changes to policy</b>	None envisaged at this time but specific plans need to be put in place as part of project completion stage in particular to record on impact on equality groups listed above.	August 2018
<b>E2 action to compensate for identified negative impact</b>	Clear monitoring processes need to be established to ensure any potential negative impacts on equality groups identified above are mitigated effectively. Data will need to be captured as part of the next stage of the project.	September 2019
<b>E3 Further monitoring – potential positive or negative impact</b>	To be confirmed as part of project completion stage, including patient engagement and involvement strategy.	August 2018
<b>E4 Further information required</b>	None at this stage	

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

The review will take place in two stages:

- 1) stage 1 will be undertaken as part of the completion of the project which is programme for August 2018; and,
- 2) stage 2 will take place as part of the post project evaluation phase 12 months on from completion of the project currently planned for September 2019.

**Lead Reviewer: Name: Hamish Battye**  
**Sign Off: Job Title: Head of Planning & Strategy (Older People and South Locality), Glasgow City HSCP**  
**South**



**Signature:**  
**Date: 13/12/2016**

Please email copy of the completed EQIA form to [EQIA1@ggc.scot.nhs.uk](mailto:EQIA1@ggc.scot.nhs.uk)

Or send hard copy to:

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

## APPENDIX D – RISK REGISTER



Ref	Date Raised	Category	Summary Description of Risk			Stage of hub West Process	PRE-CONTROL				Risk Owner(s)/Name d Person	Risk Control Measures	POST-CONTROL				Last Reviewed/Comments December 2016
			Cause of Risk	Risk Description	Effect of Risk		Likelihood	Impact - Time	Cost (£)	Risk Score			Likelihood	Impact - Time	Expected Risk Cost (£)	Risk Score	
10	25/09/2012	Legal	various	failure to agree lease terms with independent contractors e.g. GDP	financial risk to NHS	Financial Close	4	5		20	NHS Gordon Love Property	District Valuer has reviewed the areas and the valuation. Early discussions with independent contractors and agreement of programme for agreement of Heads of Terms.	2	3		6	Mitigation Ongoing. Costs provided to dentists - final negotiations underway.
12	25/09/2012	Legal	various	failure to agree land exchange and temporary access to adjacent land on programme with 3rd party.	delay to programme	Financial Close	4	5		20	NHS Bill Skelly Property	Maintain dialogue with Glasgow City Council and NGHA and map out process to be followed for site purchase from NGHA - NHS property manager to take lead.	1	5		5	Discussions between NHS and NGHA sucessfully concluded. Legal process being closed out.
16	25/09/2012	Legal	various	3rd party rights affecting site. Schedule Part 5 not agreed	constraining site development	Stage 2	3	5		15	NHS/GCC/hWS/ Dave Lane	continuous discussions with NGHA and NHS GGC to allow Schedule Part 5 to be completed and agreed.	1	5		5	Legal process being closed out.
40	26/11/2012	Project Management	Financial close	Financial close date is not achieved	delay	Financial Close	4	5		20	NHS Jim Allan John Donnelly Capital Planning	Continually review the information and dates required for approvals. Review Lessons Learned tracker produced post Eastwood/Maryhill FC. Implement series of Legal and Commercial meetings on a two weekly basis to ensure all documentation is presented and approved on time.	2	3		6	Mitigation Ongoing. Project Programme has been developed and agreed with all approval dates and legal and commercial stages agreed. Programme being reviewed at weekly Legal and Commercial meetings. FC is dependant on both projects being ready.
71	10/12/2014	Stakeholders	Design Development	Variance to existing agreed landlord model for IT and Comms infrastructure.	Financial risk to GCC	Stage 2	3	5		15	NHS/GCHSCP Alex Mackenzie GC HSCP	Early discussions required between both parties to agree the landlord model for the IT and Comms requirements or agree funding proposal for the alternative model.	1	4		4	Agreed NHS/GCC IT/Comms model developed, agreed and currently piloted in three existing sites. This model will be implemented at Woodside & Gorbals.
75	10/12/2014	Design	Design Development	Arts Strategy has not been fully considered into the design and construction of the Project	Cost Impact	Stage 2	3	5		15	NHS John Donnelly Capital Planning	Arts Strategy proposals to be addressed as part of the Stage 2 Design Proposals and included within the Stage 2 submission.	1	5		5	Ongoing. Included as a change control and provided within the Stage 2 Costs. Finalising detail of artworks in progress and within contract programme dates.
80	24/03/2015	Commercial	Financial close	non agreement of participant interface agreement.	financial close delay	Financial Close	2	5		10	NHS John Donnelly Capital Planning	Early discussions with NHS GGC and GCC to agree Participant Interface agreement.	2	5		10	Discussions at advanced stage with GCC/NHS/CLO. Will be in place prior to Financial Close.
81	24/03/2015	Stakeholders	Operational Manage	Resource allocation for staff and equipment is not sufficient to commission the building ready for operation.	Cost Impact	Operation/ .Commissioning.	2	5		10	NHS/GCHSCP Alex Mackenzie GC HSCP	Review of resource requirements and funding required to ensure that all costs for staff and equipment are approved prior to occupation and operation.	1	5		5	Ongoing. Detailed commissioning programme to be developed by NHS GGC to ensure sufficient resource allocation. Template already established for Eastwood / Maryhill.

Ref	Date Raised	Category	Summary Description of Risk				PRE-CONTROL				Risk Owner(s)/Name	Risk Control Measures	POST-CONTROL				Last Reviewed/Comments December 2016
							Time	Time	Time	Time			Time	Time	Risk Cost (£)	Time	
84	04/06/2015	Design	Design Development	RDS and Room Layouts still to be fully signed off by NHSGGC and all costs associated with these included in Cost Plan	Cost/Programme impact	Stage 2	3	5	15	NHS John Donnelly Capital Planning	Design Team to complete the RDS for all areas and NHSGGC to sign off as soon as possible. Review against design freeze RDS and list any differences for costing.	1	4	2	Stage 2 Price Nov includes cost for Room Layouts rev S. Some late, localised revisions being costed (S+) and will be agreed within the Affordability Cap before FC. Only four rooms remain to be finally closed out.		
92	08/12/2016	Design	Various	Disagreement between HSCP management and two of the four GP practices about the design of GP reception areas. HSCP preference is for open reception areas throughout in line with reference design and NHS Board policy. Two practices requesting screened reception desks. Potential risk of two practices not signing off this aspect of RDS.	Service model /Finance impact	Construction	2	4	8	NHS/GC HSCP Alex Mackenzie GC HSCP	HSCP to undertake an exercise at Maryhill Health & Care Centre to review experience with open receptions. The output to inform whether there is a need to alter the design. Liaison will also take place re Eastwood Health & Care Centre, as the reference design for new primary care centres.	1	2	2	Discussions continue with the two practices concerned about open reception areas. Visits arranged to Eastwood and Maryhill to view open reception areas in operation and speak to GPs and staff. This aspect of the RDS to be signed off by the HSCP.		

## APPENDIX E – ECONOMIC APPRAISAL



## APPENDIX F – PERFORMANCE SCORECARD

# VALUE FOR MONEY SCORECARD

Gorbals HCC

Version 1.0



12 December 2016

## PROJECT SUMMARY

<b>Project Name:</b>	Gorbals HCC
<b>Health Board:</b>	NHS Greater Glasgow & Clyde
<b>Local Authority:</b>	Glasgow City Council
<b>Total Project Cost:</b>	<b>£17,021,459</b> (Incl NHS Direct Costs)
<b>Hubco Affordability Cap:</b>	£17,051,105
<b>Hubco Current Project Cost:</b>	£17,021,459 (Equivalent to the Affordability Cap)
<b>Site Abnormals:</b>	£1,016,658
<b>Gross Internal Area:</b>	6,509 m2
<b>Nr of GP's:</b>	19 nr
<b>Car Parking Spaces:</b>	86 nr
<b>Storey's:</b>	3 nr



## PERFORMANCE METRICS

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

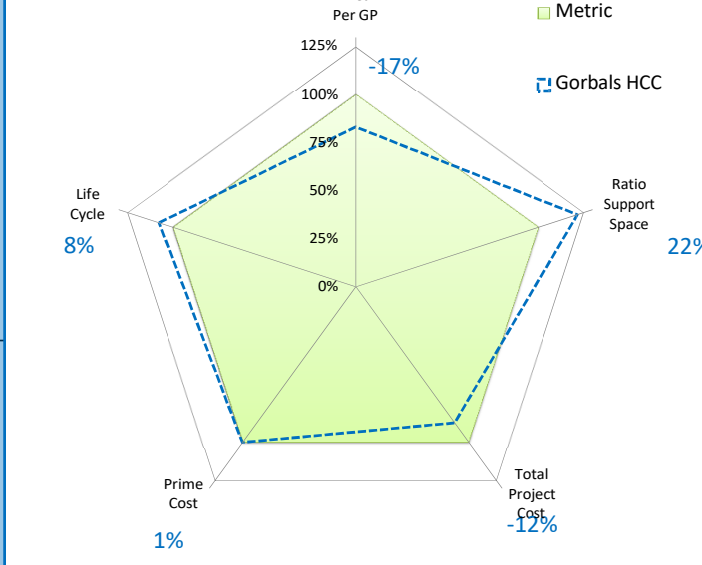
6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

Inflation Uplift:- 24.34%

Area Metric B 1:3

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost (£/m2)	£2,798	£2,459	-£339
Prime Cost (£/m2)	£1,741	£1,751	£10
Area Per GP (m2/GP)	105	87.13	-17.37
Ratio Support Space (Ratio)	1:3	3.6	0.65
Life Cycle (£/m2)	£18.00	£19.41	£1.41

## SCORECARD SUMMARY



### Description Of Scorecard

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

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

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

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

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

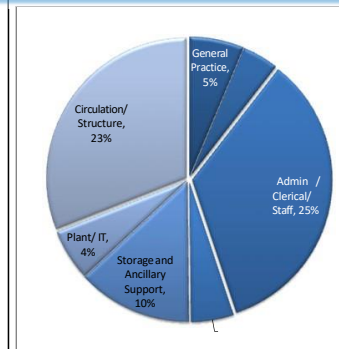
## FINANCIAL ASSESSMENT

2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
Vibro Compaction	Sub	£145,943	£39,404.61	£185,348
Change Controls	M&E	£218,292	£58,938.77	£277,231
Utility Diversions	Ext	£155,283	£41,926.41	£197,209
Mech Vent (acoustic issues)	M&E	£156,000	£42,120.00	£198,120
Public Realm Upgrade	Ext	£125,000	£33,750.00	£158,750
			£0.00	£0
<b>Total</b>		<b>£800,518</b>	<b>£216,140</b>	<b>£1,016,658</b>

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£683,521	£105	£537,578	£83
Superstructure	£5,559,394	£854	£5,559,394	£854
Finishes	£1,234,834	£190	£1,234,834	£190
Fittings & Furnishing	£803,718	£123	£803,718	£123
M&E	£3,637,296	£559	£3,263,005	£501
<b>Prime Cost</b>	<b>£11,918,764</b>	<b>£1,831</b>	<b>£11,398,529</b>	<b>£1,751</b>
External Works	£984,192	£151	£703,909	£108
Project Fees (Design, surveys, Hubco fee)	£4,118,503	£633	£3,902,363	£600
Hubco Affordability Cap	£17,021,459	£2,615	£16,004,801	£2,459
NHS - Decant/Management		£0	£0	£0
NHS - Contingency	£0	£0	£0	£0
<b>TOTAL PROJECT COST</b>	<b>£17,021,459</b>	<b>£2,615</b>	<b>£16,004,801</b>	<b>£2,459</b>

Items	%	£
Post FC Risk	1.1%	£115,875
Pre FC Risk	4.6%	£763,188
NHS Cont	0.0%	£0

### NHS Board Commentary on Financial Assessment



## AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	301	5%
Other Health Services	929	14%
Local Authority	200	3%
Patient Interface	818	13%
Admin / Clerical / Staff	1,638	25%
Staff Facilities	235	4%
Storage and Ancillary Support	631	10%
Plant / IT	283	4%
Circulation / Structure	1,476	23%
<b>Total GIA</b>	<b>6,509</b>	<b>100%</b>
<b>Omit Abnormals</b>		
GP & Other Health Services	-1,229	-
LA Facilities (Incl circ/plant)	-796	-
Nett Support Space	4,484	Diff
Ratio Clinical Vs Support Space	<b>1: 3.6</b>	-0.6

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
19	105	87

### NHS Board Commentary on Area Provisions

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	19.41	1.41
Fixed Facilities Management Costs	19	14.56	-4.44

## APPENDIX G – DESIGN STATEMENT – STAGE 2

## NHSScotland Design Assessment Process

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

Business Case Stage: FBC

Assessment Type: Desktop

Assessment Date: March 2016

Response Issued: 08 Apr 2016

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

### Joint Statement of Support

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

### **SUPPORTED (unverified)**

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

### Essential Recommendations

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

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

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

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



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

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

## Advisory Recommendations

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

## VERIFICATION to CIG :

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

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

## Notes of Potential to Deliver Good Practice

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

## Notes On Use and Limitations To Assessment

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

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



## Appendix ONE - Woodside H&CC

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

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

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

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

## Advisory Recommendations

- A. ART & LANDSCAPE – The tight nature of the site, variety of edge conditions and unknown parameters of future neighbouring developments provide a challenging setting for this proposal. Linking the facility better to the existing public transport network, walking routes and green infrastructure delivers wider public health promotion but is also key to delivering a welcoming, accessible, safe environment for all. We commend the Board's work on a wide Art & Landscape strategy, including GEP collaboration, funding and community engagement. We welcome reinstatement of OBC's provision of trees to SW car-park and green links/ way-pointing from Maryhill Road to regenerated Canal' strategic access point at top of Hinshaw St. The quality should at least be to a level agreed with GEP to deliver an 'enhanced external environment' for £60k matched funding. Current proposals still lack evidence on the quality of the scheme, and delivery of previous OBC NDAP recommendations i-iii, plus iv below:
  - i. Art & landscape links to 'Applecross and Firhill Glasgow Canal Regeneration area';
  - ii. Hinshaw Street art & landscape improvements to reduce vehicular traffic impact;
  - iii. Garscube Road art & landscape buffer between clinical spaces and this busy street;
  - iv. a safe, dementia- friendly garden to promote care and activities as well as respite.
- B. DAYLIGHT & VIEWS – are generally good due to the narrow plan around an atrium. We see no evidence of previous OBC NDAP recommendations i.e. to improve the few rooms without access to daylight, e.g. Physio clinical staff 08-PHY-009; Physio self referral 08-PHY-008 each 10sqm; and potentially pharmacy office. Also still to evidence DS 1.7, i.e. appropriate privacy e.g. art /landscape buffer, to lower level consulting rooms etc, without which blinds/ curtains may be permanently drawn. Confirm day hospital clerestory retained to provide daylight into corridor, assisting its elderly users.
- C. FLEXIBILITY & EXPANSION – the strategy for a standard consulting room is to be commended for future flexibility. We note this tight site and construction proposal has no expansion potential.
- D. ACCESS & FLOWS – The main entrance is clearly placed at the 'gusset' or apex of this triangular site, but with 4 other 'public entrances', plus 3 service doors and 5 exits the materials & detail design of these will need to be carefully considered to ensure a legible hierarchy is achieved. We commend the potential for easy public wayfinding throughout, and inclusion of the 'changing place' facility, plus larger patient rooms/ doors and open receptions to enable accessibility /equality. Please confirm community/ access panel consultation, plus HFS guidance including audits on DDA/ dementia to support project equality statement and design development.

- E. SUSTAINABILITY - We welcome the approach to Sustainability with  $\geq 70\%$  BREEAM 2011 NC target score, including an ENE 01 score  $\geq 6$ . We commend the Board's development of their sustainability brief, particularly on energy reduction and thermal comfort now and in near future. The recent project delay raises risks on NDTH Section 6 compliance, particularly given the large percentage of mechanical ventilation in this proposal. We request updated BREEAM tracker, thermal modelling for climate adaptation proposals and latest BRUKL documents be provided to HFS for comment. Confirm commissioning planning is commenced.
- F. SAFETY & LOGISTICS – We commend the consideration of fire safety generally, as the potential higher risks for users beyond NDTH minimum for an 'assembly building' are included in the SHTM 81 part3 atrium and the evacuation lifts design; though item 2 above fire concerns remain to be addressed. Board to confirm current stage CDM and SHFN 30 HAI scribe risk assessments completed and design actions recorded.
- G. AEDET – Confirm current stage review completed and design actions recorded, ideally including community stakeholders.
- H. M&E DESIGN – HFS has welcomed the opportunity to influence the technical / M&E brief and design responses from relatively early stage in this project. This has supported a more detailed understanding and commentary through design development, allowing the Board to potentially improve VfM/ reduce risks. However M&E Stage E design report (rec'd 8 March 2016) is still high level, with insufficient detail to close out many of our earlier queries /comments raised early 2015 at OBC stage, though it does have a useful comparison table to Stage C report.

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

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



## Appendix TWO - Gorbals H&CC

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

2. Further to OBC stage NDAP report 31-03-2015, confirm regulatory fire and safety risks in-use are understood and acceptable. It is agreed the Non Domestic Technical Handbook (NDTH) section 2 Fire applies, with the closest 'use' being 'assembly building'. However user profiles and functions may vary considerably from NDTH and where this is the case SHTM principles should apply. Therefore please confirm design is SHTM 81 pt3 compliant for atrium, and has NDTH compliant lobbied fire evacuation lift(s); both of which recognise the higher risk profile of users. Operational risks and logistics of following examples should be assessed & comply to SHTM 83:
  - i. user independent mobility may be affected, even temporarily, e.g. dental anaesthesia, or physio / medical treatment, thus creating a reliance on staff assistance for safe evacuation; e.g. will there always be staff support available; how do staff seek further support if required; identify training.
  - ii. differing occupation may cause security conflicts, e.g. alternative escape route from dental wing is via Dr Willox's practice; therefore their doors cannot be blocked. (Dental single direction route would exceed 15m and be  $\leq 4.5$  m of atrium opening, therefore is non-compliant.)
  - iii. the layout currently deviates from NDTH accepted solutions, e.g. Dental & Dr Willox's practice has non-compliant room-corridor-room travel sequence via waiting 'room' 1.100. Potential room sequences and excessive travel distances in upper staff only floor. Fire strategy states NDTH requires 1122mm for final exits, but drawn approx. 850. Door designs, widths and direction of travel seem inconsistent for fire escape. Also please confirm door design complies with HBN 00-04 for general healthcare traffic and Equality Act. For example, electric wheelchair/ scooter/ bariatric access etc, plus ambulance trolley routes should be checked from front door to destination space(s) and then on to an evacuation lift/ final exit to confirm accessibility.
  - iv. NDTH 4.8.1 Collision with projections will require a permanent guardrail to outward opening doors on to any escape route. As drawn this is: ground floor escape door at Lift 3/ physio/ podiatry and 3no WCs, also 4no WCs on first floor. These hazards should be eliminated as non-compliant with HBN 00-04, i.e. "*non-recessed outward-opening doors (other than service cupboards) are not allowed on any patient area corridor in healthcare premises based on a sensory impairment risk assessment*". In addition, risk assessment required for 10no doors currently drawn opening both into room and out on to corridor. Assuming 'anti-barricade' doors these are exempt similar to 'service cupboards', but staff 'escape' routes should be recessed to avoid a collision.
  - v. Fire strategy states to assist in disabled user evacuation, an evacuation lift with lobbied access from each floor and a protected route to final exit is provided. This is not currently evidenced in drawings. Potential relocation of Lift 3 to external wall could create a compliant design.
3. As previous OBC stage NDAP report 31-03-2015, there remains a lack of information to demonstrate delivery of DS 1.1, 1.2 & 4.1 benchmarks, for a welcoming, accessible, safe environment for all; plus address inequalities and maximise public sector investment. Please confirm the nature and use of the public realm to enable active uses, plus wider sustainability duties e.g. biodiversity, health promotion. South courtyard is only area currently demonstrating active functional potential.



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

## Advisory Recommendations

- A. ART & LANDSCAPE – The urban nature of the site, variety of edge conditions and diversity of neighbours provide a challenging setting for this proposal. However linking this facility to emerging Gorbals regeneration plans, plus enabling routes to the existing public transport network, walking routes and green infrastructure is key to delivering a welcoming, accessible, safe environment, plus wider public health promotion. We have seen no evidence of a developing Art & Landscape strategy. Only reference for art, is 'Touchstones' within north and south courtyards, but only south accessible. Also staff room (north facing), social work, and end of atrium (both south facing) roof terraces; plus the public realm surrounding facility have great potential for sustainable functions. We do commend potential for perimeter evergreen hedgerow/ wall/ art screen to provide consulting room privacy.
- B. DAYLIGHT & VIEWS – are generally very good, as is wayfinding due to the figure '8', narrow plan around two courtyards. Glazed screens, ideally with artistic privacy film, would reduce the austerity of 3 of 4 no CAT interview (0.033-36) plus group (0.040) rooms, currently internal environments. Largest public room, Health Promotion (0.017) is without access to external space, and 3 no windows are fire rated, only fourth north facing window has an opening light.
- C. FLEXIBILITY & EXPANSION – the strategy for a standard consulting room is to be commended for future flexibility. We note this tight site and construction proposal has no expansion potential. We encourage the lower roof over the link corridor to be designed to provide a future direct link (currently just maintenance), allowing upper floor greatly enhanced future flexibility.
- D. ACCESS & FLOWS – The main entrance is clearly placed and set back on new Gorbals public shared surface route, but with CAT 'public entrance' and service entrances just round corner on 'main road', the materials & detail design need to be carefully considered to ensure a legible hierarchy is achieved. We commend the potential for easy public wayfinding throughout, plus inclusion of the 'changing place' facility and ambulance trolley lift to enable accessibility. Receptions are clearly seen from public entrance points with exception of Dr Wilcox practice. Since OBC review this is not improved, however ALL receptions seem changed from a welcoming open desk, to impersonal glass screens. This is a detrimental step for equality of access, plus research suggests could promote stress and aggression. We note only 3 no Consulting (0.082, 1.080, 1.091), and 2 no Treatment (0.024/26) rooms have 1½ leaf doors. Yet corridors generally are single doors, with double doors generally only at 'department entrance'. Please confirm community/ access panel consultation, plus HFS guidance including audits on DDA/ dementia used to support project equality statement and design development. We would recommend dementia-friendly 'passive' measures for reception security, e.g. 1m desk width, staff escape route to a safety, glazed screen between reception - admin room; as well signage for users explaining GP /NHS processes, and staff training to recognise and de-escalate prior to tipping point.
- E. SUSTAINABILITY - We welcome the approach to Sustainability with ≥70% BREEAM 2011 NC target score of 76%, including an ENE 01 score ≥6, targeting 8. We commend the Board's development of their sustainability brief, particularly on energy reduction and thermal comfort, now and near future. The recent project delay raises cost risks on NDTH Section 6 compliance. We request updated thermal

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

- F. SAFETY & LOGISTICS – we commend the consideration of fire safety generally, as the potential higher risks for users beyond NDTH minimum for an ‘assembly building’ are included in the SHTM 81 part3 atrium and the evacuation lifts design; though item 2 above fire concerns remain to be addressed. DSR cleaning rooms quantity and size are: 2no each ground and first floor and 1no for second floor, each 9-11m<sup>2</sup>. We note location of second floor DSR is 100m from Social Work WCs. Board to confirm current stage CDM and SHFN 30 HAI scribe risk assessments completed and design actions recorded.
- G. AEDET – Confirm current stage review and design actions recorded, ideally including community stakeholders.
- H. M&E DESIGN - HFS has welcomed the opportunity to influence the technical/ M&E brief and design responses from a relatively early stage in this project. This has supported a more detailed understanding and commentary through design development, allowing the Board to potentially improve VfM/ reduce risks. However M&E Stage E design report (rec’d 26 Jan 2016) is still high level, with insufficient detail to close out many of our earlier queries /comments raised early 2015 at OBC stage.

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

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

## APPENDIX H – SCHEDULE OF ACCOMMODATION



# Gorbals Health Centre

First Issued 09.07.2015

Rev A : 27.07.2015

Rev B: 28.07.2015

Rev C: 22.09.2015

Rev D: 24.09.2015

Rev E: 29.09.2015

Rev F: 08.10.2015

Rev G: 09.10.2015

Rev H: 22.10.2015

Rev I: 30.10.2015

Rev J: 04.12.2015

Rev K: 12.01.2016

Rev L: 18.01.2016

Rev M: 27.01.2016

Rev M: 27.01.2016

Rev O: 10.02.2016

Rev P: 18.02.2016

Rev Q: 23.02.2016

Rev R: 29.02.2016

Rev S: 27.06.2016

Rev T: 15.07.2016

DRAWING ISSUED FOR SIGN OFF BY SERVICE

DRAWING RE-ISSUED FOR REVIEW BY SERVICE

DRAWING STILL TO BE REVIEWED BY SERVICE

\*Please note that no Room Layouts have been signed off by service\*

Rev U: 26.07.2016 / 08.12.2016

Rev: Note added to account for rounding difference

LEVEL	ROOM No	AREA SQM	ROOM TYPE	C- SHEET NO.	C-SHEET REV M	C-SHEET CURRENT	RDS NAME	RDS No	RDS Rev
LO	0.001	13.2	Entrance Lobby	N/A	N/A	N/A	N/A		
LO	0.002	20.7	Stair 1	N/A	N/A	N/A	Stair Core 1		
LO	0.003	13.6	Accessible WC / Changing Places	L(4)4046	B	C	Accessible WC	V0922A-01	
LO	0.004	173.3	Circulation	L(4)4160	-	-	Corridor 1	CIR000-01	
LO	0.005	18.3	Central Reception Desk	L(4)4087	C	E	(Bookable Community) Reception	J90610A-01	12/05/2015
LO	0.006	17.3	Community Admin Office/Mail Room	L(4)4054	D	G	(Bookable Community) Admin Office	M9278-2	12/05/2015
LO	0.007A	0.0	Not Used	N/A	N/A	N/A	N/A		
LO	0.007B	20.7	Waiting Area	L(4)4043	D	F	Waiting Area (Community)	J1152C	12/05/2015
LO	0.007C	16.5	Waiting Area	L(4)4088	-	COMBINED L(4)4043	As Community Waiting	J1152B	12/05/2015
LO	0.008	3.1	Resuscitation Trolley Store	L(4)4066	B	D	Resus Trolley Store	G9180-01	
LO	0.009	19.1	Circulation	L(4)4161	-	-	Corridor 2	CIR000-02	
LO	0.010	15.2	Bookable Room 6	L(4)4044	C	D	Delivery Store	W91585L	12/05/2015
LO	0.011	4.3	Baby Room 1	L(4)4061	C	C	Baby Room	S9010A	
LO	0.012	15.0	Bookable Room 1	L(4)4045	D	E	Bookable Community 18 sqm	C90237D	
LO	0.013	18.2	Bookable Room 2	L(4)4045	D	E	Bookable Community 18 sqm	C90237D	
LO	0.014	28.2	Circulation	L(4)4161	-	-	Corridor 3	CIR000-03	
LO	0.015	15.2	Bookable Room 3	L(4)4044	C	D	Bookable Community 15 sqm	C90237D	12/05/2015
LO	0.016	15.1	Bookable Room 4	L(4)4044	C	D	Bookable Community 15 sqm	C90237D	12/05/2015
LO	0.017	61.1	Health Education Room	L(4)4042	D	G	Health Education Room	M0330A-01	12/05/2015
LO	0.018	28.5	Circulation	L(4)4162	-	-	Corridor 5	CIR000-05	
LO	0.019	19.0	Stair 2	N/A	N/A	N/A	Stair Core 2		
LO	0.020	6.3	Clinical Disposal	L(4)4073	B	D	Clinical disposal 6sqm	Not issued	
LO	0.021	15.4	Bookable Room 5	L(4)4044	C	D	Bookable Community 15 sqm	C90237D	12/05/2015
LO	0.022	11.0	DSR 2	L(4)4024	C	E	DSR 11 sqm	V9510-02	
LO	0.023	19.0	Circulation	L(4)4161	-	-	Corridor 4	CIR000-04	
LO	0.024	18.5	Treatment Room 1	L(4)4069	D	G	Treatment Room	C0237C	
LO	0.025	2.8	Ambulant WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
LO	0.026	18.5	Treatment Room 2	L(4)4123	C	F	Treatment Room	C0237C	
LO	0.027	6.2	Equipment Store	L(4)4071	B	D	Equipment Store	W9540-03	
LO	0.028	15.4	Phlebotomy Room	L(4)4070	E	G	Phlebotomy Room	C9522-02	
LO	0.029	13.8	Female WC	L(4)4128	-	A			
LO	0.030	15.3	Male WC	L(4)4128	-	-			
LO	0.031	21.5	Circulation	L(4)4166	-	-	Corridor 12	CIR000-12	
LO	0.032	43.5	Circulation	L(4)4167	-	-	Corridor 13	CIR000-13	
LO	0.033	7.5	Interview Room 1	L(4)4063	E	F	Interview Room 1	M90724	19/05/2015
LO	0.034	7.5	Interview Room 2	L(4)4063	E	F	Interview Room 1	M90724	19/05/2015
LO	0.035	11.0	Interview Room 4	L(4)4064	D	E	Interview Room 4	M9272A	19/05/2015
LO	0.036	16.0	Clinical Room 2	L(4)4125	C	E	Clinical Room	C9110_01	19/05/2015
LO	0.037	15.7	Clinical Room 3	L(4)4125	C	E	Clinical Room	C9110_01	19/05/2015
LO	0.038	15.6	Clinical Room 1	L(4)4010	F	G	Clinical Room + WC	C9110_01	19/05/2015
LO	0.039	7.7	Interview Room 3	L(4)4155	L(4)4063 E	B	Interview Room 1	M90724	19/05/2015
LO	0.040	18.9	Group Room	L(4)4059	F	I	Group Room	H9313-02	19/05/2015
LO	0.041	7.5	Circulation	NO LAYOUT	-	N/A			
LO	0.042	5.2	Standard Accessible WC	L(4)4047	B	C	Accessible WC	V0922A-01	
LO	0.043	6.8	Lobby	NO LAYOUT	N/A	N/A			
LO	0.044	24.1	CAT Waiting area	L(4)4091	C	F	Waiting Area	J1155-01C	13/05/2015
LO	0.045	11.8	Reception	L(4)4090	E	G	Reception Area	J0610A-02	13/05/2015
LO	0.046	1.6	File Store	L(4)4090	E	G	Admin Office	M9278-02	13/05/2015
LO	0.047	25.1	Administration Office	L(4)4090	L(4)4062 C	G	Admin Office	M9278-02	13/05/2015
LO	0.048	5.0	Script Room	L(4)4090	L(4)4062 C	G	Admin Office	M9278-02	13/05/2015
LO	0.049	12.2	Waiting Area	L(4)4017	F	G	Physio Waiting	JJ91155-06	
LO	0.050	45.7	Gym	L(4)4020	E	H	Physio Gym	Q9615	
LO	0.051	38.1	Circulation	L(4)4168	-	-	Corridor 14	CIR000-14	
LO	0.052	10.3	Office	L(4)4018	D	E	Physio Office	M90251-02	
LO	0.053	8.1	Store Room	L(4)4023	E	F	Podiatry Store	W9540-01	
LO	0.054	8.1	Walk in Store	L(4)4019	E	F	Store	W958502	
LO	0.055	15.3	Physio Room 4	L(4)4021	F	G	Physio Treatment Room	X90113	
LO	0.056	15.3	Physio Room 1	L(4)4121	B	C	Physio Treatment Room	X90113	
LO	0.057	15.2	Physio Room 2	L(4)4021	F	G	Physio Treatment Room	X90113	
LO	0.058	15.3	Physio Room 3	L(4)4154	B	D	Physio Treatment Room	X90113	
LO	0.059	15.2	Clinical Room 2 - Podiatry	L(4)4122	C	D	Podiatry Clinical Room	X90210A	
LO	0.060	15.3	Clinical Room 3 - Podiatry	L(4)4152	-	B	Podiatry Clinical Room	X90210A	
LO	0.061	15.2	Clinical Room 1 - Podiatry	L(4)4122	C	D	Podiatry Clinical Room	X90210A	
LO	0.062	15.3	Biomechanics Lab	L(4)4126	B	D	Bio-mechanics Room	Z90601	
LO	0.063	15.9	Circulation	L(4)4162	-	-	Corridor 6	CIR000-06	
LO	0.064	16.4	Central Delivery Store	L(4)4107	B	C	Delivery Store	W91585L	12/05/2015
LO	0.065	3.4	ESR	NO LAYOUT	N/A	N/A			
LO	0.066	4.0	Risers	L(4)4115	A	A	Risers		
LO	0.067	14.8	Clinical Waste	L(4)4056	C	C	Clinical Waste	Not issued	
LO	0.068	60.4	Circulation	L(4)4163	-	-	Corridor 7	CIR000-07	
LO	0.069	4.5	HV Store	L(4)4142	A	A			
LO	0.070	10.0	OT Store	L(4)4127	B	C			
LO	0.071	6.3	Biomech Lab Store	L(4)4153	B	C	N/A		
LO	0.072	6.2	Store	L(4)4025	D	E	Store	W958502	
LO	0.073	15.4	Therapy Room 3	L(4)4040	D	F	Therapy Room 3 - 15 sqm	X90704-01	20/05/2015
LO	0.074	15.4	Speech & Language Clinical Room 1	L(4)4074	C	F	Clinical Room	C9110-01	
LO	0.075	15.0	Autism Assessment Room 1	L(4)4095	C	D	Autism Assessment	X90704-02	15/05/2015
LO	0.075A	1.0	Autism Assessment Room 1 Store	N/A	N/A				
LO	0.075B	1.0	Autism Assessment Room 1 Store	N/A	N/A				
LO	0.076	17.5	Autism Assessment Room 2	L(4)4095	C	D	Autism Assessment	X90704-02	15/05/2015
LO	0.077	15.4	Community Paediatrics Room 5	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015
LO	0.078	4.1	HV Store	L(4)4143	A	C			
LO	0.079	15.5	Community Paediatrics Room 4	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015
LO	0.080	15.4	Community Paediatrics Room 3	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015

L0	0.081	15.4	Community Paediatrics Room 2	L(4)4150	L(4)4034 E	-	Consulting Room 15 sqm	C9115	20/05/2015
L0	0.082	15.4	Community Paediatrics Room 1	L(4)4034	E	F	Consulting Room 15 sqm	C9115	20/05/2015
L0	0.083	31.8	Waiting Area	L(4)4093	C	F	Waiting Area	J1155-01D	13/05/2015
L0	0.084	15.4	Medical Room	L(4)4094	C	E	Medical Room	C90237B	14/05/2015
L0	0.085	5.5	Equipment charging area	L(4)4039	D	E	Medical Equipment Charge	W9540-03	15/05/2015
L0	0.086	26.8	Group Room	L(4)4033	D	G	Group Room	X9704-01	14/05/2015
L0	0.087	4.8	GR Store	L(4)4035	B	B	No RDS	W1585-0	14/05/2015
L0	0.088	90.9	Circulation	L(4)4164	-	-	Corridor 8	CIR000-08	
L0	0.089	4.4	Therapy 2 Store	NO LAYOUT	N/A	N/A			
L0	0.090	30.6	Therapy Room 2	L(4)4120	B	C	Therapy Room 1 - 30 sqm	X90704	20/05/2015
L0	0.091	30.6	Therapy Room 1	L(4)4038	F	H	Therapy Room 1 - 30 sqm	X90704	20/05/2015
L0	0.092A	5.9	Therapy 1 Store	L(4)4105	B	D	No RDS		
L0	0.092B	3.7	Therapy 1 Store	L(4)4105	B	D	No RDS		
L0	0.093	7.5	Dictation Space	L(4)4037	E	F	Dictation Space	M90251	19/05/2015
L0	0.094	21.6	CAHMS Room 10 (Observation room)	L(4)4089	D	F	Observation Room	C90237-F	19/05/2015
L0	0.095	15.6	CAHMS Room 9 (Viewing Room)	L(4)4099	D	F	Viewing Room	C90237-E	19/05/2015
L0	0.096	15.7	CAHMS Room 8	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.097	19.6	Circulation	L(4)4165	-	-	Corridor 9	CIR000-09	
L0	0.098	17.6	Circulation	L(4)4165	-	-	Corridor 10	CIR000-10	
L0	0.099	35.4	Administration	L(4)4118	D	E	Administration Office	J90609D	13/05/2015
L0	0.100	15.7	CAHMS Room 7	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.101	25.5	Stair 4	N/A	N/A	N/A	Stair Core 4		
L0	0.102	15.7	CAHMS Room 6	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.103	15.7	CAHMS Room 5	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.104	15.7	CAHMS Room 4	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.105	15.7	CAHMS Room 3	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.106	15.7	CAHMS Room 2	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.107	15.6	CAHMS Room 1	L(4)4032	F	I	Consulting Room 16 sqm	C90237-D	18/05/2015
L0	0.108	0.0	Manifold Store	L(4)4102	N/A	N/A	No RDS		
L0	0.109	7.1	HV / DN Store	NO LAYOUT	N/A	N/A	NO RDS		
L0	0.110	36.2	Circulation	L(4)4166	-	-	Corridor 11	CIR000-11	
L0	0.111	4.0	General Store	L(4)4109	C	D	General Store	W9585-07	
L0	0.112	15.3	File Store	L(4)4036	E	G	Records Store	W9812-06	
L0	0.113	7.1	Dictation Space 1	L(4)4198	E	-	Dictation Space	M90251	19/05/2015
L0	0.114	7.2	Dictation Space 2	L(4)4197	E	-	Dictation Space	M90251	19/05/2015
L0	0.115	5.2	Child toilet / changing area	L(4)4061	C	C	Baby Room	S9010A	
L0	0.116	11.0	Male WC	L(4)4201	-	-			
L0	0.117	11.0	Female WC	L(4)4201	-	-			
L0	0.118	5.0	Standard Accessible WC	L(4)4047	B	C	Accessible WC	V0922A-01	
L0	0.119	10.8	DSR 1	L(4)4024	C	E	DSR 11 sqm	Y9510-02	
L0	0.120	15.4	Comms Room ground floor	L(4)4111	A	A	IT Comms Room	K90912	11/05/2015
L0	0.121	3.4	Store	NO LAYOUT	N/A	N/A			
L0	0.122	1.2	DB	NO LAYOUT	N/A	N/A			
L0	0.123	0.0	Not Used	N/A	N/A	N/A			
L0	0.124	23.5	Stair 3	N/A	N/A	N/A	Stair Core 3		
L0	0.125	8.3	Reception Area	L(4)4092	D	F	Reception	Not issued	
L0	0.126	1.6	Risers	L(4)4115	A	A	Risers		
L0	0.127	0.6	DB	NO LAYOUT	N/A	N/A			
L0	0.128	4.0	Lift 3	N/A	N/A	N/A	N/A		
L0	0.129	4.4	Lift 2	N/A	N/A	N/A	N/A		
L0	0.130	7.1	Lift 1	N/A	N/A	N/A	N/A		
L0	0.131	2.0	DB	L(4)4115	A	A	Risers		
L0	0.132	2.4	WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
<b>Total L0 Accomodtion Area</b>		<b>2175.3</b>							
<b>Total Partitions</b>		<b>123.9</b>							
<b>TOTAL L0 GIFA</b>		<b>2299.22</b>							
<b>lifts risers dbs</b>		<b>24.9</b>							
L1	1.001	21.2	Stair 1	N/A	N/A	N/A	Stair Core 1		
L1	1.002	224.6	Circulation	L(4)4170	-	-	Corridor 15	CIR001-15	
L1	1.003	15.7	Bookable Room 6	L(4)4196	C	-	Bookable Community 15 sqm	C90237D	12/05/2015
L1	1.004	31.4	Bookable Meeting Room	L(4)4067	A	B	Bookable meeting room	H1313-02	
L1	1.005	10.1	Quiet Room	L(4)4050	D	D	Quiet Room	D9109-01	
L1	1.006A	14.6	Waiting area	L(4)4106	C	D	Waiting Area	J1155-02	
L1	1.006B	8.0	Waiting area	L(4)4106	C	D	Waiting Area	J1155-02	
L1	1.007	7.4	Interview room 1	L(4)4049	F	G	Homeless Interview 7 sqm	M972B-01	
L1	1.008	8.5	Male WC	L(4)4129	-	A			
L1	1.009	9.1	Female WC	L(4)4129	-	A			
L1	1.010	12.1	Interview room 2	L(4)4096	C	D	Homeless Interview 12 sqm	M972B-02	
L1	1.011	7.9	Interview Room 1	L(4)4097	F	H	Interview Room 8 sqm	M9724-A	
L1	1.012	7.9	Interview Room 2	L(4)4130	B	C	Interview Room 8 sqm	M9724-A	
L1	1.013	8.0	Interview Room 3	L(4)4097	F	H	Interview Room 8 sqm	M9724-A	
L1	1.014	8.4	Interview Room 4	L(4)4130	B	C	Interview Room 8 sqm	M9724-A	
L1	1.015	36.0	Circulation	L(4)4171	-	-	Corridor 17	CIR001-17	
L1	1.016	68.7	Children & Families Administration	L(4)4136	B	E	Reception Admin	J90610F	
L1	1.017	5.6	Cashiers area	L(4)4136	B	E	N/A (Part of admin Room)		
L1	1.018	3.2	Filing	L(4)4136	B	E			
L1	1.019	11.1	Interview Room 5	L(4)4060	F	G	Interview Room 12 sqm	M9727-03	
L1	1.020	22.7	Circulation	L(4)4172	-	-	Corridor 18	CIR001-18	
L1	1.021	11.0	Interview Room 6	L(4)4131	B	C	Interview Room 12 sqm	M9727-03	
L1	1.022	16.8	Meeting Room 2	L(4)4053	F	G	Meeting Room 15 sqm	M9330-02	
L1	1.023	5.2	Accessible WC with Baby Changing	L(4)4046	B	C	Accessible WC	V0922A-01	
L1	1.024	30.4	Meeting Room 1	L(4)4052	E	F	Meeting Room 30 sqm	M9313-01	
L1	1.025	12.5	Contact Room 1	L(4)4108	E	F	Contact Room	M9727-04	
L1	1.026	12.8	Contact Room 2	L(4)4108	E	F	Contact Room	M9727-04	
L1	1.027	5.1	Baby Room 2	L(4)4061	C	C	Baby Room	S90105	
L1	1.028	15.0	Contact Room 3	L(4)4132	C	E	Contact Room	M9727-04	
L1	1.029	30.0	Circulation	L(4)4171	-	-	Corridor 19	CIR001-19	
L1	1.030	18.9	Stair 2	N/A	-	N/A	Stair Core 2		
L1	1.031A	22.4	Community & GDP Waiting Area	L(4)4026	E	G	Community Gorbals Waiting	J91201B	05/05/2015
L1	1.031B	2.8	Community & GDP Waiting Area	L(4)4026	E	G	Community Gorbals Waiting	J91201B	05/05/2015
L1	1.032	12.2	Reception	L(4)4027	D	F	Reception	J90610B	05/05/2015
L1	1.033	5.1	AWC	L(4)4047	B	C			
L1	1.034	14.1	Reception	L(4)4028	E	H	Reception	J90610A	05/05/2015
L1	1.035	42.3	Circulation	L(4)4174	-	-	Corridor 26	CIR001-26	
L1	1.036	10.2	Dental x-ray	L(4)4104	B	D	Dental X-ray Imaging	E9133	05/05/2015
L1	1.037	17.1	Comms Room first floor	L(4)4111	A	A	IT Comms Room	K90912	11/05/2015
L1	1.038	15.7	Community Dental Room 3	L(4)4015	D	F	Community Dental Consulting Room 2-3	C0905D	05/05/2015
L1	1.039	11.3	Clean Store	L(4)4030	D	F	Clean Store	W91585A	05/05/2015
L1	1.040	4.6	Compressor Room	L(4)4112	A	D	Compressor Room	K90912B	
L1	1.041	16.0	Community Dental Room 2	L(4)4015	D	F	Community Dental Consulting Room 2-3	C0905D	05/05/2015
L1	1.042	19.8	Community Dental Room 1	L(4)4013	D	E	Community Dental Consulting Room 1	C0905E	05/05/2015
L1	1.043	15.7	Gorbals Dental Room 1	L(4)4012	E	H	Consulting Room 1-3	C0905C	05/05/2015
L1	1.044	15.7	Gorbals Dental Room 2	L(4)4012	E	H	Consulting Room 1-3	C0905C	05/05/2015
L1	1.045	15.7	Gorbals Dental LDU	L(4)4137	B	E	LDU	01SF09-01	15/06/2015
L1	1.046	10.5	Office	L(4)4016	E	F	Office	M90251-03	01/05/2015
L1	1.047	15.5	Gorbals Dental Room 3	L(4)4012	E	H	Consulting Room 1-3	C0905C	05/05/2015
L1	1.048	10.2	Store	L(4)4075	D	G	General Store	W91585B	05/05/2015
L1	1.049	2.1	WC	L(4)4068	C	E	Ambulant WC	V0901A-01	
L1	1.050	23.0	Circulation	L(4)4175	-	-	Corridor 27	CIR001-27	
L1	1.051	12.2	Reception	L(4)4001	F	G	Reception	J1155-01B	07/05/2015
L1	1.052	29.4	Waiting area	L(4)4002	F	G	Waiting Area	J90610E	07/05/2015
L1	1.053	18.6	Admin Office	L(4)4005	F	H	Administration Room	J90609C	07/05/2015
L1	1.054	27.3	Circulation	L(4)4176	-	-	Corridor 28	CIR001-28	

L1	1.055	15.2	Consulting Room 1	L(4)4199	L(4)4077 D	-	Consulting Room	C90237-C	07/05/2015
L1	1.056	15.3	Consulting Room 2	L(4)4199	L(4)4077 D	-	Consulting Room	C90237-C	07/05/2015
L1	1.057	15.2	Consulting Room 3	L(4)4199	L(4)4077 D	-	Consulting Room	C90237-C	07/05/2015
L1	1.058	15.3	Consulting Room 4	L(4)4146	B	C	Consulting Room	C90237-C	07/05/2015
L1	1.059	15.2	Consulting Room 5	L(4)4139	L(4)4077 D	C	Consulting Room	C90237-C	07/05/2015
L1	1.060	15.3	Consulting Room 6	L(4)4139	L(4)4077 D	C	Consulting Room	C90237-C	07/05/2015
L1	1.061	10.2	Practice Managers Office	L(4)4004	E	F	Managers Office	M9251C	07/05/2015
L1	1.062	10.2	Store 1	L(4)4134	B	C	General Store	W9585-06	28/05/2015
L1	1.063	29.3	Circulation	L(4)4172	-	-	Corridor 20	CIR001-20	
L1	1.064	4.9	Conc Store	NO LAYOUT	N/A	N/A			
L1	1.065	10.7	DSR 3	L(4)4024	C	E	DSR 11 sqm	Y9510-02	
L1	1.066	20.3	Electrical Switch room	L(4)4110	A	A	Electrical Switch Room	Not issued	11/05/2015
L1	1.067	5.2	WC	L(4)4048	B	C	Corridor 19	CIR001-19	
L1	1.068	3.6	WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
L1	1.069	6.2	Dirty Utility - 6sqm	L(4)4135	A	A	Dirty Utility - 6 sqm	Y9431_05	28/05/2015
L1	1.070	39.3	Plant Room - Hot Water	L(4)4113	A	A	Plant Room - Hot Water	K909112C	
L1	1.071	12.3	FM Store	NO LAYOUT	N/A	N/A	NO RDS		
L1	1.072	59.5	Circulation	L(4)4172	-	-	Corridor 21	CIR001-21	
L1	1.073	25.2	Meeting Room	L(4)4057	G	I	Meeting Room	H9313-01	07/05/2015
L1	1.074	2.9	WC	L(4)4048	B	C	Ambulant WC	V0901A-01	
L1	1.075	15.4	Consulting Room 6	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.076	15.5	Practice Managers Office	L(4)4008	F	I	Practice Mangers Office	M9251A	07/05/2015
L1	1.077	15.4	Consulting Room 5	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.078	23.7	Stair 3	N/A	N/A	N/A	Stair Core 3		
L1	1.079	15.4	Consulting Room 4	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.080	18.5	Consulting Room 2	L(4)4147	B	D	Consulting Room - Practice Nurse	C90237-B	28/05/2015
L1	1.081	9.3	Store	L(4)4149	B	C	Store	W958502	
L1	1.082	15.4	Consulting Room 1	L(4)4148	L(4)4077 D	E	Consulting Room	C90237-A	16/05/2015
L1	1.083	13.9	Gordon Office	L(4)4072	F	G	NO RDS		
L1	1.084	16.9	Admin Office	L(4)4081	COMBINED L(4)4078	COMBINED L(4)4078	Administration	J90609B	07/05/2015
L1	1.085	21.4	Reception	L(4)4078	F	G	Reception	J90610D	07/05/2015
L1	1.086	31.9	Waiting Area	L(4)4079	C	D	Waiting Room	J1155-01A	07/05/2015
L1	1.087	12.7	Reception	L(4)4082	E	H	Reception	J90610C	06/05/2015
L1	1.088	15.3	Admin Office	L(4)4083	COMBINED L(4)4082	COMBINED L(4)4082	Admin Room	J90609A	06/05/2015
L1	1.089	29.4	Circulation	L(4)4173	-	-	Corridor 22	CIR001-22	
L1	1.090	11.9	Practice Managers Office	L(4)4009	E	F	Practice Managers Office	M9251A	06/05/2015
L1	1.091	20.9	Consulting Room 4 - Practice Nurse	L(4)4076	D	E	Consulting Room - Practice Nurse	C90237F	06/05/2015
L1	1.092	15.7	Consulting Room 3	L(4)4077	D	G	Consulting Room	C90237B	06/05/2015
L1	1.093	2.6	Staff wc	L(4)4048	B	C	Ambulant WC	V0901A-01	
L1	1.094	15.7	Consulting Room 2	L(4)4077	D	G	Consulting Room	C90237B	06/05/2015
L1	1.095	15.7	Consulting Room 1	L(4)4077	D	G	Consulting Room	C90237B	06/05/2015
L1	1.096	8.4	Store 1	L(4)4103	C	D	General Store	W9585-06	07/05/2015
L1	1.097	4.6	Dirty Utility	L(4)4117	-	-	Dirty Utility - 5 sqm	Y9431_02	28/05/2015
L1	1.098	24.1	Stair 4	N/A	N/A	N/A	Stair Core 4		
L1	1.099	16.1	Circulation	L(4)4173	-	-	Corridor 23	CIR001-23	
L1	1.100	21.2	Waiting Area	L(4)4086	D	G	Waiting Area	J1155-03	28/05/2015
L1	1.101	9.8	Reception	L(4)4085	F	I	Reception	J90609A	06/05/2015
L1	1.102	22.0	Admin Office	L(4)4007	COMBINED L(4)4085	COMBINED L(4)4085	Admin	Not issued	
L1	1.103	25.0	Circulation	L(4)4173	-	-	Corridor 24	CIR001-24	
L1	1.104	15.7	Consulting Room 1	L(4)4140	B	C	Consulting Room	C90237A	06/05/2015
L1	1.105	2.1	Staff wc	L(4)4068	C	E	Ambulatory WC	V0901A-01	
L1	1.106	4.8	Dirty Utility - 5sqm	L(4)4117	A	A	Dirty Utility - 5 sqm	Y9431_05	28/05/2015
L1	1.107	15.7	Consulting Room 2	L(4)4140	L(4)4077 D	C	Consulting Room	C90237A	06/05/2015
L1	1.108	15.7	Consulting Room 3 - Practice Nurse	L(4)4141	B	D	Consulting Room	C90237A	06/05/2015
L1	1.109	15.7	Multi-purpose Room	L(4)4133	B	C	Multipurpose Room	F0310-01	28/05/2015
L1	1.110	11.4	Male WC	L(4)4201	L(4)4129	-			
L1	1.111	8.6	DSR 4	L(4)4098	A	C	DSR 9 sqm	Y9510-01	
L1	1.112	11.4	Female WC	L(4)4129	B	A			
L1	1.113	5.1	WC	L(4)4047	B	C			
L1	1.114	3.4	Resuscitation Trolley Store	L(4)4066	B	D	Resus Trolley Store	Not issued	
L1	1.115	1.5	DB	NO LAYOUT	N/A	N/A			
L1	1.116	1.2	Risers	L(4)4115	A	A	Risers		
L1	1.117	0.0	Risers	L(4)4115	A	A	Risers		
L1	1.118	4.0	Lift 3	N/A	N/A	N/A	N/A		
L1	1.119	15.4	Consulting Room 3	L(4)4148	B	E	Consulting Room	C90237-A	16/05/2015
L1	1.120	9.6	Corridor Seating Area	L(4)4080	C	D	NO RDS		
L1	1.121	26.1	Waiting Area	L(4)4084	E	F	Waiting Area	J91155-01	06/05/2015
L1	1.122	1.6	Risers	L(4)4115	A	A	Risers		
L1	1.123	2.0	Risers	L(4)4115	A	A	Risers		
L1	1.124	26.9	Circulation	COMBINED L(4)4086	N/A	N/A			
L1	1.125	1.5	DB	NO LAYOUT	N/A	N/A			
L1	1.126	2.5	Risers	L(4)4115	A	A	Risers		
L1	1.127	4.4	Lift 2	N/A	-	N/A	N/A		
L1	1.128	7.1	Lift 1	N/A	-	N/A	N/A		
L1	1.129	6.1	Dirty Store	L(4)4011	D	F	Dirty Store	Y90431B	05/05/2015
L1	1.130	4.6	Circulation	N/A	N/A	N/A			
L1	0.131	4.1	Tea Prep	L(4)4195	-	B			
L1	0.132	18.5	Circulation	N/A	N/A				
<b>L1 Total Accomodation Area</b>			<b>2151.2</b>						
<b>Total Partitions</b>			<b>130.9</b>						
<b>TOTAL L1 GIFA</b>			<b>2282.1</b>						
<b>lifts risers dbs</b>			<b>34.7</b>						
L2	2.001	21.3	Stair 1	N/A	N/A	N/A	Stair Core 1		
L2	2.002	78.0	Circulation	N/A	N/A	N/A			
L2	2.003A	13.9	Breakout/Flexible Working	HAA DESIGN	N/A	N/A			
L2	2.003B	3.9	Breakout/Flexible Working	HAA DESIGN	N/A	N/A			
L2	2.004A	7.6	Social Work Enclosure	L(4)4185	B	C			
L2	2.004B	6.7	Social Work Enclosure	L(4)4185	B	C			
L2	2.004C	7.6	Social Work Enclosure	L(4)4185	B	C			
L2	2.004D	13.7	Bookable Meeting Room	L(4)4181	B	C			
L2	2.004E	9.3	Social Work Enclosure	L(4)4186	-	C			
L2	2.004F	9.2	Social Work Enclosure	L(4)4186	-	C			
L2	2.004G	1.6	Social Work Store	HAA DESIGN	N/A	N/A			
L2	2.005A	79.0	Social Work	HAA DESIGN	N/A	N/A			
L2	2.005B	80.4	Social Work	HAA DESIGN	N/A	N/A			
L2	2.005C	80.3	Social Work	HAA DESIGN	N/A	N/A			
L2	2.006	18.4	Store	L(4)4187	-	A			
L2	2.007	15.5	Circulation	L(4)4178	-	-	Corridor 29	CIR002-29	
L2	2.008	5.2	Standard Accessible WC	L(4)4182	N/A	A	Accessible WC		
L2	2.009	2.3	Ambulant WC	L(4)4047	N/A	C	Ambulant WC		
L2	2.010	2.5	Ambulant WC	L(4)4047	N/A	C	Ambulant WC		
L2	2.011	1.9	DB	NO LAYOUT	N/A	N/A			
L2	2.012	2.5	Risers	L(4)4115	A	A	Risers		
L2	2.013	25.2	Stair 2	N/A	N/A	N/A	Stair Core 2		
L2	2.014	10.4	CAT Store	L(4)4065	D	D			
L2	2.015	58.0	Circulation	L(4)4180	-	-	Corridor 33	CIR002-33	
L2	2.016	15.8	Male WC	L(4)4157	-	A			
L2	2.017	15.6	Female WC	L(4)4158	-	A			
L2	2.018	25.1	Bookable Meeting Room	L(4)4031	D	E	Bookable Meeting Room		
L2	2.019	5.4	WC	L(4)4156	-	A			
L2	2.020	140.6	SCSCirculation	L(4)4047	B	C			
L2	2.021	52.5	Bookable Meeting Room	L(4)4101	C	D	IT_Resource training Room		
L2	2.022	106.6	Health Visitors & District Nurses	HAA DESIGN	N/A	N/A			
L2	2.023	6.1	Health Visitors & District Nurses Enclosure	L(4)4185	B	C			
L2	2.024	5.8	Health Visitors & District Nurses Enclosure	L(4)4185	B	C			



L2	2.025	10.0	HV DN Store	L(4)4055	D	D		
L2	2.026	15.5	Breakout/Flexible Working	HAA DESIGN	N/A	N/A		
L2	2.027	2.5	Risers	L(4)4115	A	A	Risers	
L2	2.028	1.4	DB	L(4)4115	A	A	Risers	
L2	2.029	14.5	Staff Kitchen	L(4)4116	B	D	Staff Kitchen	
L2	2.029A	7.9	Staff Servery	L(4)4194	-	A		
L2	2.029B	95.1	Staff Room	L(4)4193	-	A		
L2	2.029C	22.2	Breakout/Flexible Working	L(4)4188	B	B		
L2	2.029D	18.5	Circulation	N/A				
L2	2.030	9.0	Circulation	L(4)4179	-	-	Corridor 30	CIR002-30
L2	2.031	30.4	Circulation	L(4)4179	-	-	Corridor 32	CIR002-32
L2	2.032	6.8	Accessible WC / Shower	L(4)4182	-	A	Accessible WC	
L2	2.033	3.2	Staff Changing & Showers Female	L(4)4100	B	C	Staff Shower & Changing	
L2	2.034	3.2	Staff Changing & Showers Male	L(4)4100	B	C	Staff Shower & Changing	
L2	2.035	3.4	Ambulant WC	L(4)4047	B	C	Ambulant WC	
L2	2.036	3.4	Ambulant WC	L(4)4047	B	C	Ambulant WC	
L2	2.037A	8.9	SCS Enclosure	L(4)4183	B	C		
L2	2.037B	8.9	SCS Enclosure	L(4)4184	B	C		
L2	2.037C	6.3	SCS Enclosure	L(4)4185	B	C		
L2	2.038	7.4	SCS Store	L(4)4135	A	A	Dirty Utility - 6 sqm	
L2	2.039	25.3	Stair 3	N/A	N/A	N/A	Stair Core 3	
L2	2.040	9.9	DSR 5	NO LAYOUT	N/A	N/A		
L2	2.041	46.8	Plant Room	L(4)4114	B	B	Plant Room	
L2	2.042	4.2	Risers	L(4)4115	A	A	Risers	
L2	2.043	5.3	Lobby	L(4)4179	-	-	Corridor 31	CIR002-31
L2	2.044	28.1	Roof Plant (area not included in GIFA calc)	N/A	N/A	N/A		
L2	2.045A	216.7	SCS	HAA DESIGN	N/A	N/A		
L2	2.045B	101.0	SCS	HAA DESIGN	N/A	N/A		
L2	2.045C	9.9	SCS	HAA DESIGN	N/A	N/A		
L2	2.046A	9.4	SCS Enclosure	L(4)4183	B	C		
L2	2.046B	9.4	SCS Enclosure	L(4)4183	B	C		
L2	2.046C	11.6	SCS Enclosure	L(4)4184	B	C		
L2	2.046D	11.4	SCS Enclosure	L(4)4185	B	C		
L2	2.046E	10.3	SCS Enclosure	L(4)4185	B	C		
L2	2.046F	10.3	SCS Enclosure	L(4)4185	B	C		
L2	2.046G	10.3	SCS Enclosure	L(4)4183	B	C		
L2	2.046H	10.6	SCS Enclosure	L(4)4183	B	C		
L2	2.046I	7.5	SCS Enclosure	L(4)4185	B	C		
L2	2.046J	9.9	SCS Enclosure	L(4)4185	B	C		
L2	2.046K	8.5	SCS Enclosure	L(4)4183	B	C		
L2	2.046L	8.6	SCS Enclosure	L(4)4183	B	C		
L2	1.046M	9.1	SCS Enclosure	L(4)4184	B	C		
L2	2.046N	9.0	SCS Enclosure	L(4)4184	B	C		
L2	2.048	24.1	Stair 4	N/A	N/A	N/A	Stair Core 4	
L2	2.049	15.6	Comms Room second floor	L(4)4111	-	-	IT Comms Room	
L2	2.050	42.0	Circulation	L(4)4180	-	-	Corridor 34	CIR002-34
L2	2.051	4.1	Lift 3	N/A	N/A	N/A	N/A	
L2	2.052	5.3	SCS Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.053	2.2	SCS Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.054	1.6	Risers	L(4)4115	A	A	Risers	
L2	2.055	2.0	Risers	L(4)4115	A	A	Risers	
L2	2.056	2.7	Social Work Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.057	2.0	Social Work Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.058	1.9	Social Work Wall Storage	HAA DESIGN	N/A	N/A		
L2	2.059	1.4	Tea Prep Area	HAA DESIGN	N/A	N/A		
L2	2.060	4.4	Lift 2	N/A	N/A	N/A	N/A	
L2	2.061	7.2	Lift 1	N/A	N/A	N/A	N/A	
<b>L2 Total Accomodation Area</b>		<b>1877.9</b>						
<b>Total Partitions</b>		<b>49.8</b>						
<b>TOTAL L2 GIFA</b>		<b>1927.7</b>						
<b>lifts risers dbs</b>		<b>31.8</b>						

**SUMMARY**

<b>Ground Floor</b>		
Net Area	2175.32	
Partitions	123.90	
<b>First Floor</b>		
Net Area	2151.16	
Partitions	130.90	
<b>Second Floor</b>		
Net Area	1877.90	
Partitions	49.80	
<b>Building Total (gross)</b>	<b>6509</b>	

area increase due to design development

## APPENDIX I – HAI-SCRIBE

# SHFN 30: PART B: HAI-SCRIBE

Implementation strategy and assessment  
Process

Gorbals Health & Care Centre

## Introduction

Development stage 2: HAI-SCRIBE applied to the planning and design stage of the development.				
<b>Certification</b> that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on				
Venue	Glasgow City Health and Social Care Partnership South Locality Clutha House Claremont Business Centre Glasgow G41 1AF	Date	21 <sup>st</sup> November 2016	
<b>'Healthcare Associated Infection System for Controlling Risk in the Built Environment'</b> ( <i>'HAI-SCRIBE' Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B</i> ).				
<b>Declaration:</b> We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.				
<b>Present</b>				
Print name	Signature	Company	Telephone Numbers	Email address
Sussie Dodd		GG&C Infection Control	0141 211 1653	Susie.Dodd@ggc.scot.nhs.uk
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The patient risk category for Gorbals H&CC is assessed as Medium Risk Group 2.

Risk to patients of infection from construction work in healthcare premises, by clinical areas	
Risk rating	Area
<b>Group 1</b> Lowest risk	1. Office areas; 2. Unoccupied wards; 3. Public areas/Reception; 4. Custodial facilities; 5. Mental Health facilities.
<b>Group 2</b> Medium risk	1. All other patient care areas (unless included in Group 3 or Group 4); 2. Outpatient clinics (unless in Group 3 or Group 4); 3. Admission or discharge units; 4. Community/GP facilities; 5. Social Care or Elderly facilities.
<b>Group 3</b> High risk	1. A & E (Accident and Emergency); 2. Medical wards; 3. Surgical wards (including Day Surgery) and Surgical outpatients; 4. Obstetric wards and neonatal nurseries; 5. Paediatrics; 6. Acute and long-stay care of the elderly; 7. Patient investigation areas, including; <ul style="list-style-type: none"> <li>• Cardiac catheterisation;</li> <li>• Invasive radiology;</li> <li>• Nuclear medicine;</li> <li>• Endoscopy.</li> </ul> Also (indirect risk) 8. Pharmacy preparation areas; 9. Ultra clean room standard laboratories (risk of pseudo-outbreaks and unnecessary treatment); 10. Pharmacy Aseptic suites.
<b>Group 4</b> Highest Risk	1. Any area caring for immuno-compromised patients*, including: <ul style="list-style-type: none"> <li>• Transplant units and outpatient clinics for patients who have received bone marrow or solid organ transplants;</li> <li>• Oncology Units and outpatient clinics for patients with cancer;</li> <li>• Haematology units</li> <li>• Burns Units.</li> </ul> 2. All Intensive Care Units; 3. All operating theatres; Also (indirect risk) 4. CSSUs (Central Sterile Supply Units).

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



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

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

Table 1: Redevelopment and construction activity

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

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

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

Control measures			
	During Construction Work	After Construction Work	By
Class IV	<ul style="list-style-type: none"> <li>Isolate HVAC system in area where work is being done to prevent contamination of duct system;</li> <li>Complete all critical barriers eg plasterboard, plywood, plastic to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins;</li> <li>Maintain negative air pressure within work site utilizing HEPA equipped air filtration units;</li> <li>Seal holes, pipes, conduits, and punctures appropriately;</li> <li>Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site;</li> <li>All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area;</li> <li>Do not remove barriers from work area until completed project is inspected.</li> </ul>	<ul style="list-style-type: none"> <li>Remove barrier material carefully to minimise spreading of dirt and debris associated with construction;</li> <li>Contain construction waste before transport in tightly covered containers;</li> <li>Cover transport receptacles or carts. Tape covering unless solid lid;</li> <li><b>Vacuum work area with HEPA filtered vacuums;</b></li> <li><b>Damp dust area with neutral detergent and warm water;</b></li> <li><b>Scrub floor area with neutral detergent in warm water;</b></li> <li>Remove isolation of HVAC system in areas where work is being performed.</li> </ul>	<p>Contractor.</p> <p>Contractor.</p> <p>Contractor.</p> <p><b>Request via domestic supervisor.</b></p> <p><b>Request via domestic supervisor.</b></p> <p>Contractor/Estates Staff.</p>

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

## Initial Briefing Stage

### Project particulars and checklists for Development Stage 2

Development stage 2 : Design and planning HAI-SCRIBE Sign-off		
HAI-SCRIBE Name of Project	New-build health centre	
Name of Establishment	Gorbals Health & Care Centre	National allocated number 13 CP 155
HAI-SCRIBE Review Team	Refer to list on previous page	
Signature(s)		Date
Completed by (Print name)	Ian Docherty	22/11/2016
HAI – SCRIBE Sign Off	Susie Dodd	22/11/2016
HAI – SCRIBE Sign Off	Liz Marshall	22/11/2016
<b>Stage 2- General notes relative to assessment</b>		
<p>The Gorbals Health &amp; Care Centre is a continuation of a building style developed for Greater Glasgow &amp; Clyde over recent years. This has been the basis for the following facilities:-</p> <p style="text-align: center;">                 Eastwood H&amp;CC      Maryhill H&amp;CC      Vale of Leven H&amp;CC                  Barrhead H&amp;CC      Renfrew H&amp;CC             </p> <p>This building is a 6500sqm new build facility on a self contained site. There are no direct adjacencies with other existing health care facilities. This is an out-patient facility with no overnight bed accommodation. The building is arranged over three as follows:-</p> <p>:</p> <p><b>Ground floor-</b> Community Bookable / Treatment / Physio / Podiatry / Community Addictions / Specialist Childrens Services incorporating CAMHS / Paediatrics / Speech &amp; Language / Autism Assessment.</p> <p><b>First floor-</b> Social Work Children &amp; Families / 4No GP Practices / Community Dental / General Dental.</p> <p><b>Second Floor</b> (staff only)- Support office accommodation and staff facilities.</p> <p>With the exception of Physio and Podiatry that both share an area, all other clinical services have distinct separation into dedicated areas.</p> <p>.All demolition woks were completed prior to GG&amp;C taking ownership of the site. This build procurement is by way of DBFM Contract. Due to the nature of the site and the contract there is no GG&amp;C management responsibility until after building handover.</p>		

In advance of this Stage 2 HaiScribe Meeting, the following HaiScribe review meetings took place:-

- Infection Control- Review of all typical clinical rooms completed on 12/11/2016. Comments captured and fed back to Service Teams and Design Team. No sign off required.
- Infection Control & Hotel Services- Review of all building facilities completed on 13/11/2016. Comments captured and fed back to Service Teams and Design Team. No sign off required.

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

## Design and Planning Stage

### Project particulars and checklists for Development Stage 2

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

2.f	Actions to be addressed	Not Applicable (see note 2b)
By		Deadline

Development Stage 2: Design and Planning General overview		
2.1	In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas?  Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control &amp; Hotel Services- Review of dirty / clean areas on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>Concerns raised by Infection Control regarding single use dental instruments were subsequently resolved post meeting. Concerns raised about treatment of urine samples within Community Addictions remain to be resolved.</p>		
2.2	Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards?  Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control &amp; Hotel Services- Review of food prep areas on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>Note there are no patient food prep areas.</p>		
2.3	Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?  Consider: Local and central storage  Systems for handling and compaction of waste Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment / disposal) to avoid mixing with other waste and recycles.  Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control &amp; Hotel Services- Review of waste management on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>There is no waste compaction.</p>		

<b>Development Stage 2: Design and Planning</b> <b>General overview (continued)</b>		
2.4	<p>Are there satisfactory arrangements for effective management of laundry facilities? Consider: Local and central storage</p> <p>Systems for movement of laundry to central storage</p> <p>Systems for handling laundry</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p><b>Comments</b> There are no laundry management requirements other than bed curtains. These are on a 6 month change rota. Spares are held within general HSCP storage. Note: all window blinds are wipeable.</p>		
2.5	<p>Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>Comments</b> Infection Control &amp; Hotel Services- Review of DSR's and associated stores on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p>		
2.6	<p>Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>Comments</b> Staff shower facilities are located on the 2<sup>nd</sup> floor adjacent to the staff rest areas. This can be accessed off the staff corridor and service lift.</p>		
2.7	<p>Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p><b>Comments</b></p>		

<b>Development Stage 2: Design and Planning</b> <b>General overview (continued)</b>		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control &amp; Hotel Services- Review of surfaces on 13/11/2016. Comments captured and fed back to Service Teams and Design Team by way of meeting minute.</p> <p>In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the reviewable Design Data exercise. It is anticipated that the sanitary fittings and cabinetry will be as approved by Infection Control for Eastwood H&amp;CC and as per the the mock up room.</p>		
2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Addressed in part only at this stage.</p> <p>Infection Control &amp; Hotel Services- Review of floor finishes on 13/11/2016. Locations for carpet finish approved by Infection Control at this meeting. The selection of other soft furnishings is advanced by Procurement half way through the construction phase. Therefore, these will be considered at a later stage.</p> <p>Privacy curtains within consultation rooms may be fabric. HSCP confirmed that these are on a 6 month change rota with spares held within general HSCP storage for emergency replacement.</p>		
2.11 P	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The reference to beds is not applicable.</p> <p>Infection Control &amp; Hotel Services- Review of toilet provision to building on 13/11/2016. Comments captured and fed back to the Design Team by way of meeting minute.</p>		
2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control &amp; Hotel Services- Review of toilet layouts and proposed finishes on 13/11/2016. Comments captured and fed back to the Design Team by way of meeting minute.</p>		
2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

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

<b>Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers</b>		
2.14	Does each single room have clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser in addition to the hand-wash basin in the en-suite facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.15	Do intensive care and high dependency units have sufficient clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene?  <i>An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.16	Is there provision of clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, acute, elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.17	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control - Review of clinical hand wash provision on 13/11/2016. Comments captured and fed back to the Services and Design Team. Provision reduced in some instances.  Infection Control raised concerns regarding the concealed clinical hand-wash basin within Health Education. This was subsequently agreed as being acceptable provided priority is given to ensuring that the correct cleaning regimes are implemented.		
2.18	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control & Hotel Services- Review of arrangements for soap towels etc discussed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute		
2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments		



<b>Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers (continued)</b>		
2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control & Hotel Services- Review of arrangements for soap towels etc discussed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute.		
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the reviewable Design Data exercise. It is anticipated that the clinical hand wash basins will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments In accordance with the Contract, a further review of the mixer taps takes place as part of the reviewable Design Data exercise. It is anticipated that the clinical hand wash basins will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.		
2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments The hand wash basins are mounted on laminate faced panels and are therefore wipeable.		
2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Infection Control & Hotel Services- Review of arrangements for provision of bins discussed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute.		
<b>Provision of facilities for Decontamination LDU</b>		
2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination?  (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments Only General Dental has an LDU. This does not fall within the remit of Infection Control.		

<b>Development Stage 2: Design and Planning: Provision of facilities for Decontamination LDU (continued)</b>		
2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>Concerns raised by Infection Control regarding single use dental instruments were subsequently resolved post meeting.</p> <p>Infection Control confirmed that physio equipment can generally be cleaned with proprietary wipes.</p>		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>Confirmed that used commodes etc are returned directly to `Equip U` rather than taken into the health centre.</p>		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p>		
<b>Storage</b>		
2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Reference to storage for patient clothes and possessions is not applicable.</p> <p>Area and nature of storage for Services developed through accommodation schedule and signed off layout drawings in tandem with service. Much of the clinical storage is by way of Medistore units which are widely used in the Acute Hospital sector and are favoured by Infection Control.</p>		
2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Infection Control &amp; Hotel Services- Review of arrangements for storage of contaminated and clean materials reviewed and agreed on 13/11/2016. Comments captured and fed back to HSCP and Hotel Services by way of meeting minute.</p> <p>Clean store for Community Dental reviewed. Clinical hand was subsequently removed.</p>		

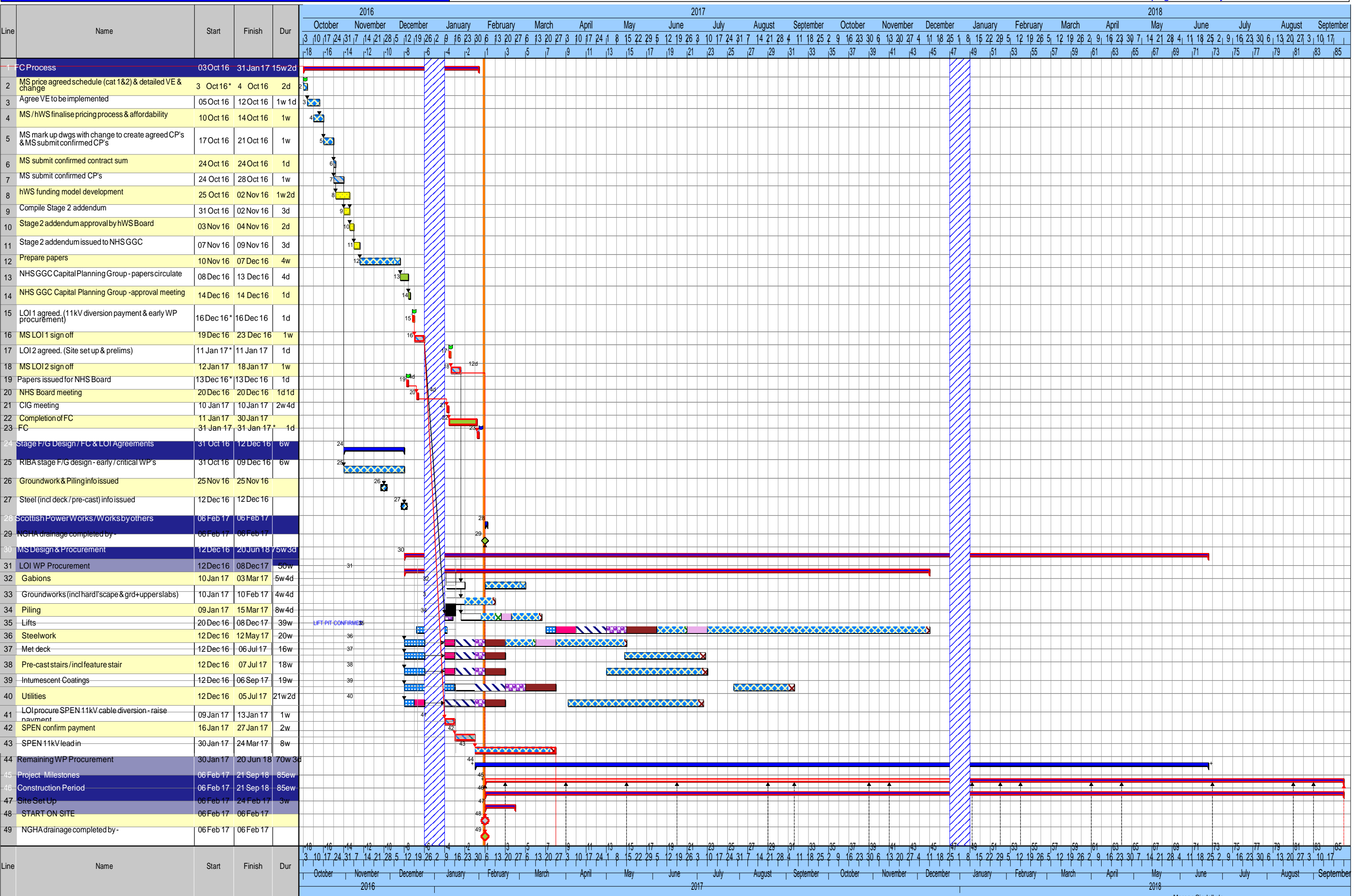
<b>Development Stage 2: Design and Planning: Engineering services (Ventilation)</b>		
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments The heating system is a combination of under floor heaters and radiant panels. People can not come into direct contact with the panels. Therefore, the requirement for low surface temperature is not applicable. In addition, these panels are integral to the ceiling negating the need to clean out dust.		
2.32 D	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Ventilation air change rates, plant and equipment have been designed in accordance with SHTM 03-01 and SHPN36 Part 1. Mechanical ventilation will be provided via air handling units providing full fresh air supply and general extract with heat recovery via plate heat exchanger. Dirty extract systems will be provided to extract from toilets, DSR's etc. Where appropriate natural ventilation will be provided via openable windows.		
2.33 D	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? <i>(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments Supply ventilation is provided via full fresh air systems. There are no re-circulated air systems. Where dirty extract is provided from rooms these rooms will be under negative pressure preventing any foul/contaminated air from exiting the room.		
2.34 D	Are ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Access points have been specified to ductwork systems in accordance with SHTM03-01 and TR19. Grilles and diffusers will have removable cores and access panels will be provided to air handling unit components for servicing and cleaning.		
2.35 P & D	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Air intakes and discharges have been ducted to try to provide a minimum separation of 10 metres.		

2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminants and the space to be served? <i>(NB: Recirculation would only arise in UCV theatres)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments <i>N/A. There are no recirculation systems.</i>		
<b>Development Stage 2: Design and Planning: Engineering services (Ventilation) (continued)</b>		
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments <i>There are no safety cabinets provided for any dangerous pathogens on this project and no isolation suites.</i>		
<b>Engineering services (Lighting)</b>		
2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Light fittings in clinical areas are sealed units. In accordance with the Contract, a review of the light fitting specifications takes place as part of the reviewable Design Data exercise. It is anticipated that these fittings will be as approved by Infection Control for Eastwood H&CC.		
<b>Engineering services (Water services)</b>		
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments The water distribution system has been developed by the Services Engineers by way of consultation and review by Health Facilities Scotland Technical Team and GG&C Estates Department. The design of the system is generally in accordance with the industry guidance.		

<b>Development Stage 2: Design and Planning: Engineering services (Water Services) (continued)</b>		
2.43	Are facilities available to enable special interventions for <i>Legionella</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There are no disinfection injection points included in the proposals. However, this can be managed in other means.</p>		
2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The drainage is designed in accordance with the Building Standards Regulations and has Building Control approval. In addition, it is in accordance with the relevant Building Standards and good practice.</p>		
2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There is a 25 year programme of maintenance developed for this building. GG&amp;C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period.</p> <p>All services are all concealed within ceiling voids, walls constructions, IPS panels or duct risers. The details of these have been reviewed by the appointed Facilities Management to ensure that they can suitably maintain these services for the 25 years.</p>		
<b>Estates services (Pest control)</b>		
2.46	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>The ground floor slab is cast on the hard. Therefore, there is no floor void below. Services rising up through the building and passing through walls are all sealed at the junctions.</p>		
<b>Estates services (Maintenance access)</b>		
2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There is a 25 year programme of maintenance developed for this building. GG&amp;C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period. Their performance is closely monitored with financial penalties if they do not perform within stated time frames for the completion of both planned and reactive maintenance.</p>		



## APPENDIX J - PROGRAMME



Programme no : ghc-contract-001

Rev : L

Issue Date : 12/12/2016

Author : drm

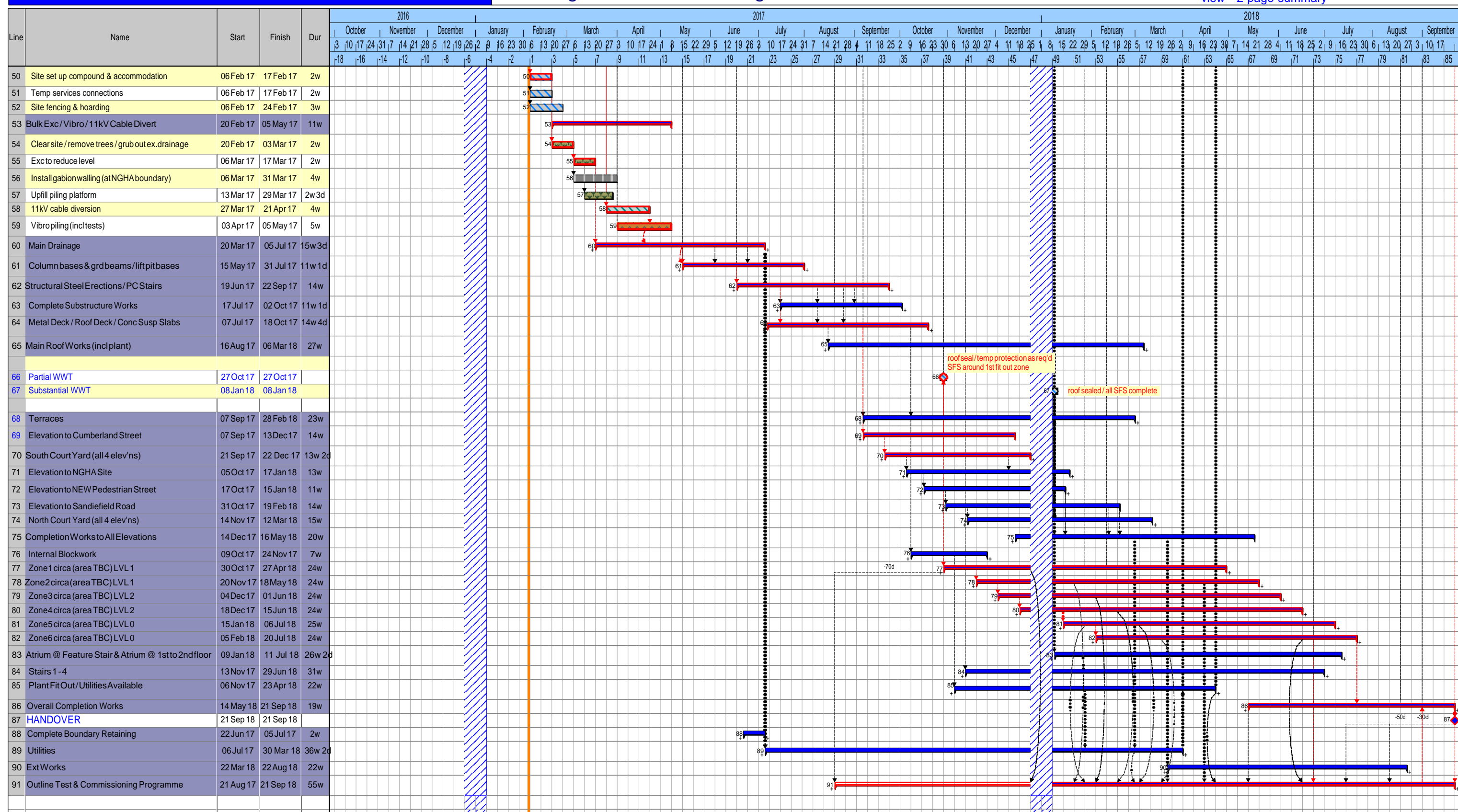
Comment : Start date put back from 30-01-17 to 06-02-17 (hWS instruction)



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**Building Packages**

	*ms / design team		*hws		*Client		-appoint contractor		-subcon lead in		-tender review		-subcon design		-subcon design approval		-design info		-billing & tender docs
	Utilities		retaining structures		Piling														

**Link Categories**

	Normal		Normal (C)		Normal (R)		Normal (C,R)		Default (C,R)
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**Symbols**

	Milestone		Deadline
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Programme no : ghc-contract-001 Rev : L Issue Date : 12/12/2016  
 Author : drm Comment : Start date put back from 30-01-17 to 06-02-17 (hws instruction)

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## APPENDIX K - PEP

Project Execution Plan (PEP) – Part 1

<b>Project title:</b>	Gorbals Health Centre	<b>Business unit / region:</b>	Scotland Central
<b>Project number:</b>	20P034		
<b>Customer:</b>	Hub West Scotland		
<b>Location:</b>	Cumberland Street, Gorbals, Glasgow		
<b>Preparation, approval, authorisation and distribution</b>			
	<b>Position:</b>	<b>Signed:</b>	<b>Date:</b>
<b>Prepared by:</b>	Project Manager	F. Sim	20/08/2015
<b>Approved by:</b>	Project director / area director		
<b>Prepared by</b>	TBC ....., Morgan Sindall, Project Manager		Date
<b>Part 2 (CPHSP) reviewed by</b>	Diane Connor ....., Morgan Sindall, SHE advisor		Date
<b>Part 3 (EMP) reviewed by</b>	Diane Connor ....., Morgan Sindall, Environmental advisor		Date
<b>Part 4 (QMP) reviewed by</b>	David Patrick ....., Morgan Sindall, Quality representative		Date
<b>Part 5 (DMP) reviewed by</b>	Brian Irving ....., Morgan Sindall, Design manager		Date
<b>Part 6 (Commissioning Plan) reviewed by</b>	Gordon Watson ....., Morgan Sindall, Project manager		Date
<b>Customer's representative</b>	.....		Date
<b>CDM coordinator for CPHSP (Part 2)</b>	... CDM Coordinator		Date
<b>Issued to:</b>	<b>Position:</b>	<b>Company:</b>	

Project Execution Plan (PEP) – Part 1

1. Revision schedule

Amendment no.	Issue date	Details of amendment	Approved for issue by:
001 rev C	4 <sup>th</sup> March 2016	Update to March Submission	
002 rev D	June 2016	Update for deliverables submission to client	FS
003 rev E	Oct 2016	Update for deliverables submission to client	FS

**Project Execution Plan (PEP) – Part 1**

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# Management System

Plan

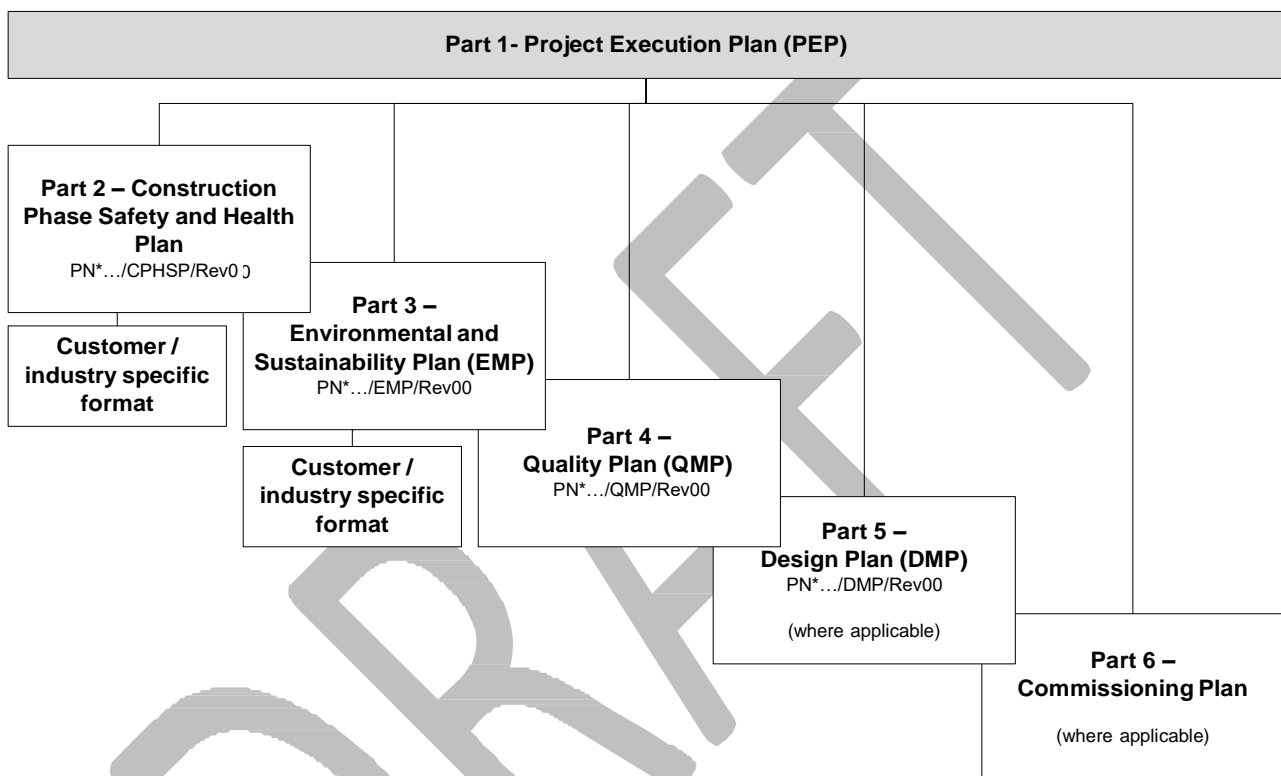
## Project Execution Plan (PEP) – Part 1

### Project Execution Plan (PEP) - overview

This document will define how specific health, safety, environmental, quality and design elements of the contract will be delivered.

In the diagram below each box represents a document which can form part of the whole PEP.

\* PN = Contract or project no.  
(Update revision nos. as required)



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### Plan

## Project Execution Plan (PEP) – Part 1

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### 2. Introduction

#### Commitment

Morgan Sindall is committed to the vision and values as set out in the Morgan Sindall strategy.

#### Customer

- We will always put the customer first
- We understand our customers' needs, delighting them time after time
- Every customer is important, whether large or small.

#### Safe

- Uncompromising in creating a safe and sustainable environment
- Nothing is so important that it cannot be done safely
- We are always looking towards securing an accident-free environment.

#### Ambitious

- We want to be our customers' first choice time after time
- We recruit and develop the best technical and creative skills in the industry
- We are passionate about seeking the best solutions and are packed with pride and fresh ideas.

#### Responsibility

- We take ownership for our decisions and follow through
- Making money is important. When we make money we can provide job security and invest in the future
- Money and minimising waste is everyone's responsibility.

#### Collaborative

- We enjoy working in teams
- Each and every person plays an important role
- It is important to have people with different backgrounds and skills.

On this project we are committed to:

- Leading behavioural change to reduce accidents and work-related ill health, and defects
- Reducing our Accident Frequency Rate (AFR)
- Supporting the aim of reducing work-related ill health
- Having a qualified and experienced workforce
- Giving a site specific induction to everyone before entering a work site
- Consulting with site personnel on health and safety matters
- Producing regular reports on health and safety performance
- Achieving our goal of "Perfect Delivery".

### 3. Purpose

This PEP describes how this project will be managed. It is a live document that will be reviewed at regular intervals by the project / contract team to reflect progress of the works and changes in requirements. It incorporates the elements that satisfies the Construction Design and Management (CDM) requirement of the Construction Phase Health and Safety Plan (CPSMP – Part 2).

The project / contract manager is responsible for ensuring that the working arrangements are carried out in accordance with this plan.

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

This plan comprises five parts which are:

- Project Execution Plan – Part 1
- Construction Phase Health and Safety Plan – Part 2
- Environmental and Sustainability Plan – Part 3
- Quality Plan – Part 4
- Design Management Plan – Part 5 (optional)

**Note: The health and safety, environment, quality and where applicable design and commissioning sections should always be read in conjunction with this core document.**

This PEP covers Morgan Sindall's common management approach, in line with the Integrated Management System (IMS), available on the company's intranet. This document supersedes any tender stage plan produced at concept, design bid or full bid stage. Where appropriate to the project the tender stage management plan should be referenced as a relevant document.

Morgan Sindall is certified to BSEN ISO9001:2008, BSEN ISO14001:2004 and BS OHSAS18001:2007 by certification body BSI. The IMS and PEP have been developed for compliance to these standards. The company's IMS is designed to meet the requirements of the Morgan Sindall policies, objectives and targets. The documentation defined within the IMS should be used at all times and variance should only be allowed where customer requirements dictate.

#### 4. Pre-construction information

Contract location

Gorbals Health Centre Site  
Cumberland Street  
Gorbals  
Glasgow

#### Project Description

The Works comprise the construction of a new Health Centre complete with all associated site works and services. The Health Centre comprises two-storey and three-storey buildings forming an 'E' shape on plan. The health centre is of steel frame construction with a concrete upper floor and a flat roof housing plant.

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

### Site

*The site location is as described in Section 1 of this report and occupies an area of approximately 3,700m<sup>2</sup>. The site is effectively half of the original residential site, which is owned by New Gorbals Housing Association (NGHA). NGHA will retain the Eastern half of the original site and plan to construct a new office block to accommodate their new Head Quarters, adjacent to the new health and care centre.*

*The footprint of the original tower block occupied an area 780m<sup>2</sup> with the remainder of the site consisting of hard and soft landscaping.*

*We understand the existing tower block including foundations, hardstandings, etc. was demolished and removed to clear the site in advance of the new construction works commencing.*

*Existing services have been noted within the site, most notably a bank of HV power cables which runs just inside the eastern boundary of the site. We understand that a survey has been commissioned to accurately identify the position of these cables so that the future development can be designed to accommodate the required off-set dimensions of the no build zone for new structures. The findings of the survey show various power cables out with the building footprint, and one bank of cables impinging on the proposed building. Further investigations are currently underway to ascertain the nature of this bank of cables, whether it is live, and the feasibility of removal or making redundant. The findings of this study will be incorporated during the next stage of the design.*

*In addition, Scottish Water plans show exiting foul and surface water sewers within the site. It is unclear if any of these runs have been removed as part of the tower demolition works. The original drainage plans are included within Appendix B of this report. A drainage survey was commissioned to ascertain the position and extents of the drainage runs and the results are inconclusive within the site due to the presence of the demolition rubble. It is likely that the runs have been removed judging from the reduced level of the cleared site and no surface evidence of the runs remains.*

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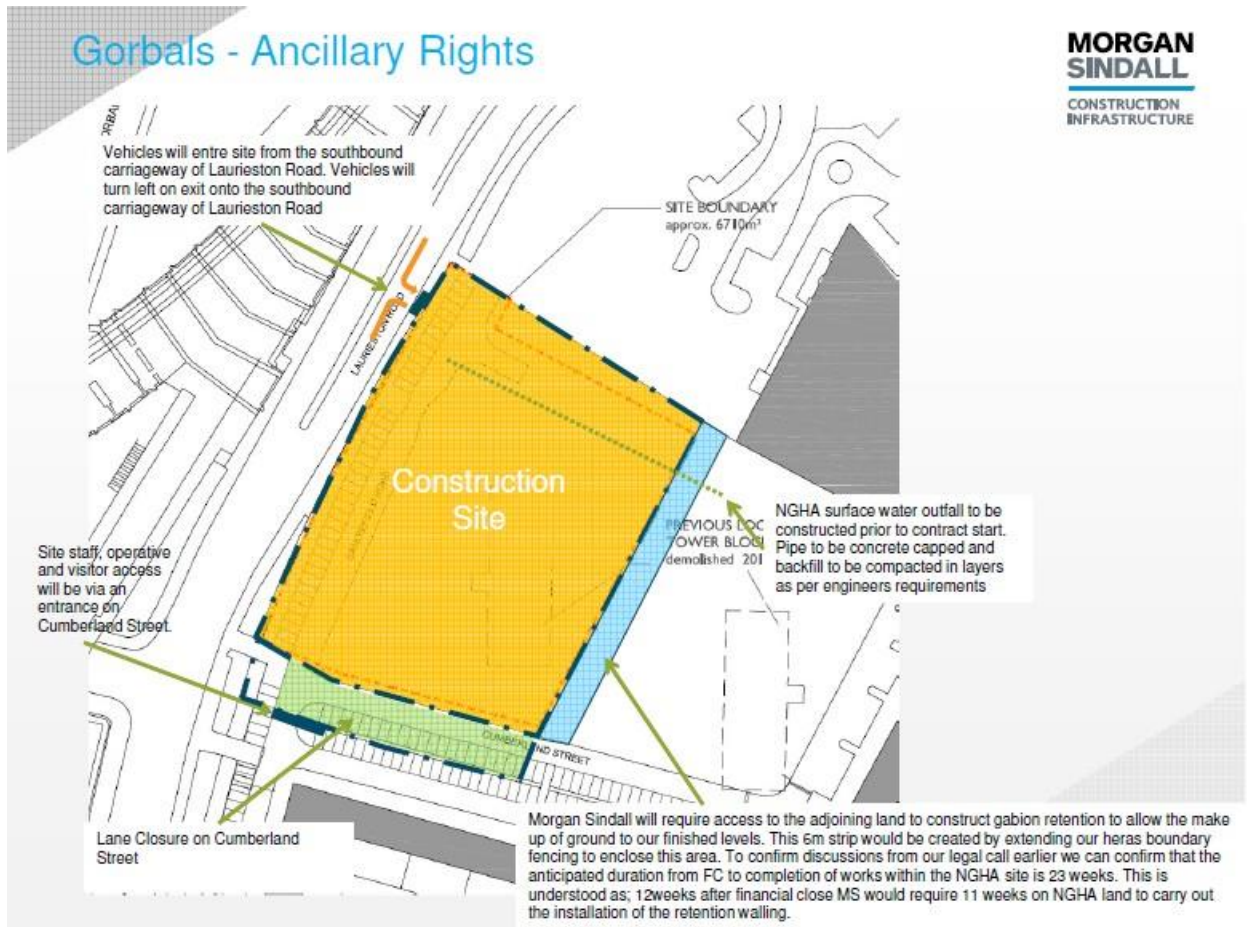


Fig 1

### Contract Hazards:

Constraints identified on this project are:

- Surrounding residential area – traffic management
- Existing underground services including water, gas, electric and telecom.
- Adequately charting existing services on master drawing.
- Traffic Management.
- Emergency planning and accident / incident response.
- Risk management of all construction activities.
- Manual Handling and Occupational Health.
- Noise and nuisance controls.
- Protection of the existing environment.
- Control of access and delivery times as defined by our planning conditions.
- Maintain public roads and footpaths. Dilapidation surveys to be carried out with photographic records taken.
- Restricted site parking.
- Restricted delivery vehicle widths and lengths.
- Maintain good and proper access to the site should the need arise for any emergency vehicles.

### Existing environment

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

- Post demolition site. Site cleared by demolition contractor. Post demolition Si has been carried out to assess obstructions etc.

### **Site Location Plan**

Please refer to figure 1.

### **Existing Services (underground and overhead)**

All existing services are disconnected apart from Scottish Power cable to the east of the site. MSPS currently applying to spike cable. Full copies of existing services are available.

### **Existing traffic / pedestrian systems and restrictions**

The key features of our TMP will be:

To maintain strict vehicle delivery schedules to ensure continuity for local residential properties

Traffic lights at crossroads to be maintained at all times

If applicable park and ride facility for site workers

Maintain safe access and egress at all times for local residents.

We understand the traffic and pedestrian movement in the area and will ensure minimum disruption during our operations by careful scheduling of deliveries at off-peak times.

Provide detailed access / egress routes to the site as agreed with the relevant authorities, to everyone required to attend the site, site employees, visitors and deliveries.

Locate the laydown area on the to ensure sufficient storage and improve site logistics.

Implementing the plan through a fully trained and full time gate man.

Restricting traffic to 5mph on site. We will erect signage leading to and from the site with full information on traffic management.

Our TMP will be incorporated into subcontract contractual documents and will be communicated to all site operatives, staff and visitors via the site inductions.

### **Existing Structures**

No existing structures on site.

In considering the design, tender documents, pre-construction information pack and the details considering at the planning stage, the following areas have been identified as significant hazards for the project.

- Accidents with members of the public caused by construction traffic coming through surrounding industrial estate with significant numbers of parked cars restricting access and vision.
- Heavy construction traffic causing accident when accessing egressing site.
- Noise affecting surrounding properties.
- Vibration from construction work having a detrimental effect on surrounding properties.
- Dust from construction works causing nuisance to surrounding properties.
- Utilities and ground works being affected by contamination in the ground
- Loading and off-loading of vehicles
- Existing emergency services access routes and points such as fire hydrants being blocked by construction related works / traffic
- Potential accidents to young person's relating to site works
- Inappropriate management of waste impacting upon the environment.
- Incorrect storage of materials leading to contamination.
- Striking existing services whilst carrying out new construction works.

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## Management System

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## Project Execution Plan (PEP) – Part 1

- Works to existing services undertaken by unqualified individuals leading to injury or death.
- The management of contaminated or poor ground conditions where found leading to injury or death
- Accidents occurring when undertaking lifting operations.
- Accidents occurring when undertaking excavation works.
- Accident / incident due to temporary works failure.
- Muscular skeletal injuries due to poor manual handling techniques or inadequate lifting equipment.
- Paints, solvents, adhesives, glues, epoxy's, intumescent paint, fire stopping compound, pitch polymers used as specified during construction works not being properly managed leading to health hazard to individuals.

Existing records and where they can be found:

### **Topographical Survey**

Topographical Survey of the proposed site carried out by MSPS

The above information is available on the 4 projects

<b>Project value:</b>	£15m
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### **Heritage Impact Assessment**

N/A – No heritage impact assessment required for this project

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Project Execution Plan (PEP) – Part 1

<b>Construction start date:</b>	Jan. 17
<b>Duration:</b>	85 WEEKS
<b>Sectional handover details (if applicable):</b>	N/A
<b>Project completion date:</b>	Aug 18
<b>Site working hours:</b>	Mon – Thurs – 8am-5.30pm. Fri – 8am – 4.30pm Sat 8am – 1pm

5. **Contract Particulars**

**Scope of the contract**

See “Project Description” section above

Programme- Key Dates

- **Site Possession - Construction** 9/01/17
- **Handover** 24/9/18

**Contract Documents:**

Form of Contract: Bespoke Contract between Morgan Sindall and Hub West Scotland

**Procurement strategy:**

The procurement on the project will align with the issued Morgan Sindall supply chain guidance documentation. The specific procurement route on this project shall generally be:

WORK PACKAGES PLACED THROUGH MORGAN SINDALL SUPPLY CHAIN.

**IT strategy:**

Site will be set up by using local network installed by IT and associated printer procured and installed. Morgan Sindall Intranet will be utilised along with Digest.

4 Projects has been set up for utilisation on the project

**Project objectives**

- SAFE – Zero reportable accidents.
- ON TIME – completing the project on the agreed date.
- SNAG FREE – on the agreed completion date.
- DELIGHTED CUSTOMER – achieving our customer’s key objectives.
- RECOMMENDED – an experience recommended by our customer’s.

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Plan

### Project Execution Plan (PEP) – Part 1

#### Key Performance Indicators (KPI's):

KPIs 2014	
KPI	TARGET
LAG	
AFR (YTD)	0.10 (UK-0.12) 10% < 2013
AIR (YTD)	241 (UK-300) 10% < 2013
LTI (YTD)	0.15 (UK-0.25) 10% < 2013
AAFR (YTD)	1.27 (UK-2.25) 10% < 2013
LEAD	
Toolbox Talk Ration	100%
100% SAFE Leadership Assessments	7 Ave/month
VOICE Close out Ratio	95%
Reporting of Learning Events	6 in the year
Reporting of Positive Interventions	150 Month Average
% RIDDOR Free projects	100%
SUSTAINABILITY	
CCS average score	>40
Carbon Reduction	5% Reduction on 2010 baseline. 2014 Target (1.5t CO2/£100K regional T/O)
Waste diverted from Landfill	100% recovery aspiration, with at least 95% diversion from landfill
Water Usage	Improve accuracy in measuring water usage, with 10% reduction on 2013 figures Target (3m3/£100K regional T/O)

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

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### 6. Project directory

#### PROJECT TEAM

##### Client

Hub West Scotland  
Skypark 1, Suite 7/3,  
8 Elliot Place,  
Glasgow,  
G3 8EP  
Contact: Jim Allan  
Telephone: 0141 530 2150.  
Email: [jim.allen@hubwestscotland.co.uk](mailto:jim.allen@hubwestscotland.co.uk)

##### Architect

JMA  
64 Queen Street, Edinburgh, EH2 4NA  
Contact: John MacDonald  
Telephone: 0131 464 6100  
Email: [john.macdonald@jmarchitects.net](mailto:john.macdonald@jmarchitects.net)

##### CDM Co-ordinator

T&A  
10 Wemyss Place Edinburgh  
EH3 6DL Contact:  
Gary Marshall  
[gary.marshall@thomasandadamson.com](mailto:gary.marshall@thomasandadamson.com)  
0131 225 4072

##### Quantity Surveyor

T&A  
5 Woodside Terrace, Glasgow, G3 7UY  
Caroline Brown  
[caroline.brown@thomasandadamson.com](mailto:caroline.brown@thomasandadamson.com)  
0141 332 3754

##### Structural Engineer

MSPS  
Trilogy One,  
Woodhall  
Holytown,  
Motherwell,  
ML1 4YT  
Contact: Andy Gotts  
Telephone: 01698 738600  
Email: [10160784.Gorbals@morgansindall.com](mailto:10160784.Gorbals@morgansindall.com)

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

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### **Mechanical & Electrical Services Engineers**

TUV SUD Limited  
The Venlaw Building  
349 Bath Street  
Glasgow  
G2 4AA  
United Kingdom

Tel: +44 (0) 141 221 9866  
Fax: +44 (0) 141 221 6088  
Email: [Gary.Meechan@tuv-sud.co.uk](mailto:Gary.Meechan@tuv-sud.co.uk)

### **Principal Contractor**

Morgan Sindall plc  
Trilogy One,  
Woodhall  
Holytown,  
Motherwell,  
ML1 4YT  
Contact: Steve Irvine  
Telephone: 01698 738600  
Email: [steve.irvine@morgansindall.com](mailto:steve.irvine@morgansindall.com)

### **Participant**

NHS GGC  
NHS Greater Glasgow and Clyde  
Corporate HQ  
J B Russell House  
Gartnavel Royal Hospital Campus  
1055 Great Western Road  
GLASGOW  
G12 0XH  
Contact: Ian Docherty  
Telephone: 0141 232 2003  
Email: [Ian.Docherty@ggc.scot.nhs.uk](mailto:Ian.Docherty@ggc.scot.nhs.uk)

The project manager shall ensure that all the project contact information shall be assembled into a project directory that shall be made available to all members of the project team in either electronic and/or hard copy form.

The project directory shall be the major source of contact information on the project.  
The project manager shall ensure that the project directory shall be reviewed, updated and reissued on a regular basis to reflect on-going changes / additions to personnel, organisations and/or contact details

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## Project Execution Plan (PEP) – Part 1

### 7. Contract organisation and staff responsibilities

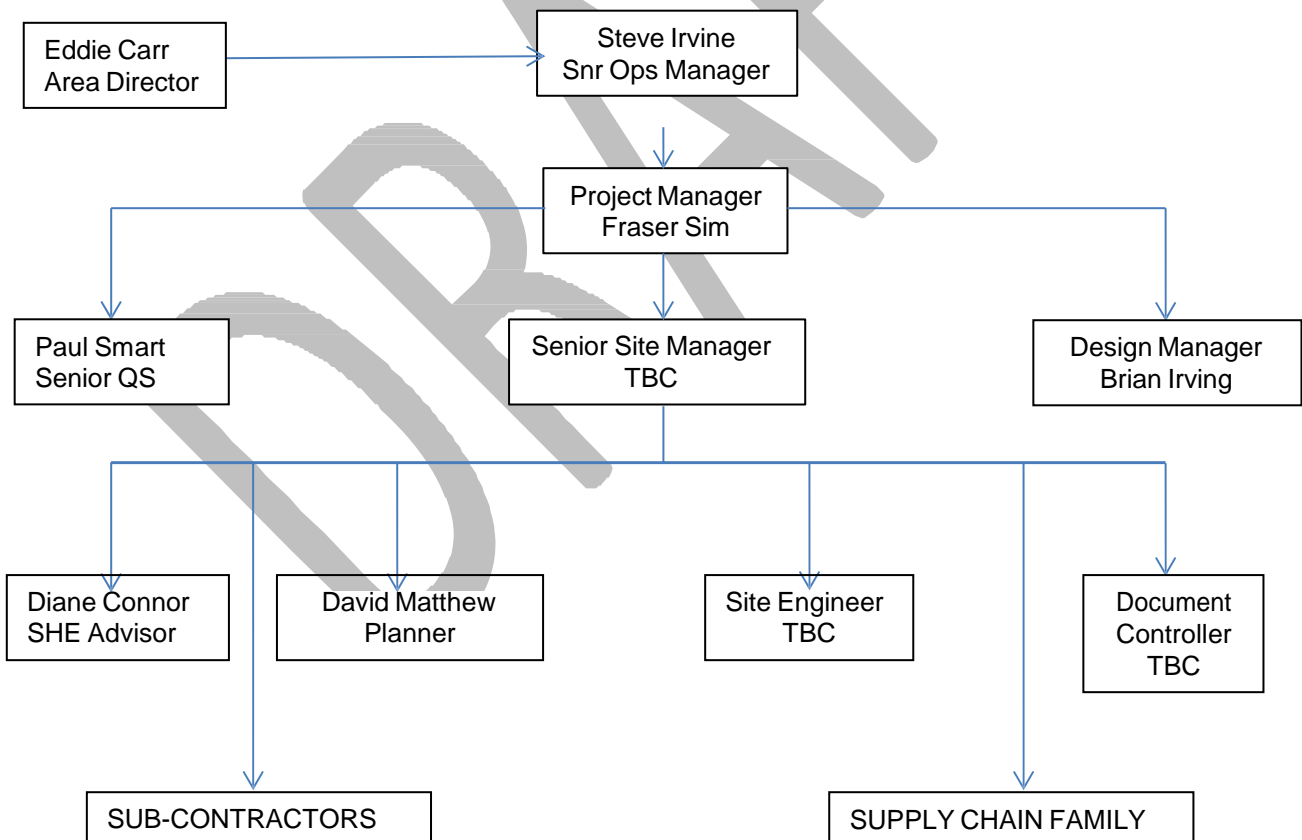
The project management organisation, including organisational interfaces, and names and locations of the individual Morgan Sindall personnel is detailed below.

- i. Snr Ops Manager – Steve Irvine
- ii. Project manager – Fraser Sim
- iii. Senior Site manager – TBC
- iv. Senior Quantity surveyor – TBC
- v. Design manager – Brian Irving
- vi. Building services manager – TBC
- vii. Planner – David Matthew
- viii. Site engineer - TBC
- ix. SHE advisor – Diane Connor/ Graham Palmer

Individual specific management and control responsibilities for project staff should be set by the project director / manager aligned to the specific requirements and responsibilities on the project.

Project organogram for Gorbals HC

#### **COMPANY ORGANOGRAM**



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Project Execution Plan (PEP) – Part 1

Title/duty	Appointed person	Deputy	Contact details	Appointments in writing
<b>Project staff</b>				
Project Director	TBC	N/A	TBC	
Contract Manager	Steve Irvine	N/A	TBC	
Project Manager	Fraser Sim	TBC	TBC	
Senior Site Manager	TBC	N/A	TBC	
Site Manager No. 1	TBC	N/A	TBC	
Site Manager No. 2	TBC	N/A	TBC	
Engineer	TBC	N/A	TBC	
Crane Supervisor*	TBC	TBC	TBC	
COSHH Coordinator*	TBC	TBC	TBC	
Temporary Works Coordinator*	TBC	TBC	TBC	
Site Safety Supervisor	TBC	TBC	TBC	
Competent Person (electrical) *	G Watson	N/A	01698 738600	
Site Environment and Waste Coordinator	TBC	TBC	TBC	
Fire / Emergency Coordinator(s)	TBC	TBC	TBC	
Authorised Permit Issuer(s)	TBC	TBC	TBC	
First Aider(s)	TBC	TBC	TBC	
Design Coordinator	TBC	TBC	TBC	
Plant Coordinator	TBC	TBC	TBC	
Scaffold Controller	TBC	TBC	TBC	
Traffic Management Coordinator	TBC	TBC	TBC	
Waste Coordinator	TBC	TBC	TBC	
Permits Approval	TBC	TBC	TBC	
Quality Inspectors	TBC	TBC	TBC	
Incident Controller	TBC	TBC	TBC	
<b>Support function staff</b>				
Safety Advisor	Diane Connor	G Palmer	07837 281971	
Environmental Advisor	Diane Connor	G Palmer	07837 281971	
Quality Advisor	David Patrick	N/A	01698 738600	
Procurement Manager	A Browning	Alison Callaghan	01698 738600	
Commercial Manager	TBC	N/A	01698 738600	
Design Manager	Brian Irving	N/A	07837 299161	
Building Services / M&E Manager	TBC	N/A		
Planner	D Matthew		01698 738600	
Company Electrical Duty Holder	G Watson		01698 738600	
CDM Coordinator			01698 738600	
MEWP Coordinator	TBC	TBC	TBC	
Person responsible for production and review of RAMS	TBC	TBC	TBC	

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

### 8. Communications

#### General

Morgan Sindall regard the provision of competent managers, supervisors, foreman and operatives as the key to operations being carried out safely, to the correct quality and without risk to health, or the environment. The competence of individuals working on the contract shall be assessed by senior management prior to taking up post and training provided where necessary. Training records and competence of all personnel shall be available on site.

Morgan Sindall are a member of the UK Construction Group (UKCG), and is committed to carrying out effective consultation with everyone on this project. The methods selected for use in this contract are detailed below.

#### Site communications

Health and safety, environment and quality information and directions to employees / contractors shall be addressed during normal day to day liaison by line management. In addition, planning and co-ordination of activities shall be undertaken at progress, pre-contract and site meetings.

The principle means of communication for this contract shall include:

- Induction
- Daily safety briefs
- Tool box talks
- RAMS briefings
- Task specific briefings
- Cascade
- Safe and sustainable update
- Environmental Awareness

#### Worker consultation

Regular consultation with all works will take place during the project and the project manager will ensure that there are defined arrangements in place.

The items shaded below are the methods of consultation and communication on all Morgan Sindall projects.

Method				
Project	Workforce engagement forum (VOICE)	100% Safe workshop	Through one or more workforce representative	Site project meeting
Work gang	Toolbox talks	Point of work safety assessment	Through elected representatives	Method statement briefings
Individual	Learning event suggestion boxes	Directly with each worker	Whistle blowing procedures Health and safety helpline 0800 328 3874	Open door policy

#### Stakeholder liaison

Morgan Sindall fully understands the need for effective liaison with stakeholders such as the customer, contractor, suppliers, local community and employees.

The specific means for this project are as follows:

- Contract meeting

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

### Induction and site orientation training

Site induction, site orientation and training will be carried out for all employees and contractors.

### Visitors

Visitors (personnel on site not more than one day) shall be accompanied at all times whilst visiting the work site by an authorised member of the site team who is familiar with the site construction hazards, layout and restricted working areas.

ALL VISITORS TO SITE WILL BE REQUIRED TO ATTEND A MORGAN SINDALL SITE VISITORS INDUCTION.

### Drivers

Driver's safety rules will be displayed at the site entrance and shall apply unless modified by the contract manager. Morgan Sindall contract team will ensure that they communicate drivers safety rules to delivery drivers on their first arrival and monitor compliance. See [Annex F Part 2](#).

### Information and signage

Morgan Sindall shall display and update at vantage points around the site, health and safety, environment and quality information, which shall include:

- F10 in site office, canteen and security hut.
- HSE (HASWA) Poster in site office and canteen
- SHE Policy Statement
- Quality Policy Statement
- Emergency Procedures including details of Fire Wardens and First Aiders.
- Site Layout Plan including details of Emergency Assembly Points.
- Construction hazard warning signage including Hazard Board (updated weekly or as and when required)
- Insurance Certificates
- Site Rules.
- SHE Alerts, Bulletins and Notices.
- 100% SAFE Posters.
- Considerate Constructors (details and information of scheme)
- All other general health, safety and environmental information.

## 9. Project Management System

The management system on the project shall be the Morgan Sindall IMS. The project system will consist of this PEP document plus the relevant processes, standards and guidance.

Upon receipt of formal award of the contract a contract handover meeting shall be held by the project director / area director. This meeting forms part of the contract review process and also formally triggers the production of this PEP, which will include sections with the arrangements for managing health and safety, environmental, quality and design issues.

The project manager is responsible for the content, implementation, formal issue and control of the PEP and the management system documentation on the project, including associated inspection and test plans.

An inspection and test plan will be prepared and issued in advance of each element of the works / work package.

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## Project Execution Plan (PEP) – Part 1

The project shall be subject to internal audit by the business unit management team in accordance with agreed auditing schedules.

### 10. Construction Design and Management (CDM)

The project manager shall ensure that the Health and Safety Executive (HSE) F10 form for the construction phase is displayed on site.

The Construction Phase Health and Safety Management Plan (CPSMP – Part 2) will take in to account the information supplied in the health and safety information pack, it will contain sufficient information to allow work on site to start. This plan is subject to formal acceptance by the customer / CDM co-ordinator before work can commence on site.

The project manager shall ensure that plans for health and safety, environment quality and design are developed as applicable progressively throughout the contract period in accordance with project requirements.

At the start of, and during, the course of the contract the project manager shall determine what documentation and records are required by the CDM coordinator for the health and safety file / O&M manuals and shall ensure that the necessary information is collected and collated throughout the contract period and is forwarded to the CDM coordinator in time to allow the production of the health and safety file.

### 11. Safety, health and environment

The Morgan Sindall SHE processes, standards and guidance contained within the IMS shall be the mandatory procedural requirements to be implemented on the project.

The Morgan Sindall project manager shall ensure arrangements are in place to ensure all personnel operating on or visiting the project receive a project specific project induction before starting work on the site.

Further details of the SHE arrangements are in the CPHSP, Part 2 of this document.

The project manager, in conjunction with the environmental advisor / SHE advisor, will develop the Environmental Management Plan (EMP) for the construction phase of the contract. This will incorporate the Site Waste Management Plan (SWMP) ([SE FRM3](#)), which will be developed from the pre-construction stage SWMP.

### 12. Risk management

The contract team will coordinate interfaces between activities and contractors to ensure that the works and associated hazards are managed. When considered desirable, the programme will be amended to manage those hazards more safely.

#### Risk management plan

A risk management plan will be developed for the contract to be amended and updated by the contract manager.

#### Risk register

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

The contract manager will keep a specific risk and opportunities register for the contract for all business risk.

### Risk assessment

Risk assessments will be carried out on all activities. Refer to safety control in the CPHSP Part 2 of this plan.

### Change control

Morgan Sindall has specific arrangements that deal with change control.

### Control of contractors

Morgan Sindall operates an assessment and approval system of potential contractors “This system will be used to assess, among other matters, SHEQ competency and adequacy of resources. Control of contractors is further covered in the Quality Management Plan (QMP) – Part 4. Before award of any contract element, the contract team will hold and record SHEQ meetings with potential contractors and where appropriate, check any contractors work performed off-site to ensure compliance with agreed requirements.

### Control of key materials suppliers

The contract team will ensure that suppliers of key contract materials provide SHEQ information, such as Control of Substances Hazardous to Health (COSHH) data sheets, COSHH assessments and proof of sustainability (e.g. for timber).

## 13. Design management

Where the project has a design element, a Design Management Plan (DMP) - Part 5 must be in place. This should have been developed during the pre-construction / bid stage and revised and updated following award of the construction phase of the project.

## 14. Project system requirements

Particular attention is drawn to the need for control processes to be implemented for the undernoted activities:

- Project administration and document control
- Safety, health and environment
- Stakeholder management
- Project risk management
- Commercial control
- Design and project change control
- Emergency planning arrangements
- Management of subcontractors
- Quality
- Programming and planning
- Procurement
- Commissioning
- Project completion and handover
- Customer care period management.

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## Management System

### Plan

## Project Execution Plan (PEP) – Part 1

### 15. Knowledge transfer – good practice / lessons learned

While some lessons learned information has already been incorporated into this project from previous projects, the project manager, with the project team, will continuously review activities and performance and, where possible, identify both good practice and areas for performance improvement. This may be done by individual item or by holding review workshops on completion of particular elements of work. In either instance the findings shall be recorded and, in the case of good practice, be communicated into the “Pass It On” improvement mechanism within Morgan Sindall. In respect of areas for improvement, steps shall be taken to rectify the identified process or operational failings and the improvements implemented.

In addition the project manager and the project team will carry out a post contract performance review on contract completion to review the project and record all lessons learned. This information must then be circulated as required by the lessons learned process.

#### Monitoring and reporting

The project director / contracts manager and project manager shall continuously monitor standards. A specific monitoring schedule has been prepared for this project and is set out in the table below:

Project monitoring schedule					
Type of monitoring	Frequency*				
	Daily	Weekly	Monthly	Quarterly	Annual
Senior management SHE tours				√	
SHE meetings		√			
Liaison / stakeholder meetings			√		
Contractors meetings			√		
Project progress meetings		√			
SHE audit			√		
SHE inspections – Morgan Sindall (SHE team)			√		
SHE inspections – contractor			√		
SHE inspections – client			√		
SHE inspections – Morgan Sindall (site team)	√				
SHE tour – supervisor and operative				√	
SHE monthly return			√		
Safety committee / VOICE / forum			√		
Emergency procedure drills				√	
Toolbox talks		√			
Daily safety briefings	√				

\*indicate frequency for each method.

### 16. Contract records

As a minimum requirement the Morgan Sindall policy on retention of documents and records and the Morgan Sindall archiving standard shall be adopted. Any specific contract requirements for archiving and archive retention shall also be addressed.

The project manager shall ensure that all required documentation and records for archiving are boxed and labelled, or stored electronically, and transferred to the designated office archive controller, for archiving. It is a system requirement that the maximum possible amount of records to be archived should be stored electronically, thus reducing the amount of hard copy archiving to a minimum.

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## APPENDIX L – STAKEHOLDER COMMUNICATION PLAN



# Hub Stakeholder Communication Plan

## 1. Introduction

This paper sets out a proposed stakeholder communications plan for the new Health and Care Centres being developed through the hub initiative.

## 2. Background and aim

Within the Outline Business Case we are expected to include a communications plan.

The aim of the plan is to detail the action to be taken by NHSGG&C to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

## 3. Context

The development of the Woodside and Gorbals Health and Care Centres is a major investment in improving health services in Greater Glasgow.

The communications plan takes account of the similarities of both projects and therefore sets out a range of core communication activity. However due regard must also be taken of the specific requirements of each project.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

## 4. Stakeholders

The main stakeholders in the project are:

### 4.1 Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- Glasgow City HSCP Joint Board
- West of Scotland Hub Team
- Project Board for each development
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- HSCP Management Teams and Managers in North West and South Localities
- Respective Locality Groups for Maryhill, Kelvin and Canal and Gorbals area.

- Public Partnership Forum/ Patient user groups
- Staff Partnership Forum
- Staff in Glasgow City HSCP

#### **4.2 External**

- Local MSPs/Councillors
- Glasgow City Council
- Community Planning Partners (including local housing associations)
- Local community organisations
- Local voluntary sector organisations with a connection to health and social care services
- Local people
- Staff in NHSGG&C (i.e. wider than Glasgow HSCP)

### **5. Existing communication mechanisms**

#### **5.1 Formal Structures/ mechanisms for communication with stakeholders**

- NHSGG&C, Glasgow City HSCP Integrated Joint Board and Council Committee meetings
- Hub Steering Group meetings
- Local community Planning Partnership structures (boards, officers' groups etc.)
- Glasgow City HSCP and Locality management team meetings
- Public Partnership Forum regular meetings
- Regular project board and delivery group meetings
- Meetings of GP Forum in each area
- Meetings of Staff Partnership forum
- Local voluntary sector networks and Third Sector interface organisations
- Local housing networks (e.g. Essential Connections Forum).
- BATH – Better Access to Health Group (NHSGG&C wide involvement structure for people with disabilities).

#### **5.2 Less formal means of communication**

- Newsletters and team briefs - NHSGG&C Health News and HSCP Staff Newsletter
- Web sites (NHSGG&C and Glasgow City HSCP)
- SOLUS Screens in local community health venues
- Twitter (Glasgow City HSCP)
- PPF newsletters/ e mail communications to people/organisations on local databases (North West Locality and South Locality)
- Local Community Councils (meetings and newsletters)

## **6. New communication /involvement structures**

### **6.1 Public/patient involvement group(s) for each hub project**

Public involvement in the development of the new centres will be overseen by the respective Public Partnership Forum (PPF) and /or other engagement structure in each HSCP Locality. Engagement with the public will extend beyond the PPF committee and/or other engagement structure to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new Health and Care Centres.

Public representatives on the Project Boards, Delivery Groups and the sub groups for the Arts and Environmental strategy, led by the respective Head of Planning, supported by their Community Engagement Officer, will take responsibility for wider public engagement as the project progresses. They will report via the Community Engagement Officer to the Delivery Group and also submit regular reports to their respective PPF Executive Committee and/or other engagement structure in each HSCP Locality.

The role of the Community Engagement Officer is to deliver the community engagement outcomes in the Stakeholder Communication Plan, facilitating the participation of the public in the design and delivery of the project.

### **6.2 User groups**

Each service and/or staff discipline will have a representative on the user group for each project. It is expected that each member of the Delivery Group will communicate regularly with their respective user group through meetings and/or e mails.

## **7. Communication Plan**

The proposed plan is set out in Appendix 1

## Appendix 1 – Hub Stakeholder Communication Plan

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	David Williams, Chief Officer Glasgow City HSCP	As required for Business Case Approvals etc  Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups  Relevant Head of Planning responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute.	All papers issued by email where appropriate including progress, reports agenda's etc. Telephone/emails as appropriate.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
Hub Steering Group	Programme/progress Updates, general Information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Team for each project. Hub West of Scotland	Regular monthly meetings	Reports
Core Team	Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.	Core Team members to provide information also to participants as per working group remit.	<i>Weekly tele conference, fortnightly meetings and/or ad hoc as required?.</i>	Telephone, email, face to face meetings, reports and briefings.
<i>Principals Group?</i>	<i>Review of Project Progress, regarding design, construction, affordability, etc</i>	<i>NHS Project Director/Project Manager, Consultant PSC – Project Manager &amp; Cost Adviser,+ PSCP Senior Manager</i>	<i>Quarterly or ad-hoc as required</i>	<i>Telephone, email, face to face meetings, briefings</i>
Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
Glasgow City HSCP Board	Programme Update, General Information relating to Territory development, project pipeline updates.	SRO	As per action plan.  Also regular update reports to Committee meetings	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
<i>Principal Supply Chain Partner (PSCP)</i>	<i>Framework, High Level Information Pack, &amp; Procurement</i>	<i>Project Manager SRO</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.</i>
<i>Professional Service Contracts (PSC – PM and CA)</i>	<i>High Level Information Pack Framework &amp; Procurement Information</i>	<i>Project Director Project Manager</i>	<i>As stated in High Level Information Pack.</i>	<i>Meetings, correspondence, Bidders Day, briefings, e-mail and telephone</i>
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project - at times frequent and intensive( e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service Planning Development Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project . Will generally be involved in Project Board and/or Delivery Group ( or have representative of their service involved)	As appropriate dependant on issue to be communicated.  Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups
Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	As per action plan.	As appropriate dependant on issue to be communicated.  Representative of asset and estate management involved in each delivery group
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	As per action plan.	As appropriate dependant on issue to be communicated.
HSCP Senior Management Team	Programme Updates, general information relating to project.	SRO	As per action plan. Regular updates at meetings (monthly)	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
<p>PPF &amp; BATH Group LCPP boards in North West and South Glasgow</p> <p>Locality Groups in North West and South Glasgow</p> <p>GP forum in each area ( to keep GPs outwith health centres advised of developments)</p>	<p>Programme Updates, general Information relating to Project</p> <p>BATH to review plans in respect of disability access/ease of use by patients with different disabilities.</p>	<p>SRO/Head of Planning</p> <p>Link with NHS GG&amp;C Corporate Engagement team re BATH involvement at appropriate stages of development</p>	<p>As per action plan./ depending on local circumstances</p> <p>Regular updates to PPF Executive Committee on public engagement activity</p> <p>Regular reports on progress Update on progress as required - 6monthly or annually</p>	<p>As appropriate dependant on issue to be communicated.</p> <p>Presentation to Forum by Director/Head of Planning ( to keep other GPs in area informed )</p>
<p>HSCP staff</p>	<p>Project Updates, general information relating to Project</p> <p>Any changes to staff working conditions/practices arising from new developments</p> <p>Staff teams who will be working in new centres</p>	<p>SRO/Head of Planning to provide information to Communications officers who will draft material</p> <p>Head of HR to report Staff Partnership forum</p> <p>Head of Planning/Design Team</p>	<p>As per required.</p> <p>Team briefs Staff newsletter</p> <p>Staff Partnership forum representatives are members of HSCP IJB and will therefore be receiving regular updates via Committee reports</p> <p>As required</p>	<p>As appropriate dependant on issue to be communicated</p> <p>Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments.</p>

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	Information Required: What specific information is required by each stakeholder group?	Information Provider: Who will provide the information?	Frequency of Communication: How often will information be provided?	Method of Communication: By what method will the communication take place?
General public /patients	Regular updates on initial plans and then progress	Head of Planning to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council Newsletters E-newsletters SOLUS screens Twitter Articles in partner newsletters (e.g. local housing organisations)
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Planning to liaise with Health Improvement team to disseminate among partners  PPF officer to issue regular e mail updates to organisations on <u>PPF database</u>	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through PPF database





## APPENDIX M – BENEFITS REALISATION PLAN

Gorbals Health and Care Centre – Benefits Realisation Plan

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

Gorbals Health and Care Centre – Benefits Realisation Plan

Gorbals Health and Care Centre – Benefits Realisation Plan						
Identification		Control		Realise		
Ref. No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Date of Realisation
	reducing CO2 emissions and contributing to a reduction in whole life costs		Facilities leads within NHSGGC			facility being operational
6.	Achieve a BREEAM Healthcare rating of 'Excellent'	Staff, service users and general public	Capital Planning and Facilities leads within NHSGGC	Sustainability	-	Review after 6 months of facility being operational
7.	Achieve a high design quality in accordance with the Board's Design Action Plan and guidance available from A+DS	Public / Service Users / Staff	Capital Planning and Facilities leads within NHSGGC	Improve patient experience/ good working environment for staff	-	Review after 6 months of facility being operational
8.	Meet statutory requirements and obligations for public buildings e.g. with regards to DDA	Public / Service Users / Staff	Capital Planning and Facilities leads within NHSGGC	Improve access	-	Review after 1 month of facility being operational
9.	Contributes to regeneration of the Gorbals area through the development of a new H&CC on a derelict site and development of existing HC site for new housing.	Public	NHSGGC / Glasgow City Council / New Gorbals Housing Association	Contribution to the regeneration of the Gorbals area in line with Master Plan	Linked to other regeneration initiatives / impact of wider economy	Review after 3 years of facility being operational

Gorbals Health and Care Centre – Benefits Realisation Plan

Gorbals Health and Care Centre – Benefits Realisation Plan						
Identification		Control		Realise		
Ref. No.	Main Benefit	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Date of Realisation
10.	Contributes to improving the overall health & wellbeing of people in the area and reducing health inequalities	Public / service users	NHSGGC / Glasgow City Council / HSCP / GPs	Improve patient experience	Linked to wider social factors, including employment, education and housing	Review after 5 years of facility being operational