

NHS Greater Glasgow & Clyde



Eastwood Health and Care Centre



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

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1 Executive Summary

1.1 Introduction

This document is presented on behalf of NHS Greater Glasgow and Clyde (NHS GGC) who seek approval for funding to provide suitable health and care accommodation in the Eastwood area of East Renfrewshire to support the further integration of wider council and third sector services in line with national policy direction; replacing current buildings that are reaching the end of their useable life and do not comply with future requirements.

1.1.1 Full Business Case for Eastwood Health and Care Centre

NHS Greater Glasgow & Clyde presented an Initial Agreement document, '**Proposed Eastwood Health and Care Centre**', to the Scottish Government Capital Investment Group (CIG) on 18 July 2012. It received approval on the 9th November 2012. Subsequently the Outline Business Case (OBC) received approval on 13th August 2013. 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 East Renfrewshire Council planning department on 27th June 2013 and received approval on 9th October 2013 (Appendix A).

The purpose of this report is to present the Full Business Case for the project. This will justify and demonstrate the proposals for the development of the new Eastwood 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.

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

1.2 Strategic Case

1.2.1 Overview

The East Renfrewshire Community Health and Care Partnership (CHCP) covers the East Renfrewshire Council area with a population of around 90,000 of which around 24,000 are in Lovern Valley and 66,000 in Eastwood.

Generally people in East Renfrewshire are living longer healthier lives than most other people in Scotland as a result of improved healthcare and economic prosperity, but the CHCP is facing increasing demands as there is a direct relationship between ageing and the need for greater

levels of support. The major users of health and care services are aged over 85 and the number of people in this age group is expected to increase the most. This steep rise in the numbers of older people will bring a significant rise in the demand for the range of interventions to enable people to live safely in their communities

1.2.2 National Context

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

- Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision (2011)
- Delivering Quality in Primary Care (2010)
- Public Bodies (Joint Working) (Scotland) Bill introduced in the Scottish Parliament on 28 May 2013

A number of other national strategies and recently published guidance have influenced the development of local plans including:

- The five Strategic Outcomes of the Scottish Government. (Wealthier and Fairer; Smarter; Healthier; Safer and Stronger, and Greener)
- Local Delivery Plan targets (HEAT) 2013/14
- Christie Commission in Commission on the Future Delivery of Public Services (2011),
- Renewing Scotland's Public Services (2011)
- Better Health, Better Care (2007) – Action Plan
- Reshaping Care for Older People: A Programme For Change 2011–21
- Caring Together: The Carers Strategy for Scotland 2010-2015
- Self-directed Support: A National Strategy for Scotland (published October 2010)
- Scotland's National Dementia Strategy
- Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland.

1.2.3 Local context

NHS Greater Glasgow and Clyde's Corporate Plan for 2013-16 sets out the five strategic priorities to move towards achieving their purpose 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*" over the next three years, and also sets out the outcomes which will deliver for those five priorities. The five priorities are:

- early intervention and preventing ill-health
- shifting the balance of care

- reshaping care for older people
- improving quality efficiency and effectiveness
- tackling inequalities.

HEAT Targets/ Local Delivery Plan

In addition, NHS Greater Glasgow and Clyde's Local Delivery Plan has been developed to include the 2013/14 HEAT targets.

In terms of the Eastwood area, it is clear that the proposed improvements that this project will deliver will make a significant contribution to the achievement of 12 of its HEAT targets. In particular the following quality outcomes and HEAT targets are highlighted in the table below:

HEAT Targets – Table 1

HEAT Target	How the new centre will contribute to achievement of target
To increase proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15	The new centre will improve access to services and earlier treatment.
At least 80% pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvement in breastfeeding rates and other important health behaviours.	The provision of a new centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.
At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	Community space will provide opportunities to promote dental health and well-being (e.g. displays etc to promote understanding of benefits of fluoride)
To achieve 12,910 completed child weight interventions over the 3 years ending March 2014	Health improvement team located in new centre will promote child weight interventions with parents and primary care.
NHS to deliver universal smoking cessation services to achieve at least 80000 successful quits, including 48,000 in the 40% most deprived SIMD areas	The new centre includes a suite of bookable space for individual and group activity.
Reduce suicide rate between 2002 and 2013 by 20%	The new centre will include a base for mental health services in a modern, welcoming and non-stigmatising environment. The suite of bookable space can be used by local community organisations that support good mental health and well-being. The social enterprise community café and gardens will support the recovery agenda.

HEAT Target	How the new centre will contribute to achievement of target
NHS Scotland to reduce energy –based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction target set in the Climate Change (Scotland) Act 2009.	The new centre will achieve BREAAAM excellent, significantly reducing energy consumption levels current in the range of older existing premises
Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS) services from 2013, reducing to 18 weeks from December 2014 and 18 weeks referral to treatment for Psychological Therapies from December 2014.	There is insufficient clinical space in current facilities for the range of clinics that CAMHS services would like to run locally. The new centre will provide additional space for CAMHS to increase local access to their services by providing sessions in the new centre along with speech and language services and social work children and families' services.
Reduce rate of emergency inpatient days for people aged 75 and over	Design of the new centre will support better anticipatory care and more integrated working between CHCP health and care rehabilitation and enablement services and GP practices.
From April 2015, no people will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	The local carer's centre and Alzheimer's Scotland Early Diagnostic support service along with other third sector organisations will have access to space in the health centre to run information/ training/advice sessions for carers an older people. Collocation of GPs , CHCP and third sector services will improve co-ordination of support to older people and their carers, including those with dementia
All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker including the building of a person-centred plan	The new centre will be designed to high standards of infection control.
Further reduce health care associated infections	

1.2.4 Investment Objectives

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

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

1.2.5 Case for Change

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

The work on this aspect of the project was based on understanding the implications of major national and local drivers for change:

The Health and Care Policy Agenda:

- Improving outcomes for people who have a range of complex support needs, and for their carers and families as well
- Putting the leadership of clinicians and care professionals at the heart of service delivery for people with health and care support needs
- Establishing a public service landscape in which different public bodies are required to work together, and with their partners in the third and independent sectors, using their combined resources, to achieve maximum benefit for patients, service users, carers and families.

Changes in population

- Meeting the demographic changes including the ageing population
- Increasing demands for service so that continuing to offer more of the same is no longer an affordable and sustainable model

Changing model of care and support

- Care is person centred with clinical and professional expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway with more services being delivered in the community
- Greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement, aligning health and care services around clusters of GPs
- Supporting individuals and communities to look after and improve their health and wellbeing

1.3 Scope of Project

The scope of this project is to provide a new health and care centre with a range of facilities including:

- Space for a number of GP practices
- Clinical rooms for physiotherapy, podiatry and mental health and hospital outreach services
- Interview rooms for non clinical services e.g. social work, primary care mental health
- Variety of flexible spaces for community, voluntary and self help groups
- Shared facilities for use by all services

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

1.3.1 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 6,015sqm based upon an agreed schedule of accommodation.(5,960sqm at OBC stage)
- Total occupancy of the building confirmed at 322 across all disciplines (331 at OBC stage)
- Final area and configuration of the site has been agreed and reflected on the stage E proposals.
- A package of enabling works has been created is being funded separately and will not form part of the annual service payment for this project.

1.4 Economic Case

1.4.1 Shortlisted options

There were 12 long list options at OBC stage and through a process of ranking the options against the agreed benefits criteria a short-list of 3 options was agreed. Consequently a full economic and financial appraisal was carried out on these options. The scored short list of options for the project is summarised as follows:

Table 2 – Non financial appraisal summary

		Option 1 - Do Minimum	Option 2 - New build, Drumby Crescent, Clarkston	Option 3 - New build, Ayr Road, Newton Mearns
Appraisal Element				
Benefit Score	a	32.00%	85.00%	50.00%
Rank		3	1	2

1.4.2 Value for Money

Table 3 – Cost/benefit appraisal

25 year Life Cycle		Option 1 - Do Minimum	Option 2 - New build, Drumby Crescent, Clarkston	Option 3 - New build, Ayr Road, Newton Mearns
Appraisal Element				
Benefit Score	a	32.00%	85.00%	50.00%
Rank		3	1	2
Net Present Cost – Includes risk	b	£17,151,853	£24,570,689	£24,268,394
Cost per benefit point	b/a	£519,753.12	£289,066.93	£483,367.89
Rank		3	1	2

1.4.3 The Preferred Option

The preferred option is Option 2 – new build at Drumby Crescent, Clarkston, as confirmed as the highest ranking option.

The preferred option promotes team and partnership working, has the capacity for other partners and organisations to use space within the new facility, has a design that allows out of hours use of the building, facilitates agile and mobile working and has the flexibility for remodelling and redesign.

1.5 Commercial Case

1.5.1 Procurement Route

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

Eastwood Health and Care 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 Greater Glasgow and Clyde and East Renfrewshire Council), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

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

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. A total of £124,152 was included within the GMP.

1.5.3 Agreed Contractual arrangements and charging mechanisms

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

NHS Greater Glasgow and Clyde and East Renfrewshire Council will enter into a Participant Interface Agreement (PI Agreement). The PI Agreement is required in order to ensure East Renfrewshire Council's interests are taken account of in performance of the DBFM Agreement (particularly since the property will be owned on a pro indiviso basis), to set out the arrangements for the provision of any Soft FM Services to be carried out at the Eastwood Health and Care Centre and to provide a mechanism for allocation of Deductions for poor performance by sub-hubco under the DBFM.

NHS Greater Glasgow and Clyde will, in terms of the DBFM Agreement, pay for the services in the form of an Annual Service Payment. This payment will be supported by a payment for a proportion of on-going maintenance and lifecycle costs by East Renfrewshire Council to NHS Greater Glasgow and Clyde under the PI Agreement

1.5.4 Agreed Personnel Implications

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

1.5.5 Agreed Accountancy Treatment

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

1.6 Financial Case

1.6.1 Capital Costs

The capital cost for the preferred option is ██████████ as outlined in the stage 2 report and includes Prelims (████████), overheads & profit (████) new Project Development Fee (████████), Additional Management Costs (████████), DBFM Fees (████████), hubco (████████).

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:

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	██████
NHSGG&C recurring funding per above	██████
NHSGGC funding from ERC per above	██████
Total Recurring Revenue Funding	██████

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	██████
Depreciation on Equipment	██████
Facility running costs	██████
IFRS - Depreciation	██████
NHSGGC Recurring Costs	██████
ERC recurring costs	██████
Total Recurring Revenue Costs	██████

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:

	Eastwood
Senior Debt (£000)	██████
Sub debt (£000)	██████
Equity (£000)	██████
Total Funding	██████

The value of the required subdebt investment is as follows:

	NHS GG&C	ERC	SFT	hubco	Total
Proportion of subdebt	██████	██████	████	████	██████
£ subdebt	██████	██████	██████	██████	██████

1.6.4 Financial Model

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

Table 4 Key inputs and outputs of financial model

Output	Eastwood
Capital Expenditure (capex & development costs)	██████
Total Annual Service Payment	██████
Nominal project return	██████
Nominal blended equity return	██████
Gearing	██████
All-in cost of debt (including 0.5% buffer)	██████
Minimum ADSCR ¹	██████
Minimum LLCR ²	██████

1.6.5 East Renfrewshire Council commitment

East Renfrewshire Council is a partner in the project, with capital funding secured for the project. This has been confirmed in the Council's General Funding Capital Plan 2013/14 to 2020/21 paper dated 7 February 2013 which includes a maximum of ██████ of capital funding. A statement of commitment is included at Appendix B.

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

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

1.7 Management Case

1.7.1 Project Programme

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

Table 5 - Project Programme

CIG Meeting for FBC	11 March 2014
Financial Close	30 September 2014
Site Start	17 November 2014
Completion date	26 February 2016
Services Commencement	26 February 2016

1.7.2 Project Management Arrangements

An Eastwood Health and Care Centre Project Board has been established to oversee the project, chaired by the East Renfrewshire CHCP director, who has delegated authority from East Renfrewshire Council to proceed with the project but reports on a regular basis to the Council's Corporate Management Team and CHCP Committee.

The Project Board reports to the NHS Greater Glasgow and Clyde Hub Steering Group, which oversees the delivery of all NHS Greater Glasgow and Clyde hub projects, through the East Renfrewshire CHCP Director. This group is chaired by the Glasgow City Community Health Partnership Director and includes representatives from other Project Boards within NHS Greater Glasgow and Clyde Capital Planning, Facilities, Finance, hub Territory and Hubco.

The Project Execution Plan sets out the key project roles and responsibilities in detail and is included at Appendix I.

1.7.3 Consultation with Stakeholders and the Public

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

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

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

With regard to contract management, this will be as per the DBFM Agreement.

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

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

The evaluation will be undertaken by senior member of the East Renfrewshire CHCP project board with assistance as necessary from the PSDP Project Managers.

The following strategy and timescales will be adopted:

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

2 Introduction

2.1 Background

This Full Business Case has been prepared by NHS Greater Glasgow and Clyde in consultation with East Renfrewshire Council and the East Renfrewshire Community Health & Care Partnership (CHCP) - an integrated health and social care concurrent partnership, between East Renfrewshire Council and NHS Greater Glasgow and Clyde. Established since the 1st April 2006, it has a very strong track record of delivering integrated community health, primary care and social care.

The purpose of the East Renfrewshire CHCP is to:

- manage local NHS and social care services
- improve the health of its population and close the inequalities gap
- play a major role in community planning
- achieve better specialist care for its population
- achieve strong local accountability and
- drive NHS and Local Authority planning processes.

2.2 Bundled Projects

It is proposed that Eastwood Health and Care Centre be bundled with Maryhill Health 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 Maryhill Full Business Cases.

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 Eastwood 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.

This FBC complies with and meets the requirements of the Scottish Government Health Directorate (SGHD) Capital Investment Manual (June 2010).

2.4 FBC Structure

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

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

Table 6 – FBC Structure

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

2.5 Further Information

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

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3 Strategic Case

3.1 Introduction

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

3.1.1 Strategic Overview

The CHCP covers the East Renfrewshire Council area with a population of around 90,000 of which around 24,000 are in Levern Valley and 66,000 in Eastwood.

Generally people in East Renfrewshire are living longer healthier lives than most other people in Scotland as a result of improved healthcare and economic prosperity, but the CHCP is facing increasing demands as there is a direct relationship between ageing and the need for greater levels of support. The major users of health and care services are aged over 85 and the number of people in this age group is expected to increase the most. This steep rise in the numbers of older people will bring a significant rise in the demand for the range of interventions to enable people to live safely in their communities.

There is a long-term increase in the older population in East Renfrewshire. Overall the rise over the three decades is from 10,400 aged 65 and over in 1981 to 16,277 in 2011. This growth is projected to continue rising, to over 19,000 by 2020s. The increase in the numbers of people aged over 65 will be 53% over the projection period.

There are also changes in particular age groups within this overall trend. The most marked increase is in the 80 - 84 and over 85 age groups with rises of 85% and of 171% respectively. There are variations in this trend across East Renfrewshire.

Clarkston and Williamwood have the largest proportion in the 0-16 age group (23 %); the largest proportion of the over 65s are found in Giffnock and Netherlee (both at 21.8 %).

For organisations delivering services, working in a traditional model and continuing to offer more of the same is no longer an affordable and sustainable model.

3.1.2 National Context

The national strategies and recently published guidance which have influenced the development of local plans remain unchanged from Outline Business Case stage (where they are set out in detail). In summary, they include:

- Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision (2011)
- Delivering Quality in Primary Care (2010)
- Public Bodies (Joint Working) (Scotland) Bill introduced in the Scottish Parliament on 28 May 2013

A number of other national strategies and recently published guidance have influenced the development of local plans including:

- The five Strategic Outcomes of the Scottish Government. (Wealthier and Fairer; Smarter; Healthier; Safer and Stronger, and Greener)
- Local Delivery Plan targets (HEAT) 2013/14
- Christie Commission in Commission on the Future Delivery of Public Services (2011),
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- Reshaping Care for Older People: A Programme For Change 2011–21
- Caring Together: The Carers Strategy for Scotland 2010-2015
- Self-directed Support: A National Strategy for Scotland (published October 2010)
- Scotland's National Dementia Strategy
- Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland.

3.1.3 Local Context

East Renfrewshire CHCP Development Plan

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

The East Renfrewshire CHCP Development Plan 2013 - 16 sets out how East Renfrewshire CHCP will contribute to the achievement of the outcomes set out in NHS Greater Glasgow and Clyde's corporate plan and the targets agreed in the Local Delivery Plan. It also integrates the East Renfrewshire CHCP contribution to East Renfrewshire's Single Outcome Agreement (SOA) and aligned actions to the key outcomes through the Outcome Delivery Plan (ODP).

Corporate Plan

NHS Greater Glasgow and Clyde's Corporate Plan for 2013-16 sets out the five strategic priorities to move towards achieving their purpose 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*" over the next three years, and also sets out the outcomes which will deliver for those five priorities. The five priorities are:

- early intervention and preventing ill-health
- shifting the balance of care

- reshaping care for older people
- improving quality efficiency and effectiveness
- tackling inequalities.

HEAT Targets/ Local Delivery Plan

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

In terms of the Eastwood area, it is clear that the proposed improvements that this project will deliver will make a significant contribution to the achievement of HEAT targets. In particular the following quality outcomes and HEAT targets are highlighted in the table below:

Table 7 - HEAT Targets

HEAT Target	How the new centre will contribute to achievement of target
To increase proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15	The new centre will improve access to services and earlier treatment.
At least 80% pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvement in breastfeeding rates and other important health behaviours.	The provision of a new centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.
At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.	Community space will provide opportunities to promote dental health and well-being (e.g. displays etc to promote understanding of benefits of fluoride)
To achieve 12,910 completed child weight interventions over the 3 years ending March 2014	Health improvement team located in new centre will promote child weight interventions with parents and primary care.
NHS to deliver universal smoking cessation services to achieve at least 80000 successful quits, including 48,000 in the 40% most deprived SIMD areas	The new centre includes a suite of bookable space for individual and group activity.

HEAT Target	How the new centre will contribute to achievement of target
Reduce suicide rate between 2002 and 2013 by 20%	The new centre will include a base for mental health services in a modern, welcoming and non-stigmatising environment. The suite of bookable space can be used by local community organisations that support good mental health and well-being. The social enterprise community café and gardens will support the recovery agenda.
NHS Scotland to reduce energy –based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction target set in the Climate Change (Scotland) Act 2009.	The new centre will achieve BREAAAM excellent, significantly reducing energy consumption levels current in the range of older existing premises
Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS) services from 2013, reducing to 18 weeks from December 2014 and 18 weeks referral to treatment for Psychological Therapies from December 2014.	There is insufficient clinical space in current facilities for the range of clinics that CAMHS services would like to run locally. The new centre will provide additional space for CAMHS to increase local access to their services by providing sessions in the new centre along with speech and language services and social work children and families' services.
Reduce rate of emergency inpatient days for people aged 75 and over	Design of the new centre will support better anticipatory care and more integrated working between CHCP health and care rehabilitation and enablement services and GP practices.
From April 2015, no people will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	The local carer's centre and Alzheimer's Scotland Early Diagnostic support service along with other third sector organisations will have access to space in the health centre to run information/ training/advice sessions for carers and older people.
All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker including the building of a person-centred plan	Collocation of GPs , CHCP and third sector services will improve co-ordination of support to older people and their carers, including those with dementia
Further reduce health care associated infections	The new centre will be designed to high standards of infection control.

Clinical Services Review

NHS GG&C is currently reviewing the shape of clinical services beyond 2015 to make sure we can adapt to future changes, challenges and opportunities. The Clinical Services Fit for the Future programme is designing a new strategy for Greater Glasgow and Clyde which aims to ensure that:

- Care is patient centred with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements
- Sustainable and affordable clinical services can be delivered across NHS GG&C
- The pressures on hospital, primary care and community services are addressed.

Joint Strategic Commissioning Plan

The Joint Strategic Commissioning Plan for Older People's Services in East Renfrewshire describes the local strategy for older people in response to the key ambitions as set out by the Christie Commission in *Commission on the Future Delivery of Public Services* (2011)¹, namely:

- Taking demand out of the system through preventative actions and early intervention to tackle the root causes of inequality and negative outcomes. Through investment in a range of preventative approaches which focus on early intervention, proactive anticipatory care and Support at Home.
- Working more closely with individuals and communities to understand their needs and mobilise a wide range of local talents and assets in response to these needs, and to support self-reliance and community resilience. The CHCP is committed to continued community engagement to listen to what older people think and ensure this shapes the care and support that is available and provided in East Renfrewshire, through on-going co-production via the Public Partnership Forum, Older People's Reference Group, the Carers Seniors Forum and East Renfrewshire's Third Sector Interface partners Voluntary Action.
- Tackling fragmentation and complexity in the design and delivery of public services by improving coherence and collaboration between agencies and sectors; and Joint partnership working among all the partners, agencies and sectors through appropriate joint representation in planning and governance frameworks for the Reshaping Care for Older People agenda.
- Improving transparency, challenge and accountability to bring a stronger focus on value for money and achieving positive outcomes for individuals and communities. Evaluation, review and reflection are built in to the local process.

3.2 Business Strategy & Aims

3.2.1 East Renfrewshire CHCP

The strategic aims of the project are also consistent with the East Renfrewshire Single Outcome Agreement (SOA) 2013-16. East Renfrewshire Council and the Community Planning Partnership in East Renfrewshire have prioritised 5 outcomes in Single outcome Agreement:

SOA1: All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed.

SOA2. East Renfrewshire residents are fit and active and have the skills for learning, life and work.

SOA3. East Renfrewshire is a thriving, attractive and sustainable place for residents and businesses to grow.

SOA4. East Renfrewshire residents are safe and supported in their communities and homes.

SOA5. Older people in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.

As well as the strategic outcomes there are also a number of cross cutting themes which are woven through the SOA, these are;

- prioritising prevention and early intervention;
- building the capacity of individuals and assets of communities to enable the realisation of outcomes;
- using data and evidence to guide and prioritise our approach
- tackling and reducing inequalities among and between communities; and
- improving health.

East Renfrewshire CHCP Development Plan and Outcome Delivery Plan provide evidence of performance to date and plans to address these outcomes along with national and local targets.

3.2.2 Agile Working

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

- Work takes place at effective locations and at effective times

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

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

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

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

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

3.3 Strategic Needs

3.3.1 Investment Objectives

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

Customer

- Improved satisfaction with physical environment that conveys sense of value and wellbeing
- Access to a range of services and supports in a single location

- Improved service co-ordination so that they receive the best possible care and support from the professional with the skills best suited to their needs
- Services working in partnership with them and their families with a greater focus on them maintaining their independence and wellbeing
- Premises that are accessible by car and public transport.

Strategic / Service

- Infrastructure designed to facilitate and sustain the changes and outcomes for integrated Primary Care, Community Health and Social Care Services
- Promote sustainable primary care services and support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement
- Enable speedy access to clear and agreed health and care pathways
- Sustain and grow partnership working between public, third and independent sector
- Facilitate service remodelling and redesign in response to changing policy context and public engagement and involvement.

Efficiency

- Enable the rationalisation of NHS and Council estate and reduction in back office costs by reducing duplication and sharing services wherever possible
- Facilitate agile and mobile working for staff teams.
- Deliver a more energy efficient building, reducing CO2 emissions and contributing to a reduction in whole life costs.

Design

- Achieve a BREEAM rating of 'Excellent'
- Achieve a high design quality in accordance with the Board's Design Action
- Plan and guidance available from A+DS
- Meet statutory requirements and obligations for public buildings e.g. DDA.

Population reach

- Located close to majority of Eastwood patient / customer population.

3.3.2 Benefits Criteria

During the development the Outline Business Case, benefits criteria were agreed against each investment objective with stakeholder groups. These were reviewed as part of the preparation of the Full Business Case and confirmed as valid. The specific criteria were given a percentage weighting as follows:

Table 8 - Benefits Criteria

Investment objective	Criteria	Design	Value
Customer	<ul style="list-style-type: none"> Improved satisfaction with physical environment Access to a range of services and supports in a single location Improved service co-ordination to receive best possible care Services working in partnership with patient/customer 	<ul style="list-style-type: none"> Adequate Car parking Access to Public, community and green transport Recognisable in the everyday routes around the community Feels close other local amenities Promotes sense of wellbeing 	30%
Strategic/ Service	<ul style="list-style-type: none"> Infrastructure designed to facilitate and sustain changes and outcomes for Primary Care, Community Health and Social Care Services Promote sustainable primary care services Enable speedy access to clear and agreed health and care pathways Sustain and grow partnership working Facilitate services remodelling and redesign 	<ul style="list-style-type: none"> Promote team and partnership working Capacity for other partners and organisations to use space Design allows out of hours use of building Flexible for remodelling and redesign 	25%
Efficiency	<ul style="list-style-type: none"> Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building 	<ul style="list-style-type: none"> Enable the rationalisation of NHS and Council estate and reduction in back office costs Facilitate agile and mobile working Deliver a more energy efficient building 	10%

Investment objective	Criteria	Design	Value
Design	Achieve a BREEAM healthcare rating of 'Excellent' Achieve a high design quality Meet statutory requirements and obligations for public buildings	Safe and accessible access DDA compliant	10%
Population Reach	Location close to patient / customer population	Location close to patient / customer population	25%

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

3.4 Existing Arrangements

As set out in detail in the OBC, the CHCP delivers services from a range of NHS and council buildings across the Eastwood area including Clarkston Clinic, Clarkston Social Work Office, Lygates Social Work Office, Seres Road, and CHCP HQ.

The Clarkston Clinic and social work offices are currently operating from two adjacent buildings. The clinic is owned by the NHS and the social work office by the Council. Both buildings were built in the mid 60s and their layout, design, size and location do not lend themselves to development or expansion to provide modern health and social care services. Access and parking is poor.

In addition, the NHS partly owns and partly leases premises at Seres Road which house the Community Mental Health Team, and although it has in the past been extended, there is no more scope for future expansion. There are also limited facilities to consult with patients, which result in staff travelling to and from clinical sites from other bases. The CHCP also leases premises at Lygates in Newton Mearns which provides office accommodation for staff and a variety of drop in/clinic services.

There is no space for local anticoagulation clinics, which are operated by the Acute Division to run in GP or NHS premises and therefore these currently run from local community halls at Fairweather and Crookfur Pavilion, neither of which is considered fit for purpose.

CHCP headquarters are located in a business unit in Thornliebank with overflow accommodation in the Council HQ at Eastwood Park and 2 portacabins on the same site.

Third and independent sector services are housed in a number of other council sites. The Carers Centre currently operates from the Lodge and a cottage on the Eastwood Park site.

Due to the significant changes in General Medical Services, the accommodation in the current buildings does not meet current or future needs. Recent surveys have identified some poorly performing GP premises, with one GP practice in the Eastwood area of East

Renfrewshire CHCP in the top 10 practices and the other 4 in the top 40 practices in NHS Greater Glasgow and Clyde, which are in need of investment and have little opportunity for room for expansion on their current sites. Inadequate space in existing GP premises leads to other clinicians being unable to offer health care services to the patient population e.g. maternity, diabetic and other nurse specialists, primary care mental health, prescribing support pharmacists.

Clarkston Clinic is ranked in the top 25 poorly performing community buildings in East Renfrewshire, there is significant pressure on the few clinical rooms. The building is limiting the level of services able to be delivered to local people including CAMHS, physiotherapy, podiatry, primary care mental health.

In summary it is considered that the existing accommodation in Eastwood is unable to provide:

- facilities which allow a fully person centred service and “one stop shop” for all health and care services integrated with third sector supports.
- premises that promote sustainable primary care services and support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement
- A platform for sustaining and expanding clinical services, in line with the developing model of general medical services and clinical services review
- Modern facilities and design that meet the required standard for health related infection
- A workplace that supports the CHCP in attracting and retaining suitable levels and calibre of staff
- Facilities which have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies
- Facilities which meet the required quality standards
- Facilities which are flexible and adaptable
- Facilities that enable effective and efficient use of the CHCP’s resources.

3.5 Clinical and Service Needs/ Case for Change

The CHCP is in the process of aligning services for older people and people with disabilities to groups of GP practices. Evidence suggests that when older people are admitted to hospital it is an appropriate admission at the time. However, there is also evidence to suggest that better joint care planning in the weeks and months prior to an admission might prevent the exacerbation which results in the admission. The CHCP is looking to put in place robust and integrated anticipatory care arrangements which will involve the wider multi-disciplinary team in planning ahead for individuals.

Where a need emerges for a response to a person’s needs the CHCP aims to improve the ability of services to respond in a co-ordinated manner. At present experience suggests

that our pathways are complex to navigate for both service users and service providers. In aligning health and care services around clusters of GPs the CHCP anticipates being better able to manage the pathway and ensure the best response by the right person. Feedback from local practices where social work liaison arrangements have been piloted suggests that regular contact and feedback builds confidence in shared working to support people living in the community.

The cluster teams will provide a wide range of activity alongside GP colleagues.

- Rehabilitation
- Assessment for care services
- Accessing a range of services including, care at home, short breaks (respite) and long term care.

Evidence suggests that locality clusters of about 25,000 to 30,000 populations are likely to be most productive. In East Renfrewshire the CHCP has sought to build on the clusters of GP practices set up for peer to peer learning purposes. This creates 3 clusters of about 30,000 for East Renfrewshire. Two of these will be in the Eastwood area.

The pre-existing social work and rehabilitation team staffing resources have been re-aligned to the 3 GP clusters. The 100 staff involved come from a range of disciplines including nurses, social workers, physiotherapists, occupational therapists and a number of para-professional staff.

Each cluster service will be overseen by a Service Manager whose role will include operational management of the service and ensuring the development linkage with GP practices in their cluster. In parallel with this there are changes in a range of other services particularly in response to the needs of the ageing population through the Reshaping Care for Older People programme, including collocation older people's mental health services, advanced nurse practitioners and third sector.

3.6 Property Strategy

ERC's corporate Asset Management Plan sets out a framework for asset management planning across the Council's asset base. A detailed property asset review has been undertaken and completed, and a draft asset disposal strategy for land and property assets is being finalised. This forms a framework that supports new department structures, modernisation of services and improves distribution of functions of the Council. The Asset Management Plan encourages consideration of opportunities for partnership working with Community Planning Partners including the voluntary sector.

At a departmental level asset management proposals should provide scope for improved networking, sharing of common resources, opportunities for improving communication and streamlining services to customers. In addition they are expected to provide an opportunity for cost savings by disposal of less efficient properties.

NHS Greater Glasgow and Clyde'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 Eastwood 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.

3.7 Business & Service Requirement Scope

The scope of this project is essentially the design and development of facilities to deliver the investment objectives described in Section 3.3.1. 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. In line with the renewed emphasis on employability on the Single Outcome agreement and in the Council's Outcome Delivery Plan the inclusion of a community café has received a greater priority. This will to be run as a social enterprise and training facility for people with learning disability and on their recovery journey. Costs for this will be attributed to the East Renfrewshire Council element of capital funding.

Table 9 - Business Scope

Potential Business Scope	Min	Inter	Max
To enable the CHCP to provide an integrated service for the Eastwood area spanning primary care, community health, social care, wider council and third and independent sector and acute outreach services in the area.	☑		
To maximise clinical effectiveness and thereby improve the health of the population.	☑		
To improve the quality of the service available to the local population by providing modern purpose built facilities	☑		
To provide accessible services for the population of and surrounding areas.	☑		
To support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement	☑		
To provide flexibility for future change thus enabling the CHCP 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 the opportunity for social enterprise and encourage other entrepreneur activity e.g. community café	☑		
To provide additional council services that are complimentary to the core services provided by the CHCP		☑	
To be part of the delivery of the economic redevelopment of the local area			☑

The new centre will provide clinical and service delivery rooms for a range of health and care services, GP consulting areas and office accommodation for staff providing community outreach services along with CHCP management and business support. This will comprise the following services, divided into categories considered essential “Minimum”, “Intermediate” and those that are desirable “maximum”:

Table 10– Key Service Requirements

Key Service Requirements	Min	Inter	Max
GP practices	<input checked="" type="checkbox"/>		
Clinical Consulting room space	<input checked="" type="checkbox"/>		
Podiatry	<input checked="" type="checkbox"/>		
Community Physiotherapy	<input checked="" type="checkbox"/>		
Health visitors	<input checked="" type="checkbox"/>		
School nurses	<input checked="" type="checkbox"/>		
Children and Families Social work	<input checked="" type="checkbox"/>		
Transition Team		<input checked="" type="checkbox"/>	
Child and adolescent mental health services		<input checked="" type="checkbox"/>	
Speech and Language Therapy		<input checked="" type="checkbox"/>	
Midwifery and antenatal clinics		<input checked="" type="checkbox"/>	
Addiction/DTTO clinics	<input checked="" type="checkbox"/>		
Rehabilitation and enablement staff including allied health professionals, social workers, district nurses (2 clusters)	<input checked="" type="checkbox"/>		
Rehabilitation and enablement assessment and therapy suite			<input checked="" type="checkbox"/>
Home care re-ablement		<input checked="" type="checkbox"/>	
Home care management			<input checked="" type="checkbox"/>
Older people’s community mental health services	<input checked="" type="checkbox"/>		
Adult mental health services clinics	<input checked="" type="checkbox"/>		
Adult mental health services		<input checked="" type="checkbox"/>	
Primary care mental health services	<input checked="" type="checkbox"/>		
Carer Support	<input checked="" type="checkbox"/>		
Youth health services			<input checked="" type="checkbox"/>
Sexual Health services			<input checked="" type="checkbox"/>
CHCP HQ, Admin and support staff	<input checked="" type="checkbox"/>		
Secondary care outreach clinics including Anticoagulant	<input checked="" type="checkbox"/>		
Customer First			<input checked="" type="checkbox"/>

Key Service Requirements	Min	Inter	Max
Information and Self Help		<input checked="" type="checkbox"/>	
Money advice services			<input checked="" type="checkbox"/>
Employability advice and support			<input checked="" type="checkbox"/>
Housing advice and support			<input checked="" type="checkbox"/>
Independent/Third Sector		<input checked="" type="checkbox"/>	
Opportunities for volunteering			<input checked="" type="checkbox"/>
Community café /training facility	<input checked="" type="checkbox"/>		

The scope of this project is therefore to provide a new health and care centre with a range of facilities including:

- Space for a number of GP practices
- Clinical rooms for physiotherapy, podiatry and mental health and hospital outreach services
- Interview rooms for non clinical services e.g. social work, primary care mental health
- Variety of flexible spaces for community, voluntary and self help groups
- Shared facilities for use by all services

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

3.8 Constraints

The project constraints from the Outline Business Case were reviewed and updated as follows:

- Financial - NHS Greater Glasgow and Clyde and ERC, in line with other public bodies across Scotland are facing a very challenging financial position. This will mean a very difficult balancing act between achieving Development Plan targets whilst delivering substantial cash savings.
- Approvals – construction of the new Eastwood Health and Care Centre cannot start on site until the Full Business Case is approved and the DBFM Agreement has been entered into by NHS GCC and Sub-hubco.
- Quality – the project must comply with all relevant current health guidance.
- Sustainability – the project must achieve BREEAM “Excellent” rating for the new building.

3.9 Dependencies

Transformation Programme

The project is linked to the implementation of a number of service redesign and efficiency projects managed through the East Renfrewshire CHCP's Transformation Programme. These include:

- A – Practice Development x5
- B – Reshaping Care for Older People x13
- C – Learning Disability / Mental Health x 5
- D – Infrastructure x 13
- E – Reshaping Care for Children’s Services x3

Premises and IT

This Premises and IT project is an integral part of the NHS Greater Glasgow and Clyde’s Transformation Programme as it looks to rationalise the current NHS Greater Glasgow and Clyde estate, maximise the use of accommodation, match accommodation to future staff levels/future service requirements and ensure the East Renfrewshire CHCP technology strategy, for both the long and short term, is incorporated into any decisions on premises.

Agile Working

A key assumption in the Schedule of Accommodation (SOA) for the Eastwood Health and Care Centre is that dedicated offices and desk space can be significantly reduced. Moving from a 1-1 desk ratio to 5 to 7 desks for every 10 staff members. The Agile Working Project has been set up to ensure that at least 50% of the aligned East Renfrewshire CHCP staff are migrated to a new ‘Agile Way of Working’, prior to the opening of Eastwood Health and Care Centre.

The solution is to provide staff with portable devices which they can use from home, a Team Zone in the new building, other East Renfrewshire buildings, client/patient’s home etc. These devices will provide direct access to emails, calendars, shared drives, intranet & internet and patient/client information systems. The scope of this project also includes the development and deployment of an Electronic Document and Records Management System (EDRMS).

4 Economic Case

4.1 Introduction

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

4.1.1 Critical Success Factors

The critical success factors were subject to workshop discussion 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 11– Critical Success Factors

Key CSFs	Description
Strategic fit	In line with current NHSGGC/ ERC strategies & business policies Ability to meet future service requirements / demands
Supply side capacity	Capacity for needs now – and potential to meet future needs
Potential value for money (VfM)	Makes best use of available resource
Affordability	Ability to deliver within budget set by Scottish Government
Potential achievability	Can be built within HUB timescale (open by June 2015 – on site March 2014)

4.2 Options Considered

4.2.1 Long List of Options

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

Table 12 – Long List of options

Long listed Site Options	Option Description
1	Do nothing
2	Do minimum
3	Extend existing Clarkston clinic and Social Work office

Long listed Site Options	Option Description
4	Refurbish existing Clarkston clinic and Social Work office and develop smaller new build on another site
5	New Build – Gold Road, Clarkston
6	New Build – Clarkston Road, Clarkston
7	New Build – Drumby Crescent, Clarkston
8	New Build – Broomburn Drive, Newton Mearns
9	New Build – Mearns Road – Newton Mearns
10	New Build – Ayr Road, Newton Mearns
11	New Build – School Road, Newton Mearns
12	New Build – Rylatt Farm, M77, Newton Mearns

4.3 Shortlisted Options

During early 2012 ERC conducted an options appraisal exercise considering potential sites for a new combined health centre. In doing so they reviewed available sites in the patient / customer population area. They also collated data from their own in-house Technical Teams and had exploratory discussions with Planning and Roads Depts. The options appraisal exercise concluded that the site at Drumby Crescent was the preferred option.

Following advice from the Scottish Government early in 2013 that the Ayr Road site (long list Option 10) should also be evaluated at Outline Business Case stage, a further options appraisal workshop was held on 28 February 2013 to evaluate each of the following three short listed options:

Table 13 – Shortlisted options

Short listed Options	New Option No	Option Description
2	1	Do minimum
6	2	New Build – Drumby Crescent, Clarkston
10	3	New Build – Ayr Road, Newton Mearns

4.4 Benefits Appraisal

The short listed options were scored using the weighted benefit criteria and the results of the scoring of these options set out in detail in the Outline Business Case is shown in the table below. This confirmed the new build option at Drumby Crescent as the preferred option using the weighted benefit criteria to each.

Table 14 – Results of Non Financial Benefit Criteria Scoring

		Option 1 - Do Minimum	Option 2 - New build, Drumby Crescent, Clarkston	Option 3 - New build, Ayr Road, Newton Mearns
Appraisal Element				
Benefit Score	a	32.00%	85.00%	50.00%
Rank		3	1	2

4.5 Summary of Economic Appraisal

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

Table 15 - Capital Cost Estimates

Option	Capital Cost Estimate
OPTION 1 – “do minimum” – Retain existing facilities.	£1,200,000
OPTION 2 - “new build – Drumby Crescent, Clarkston”	£14,850,848*
OPTION 3 - “new build – Ayr Road, Newton Mearns”	£14,548,553**

* These Capital Cost estimates are the stage 2 costs provided for the stage E design at Drumby Crescent. 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 rate.

** These costs have been updated since the OBC to reflect the stage 2 design including the area of 6,015sqm. They have been based on the rate of £1,485/sqm which reflects the agreed stage 2 design and adjusted to incorporate allowances for site works similar to those at OBC stage including for cut and fill, piling, water attenuation, culvert diversion and diversion of overhead cables. They have also been adjusted to reflect actual fees percentages submitted in the stage 2 submission and include Prelims (10.81%), Overheads & Profit (4%), New Project Development Fee (6.58%), Additional Management Costs (2.49%), DBFM Fees (1.87%), Hubco (1.83%).

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

Table 16 - VfM Analysis

25 year Life Cycle		Option 1 - Do Minimum	Option 2 - New build, Drumby Crescent, Clarkston	Option 3 - New build, Ayr Road, Newton Mearns
Appraisal Element				
Benefit Score	a	32.00%	85.00%	50.00%
Rank		3	1	2
Net Present Cost – Includes risk	b	£17,151,853	£24,570,689	£24,268,394
Cost per benefit point	b/a	£519,753.12	£289,066.93	£483,367.89
Rank		3	1	2

The result of the benefits scoring workshop detailed in the Outline Business Case is noted in the table above which indicates that Option 2 – new build at Drumby Crescent is the highest scoring option whilst also meeting all the critical success factors. Costs for options 2 and 3 have been reviewed at stage 2 and incorporate the GMP figure for Option 2 and an updated cost for Option 3 that reflects the developed design.

The resultant cost per benefit point for each option, noted in the table above, validates the outcome at Outline Business Case stage indicating that Option 2 provides the greater economic benefit compared to other options.

4.6 Performance Scorecard

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

Area Performance Measurements

Area per GP - a 3% improvement on the standard metric at 102sqm/GP (standard is 105 sqm/GP)

Ratio of clinical Space versus support space - a 2% improvement on the standard metric at a ratio of 1:2.9 (standard is a ratio of 1:3)

Commercial Performance Metrics

Total Project costs - a 2% improvement on total cost metric

Prime Costs - matches the prime cost metric

Life Cycle - a 11% uplift on the cost metric

Overall it is considered that the scorecard demonstrates that the project provides good value for money, matching the prime cost metric and achieving significant improvements in 3 of the 5 metrics.

4.7 Risk Assessment

The project team has developed their approach to managing operational risks during the FBC process.

The risk management process for the project is managed at 3 different levels with each group having a specific focus on elements of the project delivery as follows:

- At the highest level the Hub Steering Group deal with the overall strategic risks that will have an impact on the delivery of all the current hubco projects. These risks are outlined and mitigated with discussions with both the finance and individual project delivery groups. This group have developed the overall strategic risk register.
- The finance groups handle the second tier of the process with a specific focus on the individual projects. Their responsibility is to manage the risks with a key financial impact on the project that will not be handled by the hubco while taking into account elements that will need to be considered. This group report to both the Hub Steering Group and the individual project boards.
- The final tier of this process deals with the day-to-day items that are shown on the risk register that is managed by hubco and is reviewed at the Project Delivery Group. This group reviews the risks on an on-going basis to monitor and mitigate.

This process has been implemented throughout the OBC and FBC process with the aim to minimise the risk impact to the final project GMP and achieve the targets required under the hubco agreement.

At OBC stage there were 13 risks with a score of 20 or above (red). The project team have continued to review and monitor the risks during the design and procurement process.

4.7.1 Risk Analysis and potential cost implication

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

Preferred Option 2 - total risk allowance of £883,673 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 £124,152 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.

4.7.2 Summary and Conclusions

The current risk register at FBC stage indicates a significant reduction in the level of retained risk for the preferred option as compared to that risk at OBC stage. In financial

terms the risk allowance has dropped from £883,673 at OBC stage to £121,010 at FBC stage. The current risk register enclosed at Appendix E.

4.8 Sensitivity Analysis

It is clear from table 16 above that Option 2 represents the most favourable option in NPV terms with a net cost per benefit point of £289,066.93. It is noted that for Option 3, Ayr Road to become of greater economic benefit than Option 2, the cost of Option 2 would require to increase by 68% while all costs identified with Option 3 would require to remain as above.

4.9 The Preferred Option

The results of the combined quantitative and qualitative appraisal of the shortlisted options shows that Option 2 – New build at Drumby Crescent, gives the lowest cost per benefit point and therefore remains the preferred option

4.10 Changes since OBC

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

- 1 Total area of the building confirmed at 6,015sqm based upon an agreed schedule of accommodation.(5,960sqm at OBC stage)
- 2 Total occupancy of the building confirmed at 322 across all disciplines (331 at OBC stage)
- 3 Final area and configuration of the site has been agreed and reflected on the stage E proposals.
- 4 A package of enabling works has been created is being funded separately and will not form part of the annual service payment for this project.

4.11 Equipment

A full review has been carried out of the equipment requirements for the new Eastwood Health and Care Centre. For the purposes of the DBFM Agreement, this equipment has been divided into 3 categories as follows:

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

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

The supply of Group 2 items and the supply and installation of Group 3 items have been priced by NHS Greater Glasgow and Clyde's internal procurement department based on existing contracts that they have with product suppliers. The split of equipment funded by NHSGG&C and East Renfrewshire Council has been agreed and is set out in the Financial Case.

5 Commercial Case

5.1 Introduction

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

5.2 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.

Eastwood Health and Care 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 Greater Glasgow and Clyde and East Renfrewshire Council), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

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

The TPA prescribes the stages of the procurement process including:

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

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

This Full Business Case is being submitted at a time in the programme to financial close of the project which will, if approved, allow NHS Greater Glasgow and Clyde and East Renfrewshire Council to approve Stage 2 and proceed to conclusion of the DBFM Agreement. As part of Stage 2 design is developed to RIBA stage E. Stage 2 will also incorporate fixed costs proposed by hubco following a detailed procurement of the design, construction and facility management services through a competitive tendering process with their supply chain.

5.3 Agreed Scope and Services

As identified in earlier sections, this Full Business Case has confirmed that the preferred option identified at Outline Business Case stage remains valid and is the preferred option. The design proposals have been developed to RIBA stage E through an inclusive process involving key members of NHS Greater Glasgow and Clyde and East Renfrewshire Council as well as various advisers including technical, financial and

legal advisers. This section describes some of the key design development issues including changes since the Outline Business Case stage.

5.3.1 The Site

The proposed development site for the new Eastwood Health and Care Centre is located at Drumby Crescent, Clarkston, in the Eastwood area of East Renfrewshire. The site is currently wholly owned by East Renfrewshire Council and negotiations are ongoing between East Renfrewshire Council and NHS GCC to sell a proportion of the site to NHS GCC, with the outcome being that the site will be owned on a pro indiviso basis. The site will be purchased in advance of the date of signature of the DBFM Agreement. A planning application for the development was lodged on 27th June 2013 and approval obtained on 9th October 2013.

Figure 1 - View to site from Drumby Crescent



The stage E design provides for 300 parking spaces on the site. This is split into:

Table 17 – Parking

Use	No.
Patient and staff	236
Disabled/Parent child	32
Park & ride	32

In addition a total of 38 spaces have been provided for bicycle parking.

Green Travel Plan

It is a planning condition that before works are commenced on site a Green Travel Plan is to be submitted to the Planning Authority for review and approval. A draft Travel Plan has been prepared to this end.

East Renfrewshire CHCP is required to develop a Travel Plan for staff, patients and visitors to the Health and Care Centre to ensure sustainable travel is considered.

The Travel Plan for Eastwood Health and Care Centre has taken account of Scottish Government Guidance Notes, Scottish Planning Policy (SPP) 17 and Planning Advice Note (PAN) 75 – Planning for Transport and ‘Transport Implementation’ – A Guide’.

The Travel Plan is structured as set out below:

- 1 Introduction
- 2 Travel Plan Contents
- 3 Health & Care Centre
- 4 Travel Survey Results and Postcode mapping
- 5 Policy Audit
- 6 Objectives
- 7 Targets
- 8 Proposed measures for Health and Care centre Travel plan
- 9 Communication, Promotion and Review of Travel Plan
- 10 Monitoring , Reviewing and reporting the Travel Plan
- 11 Concluding Remarks

5.3.2 Design Development

During the early stages of the project, NHS GGC consulted with Architecture and Design Scotland in the development of the stage C design of the new health and care centre.

A Design Statement was prepared in conjunction with the project team, PSDP and their architects, and was included in the Outline Business Case. The stage E design has been developed in accordance with the design requirements outlined at that stage. In addition the stage E design now reflects the ‘Authority Construction Requirements’ including in terms of IT strategy as previously set out in the Outline Business Case.

Hub West Scotland have worked closely with the Eastwood Health and Care Centre stakeholder group to develop the detailed design to stage E.

The Schedule of Accommodation is included at Appendix F. The gross internal floor area of the building at stage 2 is 6015sqm compared to 5960sqm at OBC stage. This is due to the combined impact of a number of marginal increases in some of the scheduled areas.

The stage 2 architectural design statement is included at Appendix G.

5.3.3 Surplus Estate

Given the choice of the preferred option, the existing health facilities would become surplus to the requirements of NHS Greater Glasgow and Clyde and East Renfrewshire Council. The properties currently in use by the services are either owned by NHS Greater Glasgow and Clyde or East Renfrewshire Council or leased and in the case of the GP premises these are owned by the individual practices and the sale will help to fund the move to the facility and any new equipment or services that will be required in the building. The FBC is predicated on the basis that the existing facilities, which are not fit for purpose, will be disposed of once the new facilities becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facility. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

5.3.4 Staff to be accommodated in the new facility

The table below highlights the 322 staff that will move to the new Eastwood Health and Care Centre. These numbers have been reviewed and confirmed for this Full Business Case.

Table 18 – Staff numbers

	RES 1	RES 2	Mental Health	Directorate	C&F	Support Services	Physio & podiatry	GP's	Total
Senior Managers				7					7
Service & Team Manager	4	4	3		6			4	32
Business Support						39		23	69
OT/OTA	4	3	1						
Medical			1				10	33	29
SW/SWA	12	19			24				58
Nursing Staff	9	8	3		16				43
Therapy Staff	13	10	13			7			36
Planning & Commissioning						18			15
Central Support									7
Learning & Development						16			6
Health Improvement						19			12
Finance						9			8
TOTAL	42	44	21	7	46	107	10	60	327

5.3.5 Facilities Management (FM)

The Hard FM, such as building repairs and maintenance, of the new building, will be provided by Sub-hubco, through the appointment by Sub Hubco of a Hard FM Service Provider.

Soft FM will be provided by NHS Greater Glasgow and Clyde.

5.3.6 Sustainability

As with all public sector bodies in Scotland, NHS Greater Glasgow and Clyde must contribute to the Scottish Government's purpose:

'to create a more successful country where all of Scotland can flourish through increasing sustainable economic growth'.

NHS Greater Glasgow and Clyde, East Renfrewshire Council and the hubco team are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution.

5.3.7 BREEAM

The requirement to achieve a BREEAM excellent rating is integral to the business case process. A BREEAM assessment report for the project was included in the Outline Business Case and an updated assessment has been completed for the stage E design. The predicted score is now 74.99% which is above the BREEAM Excellent threshold of 70%. In addition to the interim design stage assessment, a final 'post construction stage assessment' will also be undertaken.

The project team has given careful consideration to the ongoing sustainability of the Eastwood 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 principles. The agreed contractual arrangements relating to hubco's on-going responsibilities in relation to managing the building reflect this objective. In addition operational policies should be developed by the NHS Greater Glasgow and Clyde to ensure resources are utilised to their maximum and waste is minimised.

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

5.3.8 Art Strategy

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

The composition of the art groups includes stakeholders from all parts of the project group. At present there is representation from the following: -

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

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

The strategy for Eastwood has been developed to look at the external environment and bring this into the facility. With the location in a woodland environment the strategy has been developed to bring elements of this into the building by looking at options for the creation of specific zones in the building. This has been undertaken with the architect to identify key areas that will be the most effective while considering the elements of the

external areas & landscaping to create a wide reaching strategy, with a focus on the use of art to help in the care and treatment of patients.

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

A percentage of the overall project sum has been included for the inclusion of artwork in the building but as mentioned previously the group has undertaken to find additional sources of funding to further support the proposed strategy, this includes Scottish Natural Heritage, Green Exercise Partnership and Creative Scotland. There is also a strong desire to engage with the local community to provide an element of ownership for the residents; this is aimed to be done by engaging with the local therapy and support groups and the schools, including the Isobel Mair School which was formerly located on the site.

The CHCP has made an allowance of £82,000 for the Arts and Environment strategy within the project.

5.4 Risk Allocation

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

Table 19 – Risk Allocation

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

5.4.1 Shared risks

Operating risk is a shared risk subject to the parties' responsibilities under the DBFM Agreement.

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

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

5.5 Agreed Key Contractual Arrangements and Charging Mechanisms

As explained in section 5.2 above, this project is being procured through the hub initiative.

5.5.1 Territory Partnering Agreement

East Renfrewshire Council is a partner in the project, with capital funding secured for the project. This has been confirmed in the Council's General Funding Capital Plan 2013/14 to 2020/21 paper dated 7 February 2013 which includes a maximum of £6.5m of capital funding, with the £6.31m being based on latest modelling.

The charging mechanisms associated with this are based on the agreed payment process under the Territory Partnering Agreement. This process provides that the costs incurred during development of this project will be based on using the schedule of rates, subject to a "capped" arrangement.

5.5.2 Enabling Works

Enabling funds are being provided by hub for this project as follows:

- £500,000 allocated to East Renfrewshire Council to cover site issues such as demolition, surveys, contamination etc.

5.5.3 hubco

As noted in section 5.2 above, the hub initiative in the West Territory is provided through a joint venture company, hub West Scotland Limited (hubco) bringing together local public sector Participants (including NHS Greater Glasgow and Clyde and East Renfrewshire Council), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

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

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

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

The senior debt will be provided by Aviva and the subordinated debt by a combination of Private Sector, Scottish Futures Trust and Participant Investment. More detail on the funding of subordinated debt and on senior debt is contained in section 6 – the financial case.

Sub-hubco will be responsible for providing all aspects of design, construction, on-going facilities management and finance through the course of the project term.

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

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

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

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

Sub-hubco will sub-contract its obligations in relation to design and construction to Morgan Sindall under a Construction Contract and in relation to facilities management to Robertson FM under a Facilities Management Contract. Collateral Warranties will be provided by both Morgan Sindall and Robertson FM to NHS Greater Glasgow and Clyde and East Renfrewshire Council, together with warranties from any Key Sub-Contractors.

5.5.4 Development of the DBFM Agreement and related documents

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

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

Design Build Finance Maintain (DBFM) Agreement

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

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

NHS Greater Glasgow and Clyde and East Renfrewshire Council have set out their construction requirements in the Authority's Construction Requirements. Sub-hubCo is contractually obliged to design and construct the facilities in accordance with the Authority's Construction Requirements.

The Service Level Specification has been developed and details the standard of output services required and the associated performance indicators. Sub-hubCo will provide the services in accordance with its Method Statements and Quality Plans which indicate the manner in which the services will be provided.

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

Participant Interface Agreement (PI Agreement)

NHS Greater Glasgow and Clyde and East Renfrewshire Council will enter into a Participant Interface Agreement (PI Agreement). The PI Agreement is required in order to ensure East Renfrewshire Council's interests are taken account of in performance of the DBFM Agreement (particularly since the property will be owned on a pro indiviso basis), to set out the arrangements for the provision of any Soft FM Services to be carried out at the Eastwood Health and Care Centre, to provide a mechanism for allocation of Deductions for poor performance by sub-hubco under the DBFM Agreement as between NHS Greater Glasgow and Clyde and East Renfrewshire Council and to deal with the consequences of any acts or omissions by either party. The PI Agreement is based on a template PI Agreement circulated by SFT, but the drafting in the template PI Agreement is not mandatory and, instead, is to be used as a starting point. Accordingly, no derogations to the template PI Agreement need be sought from SFT for either Stage 2 approval, or financial close.

Capital Contributions Agreement

Payment of the capital contribution has been agreed between NHSGG&C and ERC and will follow the same principles as the NHS Lanarkshire DBFM Health Centres. Final drafting of the agreement is ongoing and will be finalised before financial close.

Design, Build and Development Agreement

To accommodate the allocation to East Renfrewshire Council of £460,000 for works dealing with site-related issues, East Renfrewshire Council have entered into a Design, Build and Development Agreement, based on the SFT standard form contract, with hubco. These works will be completed prior to financial close of this project.

Annual Service Payment

NHS Greater Glasgow and Clyde will, in terms of the DBFM Agreement, pay for the services in the form of an Annual Service Payment. This payment will be supported by

a payment for a proportion of on-going maintenance and lifecycle costs by East Renfrewshire Council to NHS Greater Glasgow and Clyde under the PI Agreement.

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

NHS Greater Glasgow and Clyde will, in terms of the DBFM Agreement, pay the Annual Service Payment to Sub-hubCo on a monthly basis, calculated subject to adjustments for previous over/under payments, deductions for availability and performance failures and other amounts due to Sub-hubCo.

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

Costs such as utilities and operational insurance payments are to be treated as pass through costs and met by, as between NHS Greater Glasgow and Clyde and Sub-hubco under the DBFM Agreement, by NHS Greater Glasgow and Clyde. In addition NHS Greater Glasgow and Clyde is, in terms of the DBFM Agreement, directly responsible for arranging and paying all connection, line rental and usage telephone and broadband charges. Local Authority rates are, in terms of the DBFM Agreement, being paid directly by NHS Greater Glasgow and Clyde. The PI Agreement sets out how these pass through costs, utilities charges and rates are shared between NHS Greater Glasgow and Clyde and East Renfrewshire Council.

5.6 Agreed Personnel Arrangements

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

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

East Renfrewshire Council and NHS Greater Glasgow and Clyde have agreed that there will be no requirement for TUPE transfer between both parties.

5.7 Agreed Accountancy Treatment

This is covered within the financial case at Section 6.

6 The Financial Case

6.1 Introduction

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

The financial case for the preferred option, option 2 New Build Eastwood Health and Care Centre at Drumby Crescent, Clarkston 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 ESA95 position.

6.2 Revenue Costs & Funding

6.2.1 Revenue Costs and Associated Funding for the Project

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

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

Table 20 Recurring Revenue Costs

At base date	2015/16
<u>Additional Recurring Costs</u>	£'000
NHS Unitary Charge	████████
Depreciation on Equipment	████████
Heat, Light & Power, Rates & Domestic services	████████
IFRS – Depreciation	████████
Client Facilities Management (FM) Costs	████████
Total Additional Recurring costs for Project (NHS GG&C)	████████
East Renfrewshire Council Unitary Charge	████████
East Renfrewshire Council recurring costs	████████
Total Additional Recurring costs for Project (ERC)	████████
Total Recurring Costs	████████

6.2.2 Unitary Charge

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

East Renfrewshire Council (ERC) will make a capital contribution equal to the value of the capital and finance cost for its share of the building, thereby eliminating its proportion of the unitary charge relating to capital & financing. The UC figure presented above is therefore a net UC figure after ERC's capital contribution. The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at [REDACTED] pa in the financial model. [REDACTED] of the UC will be indexed.

6.2.3 Depreciation

Depreciation of [REDACTED] relates to capital equipment equating to [REDACTED] including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

IFRS Depreciation of [REDACTED] has been allowed for depreciating the capital costs over 25 years of the contract.

6.2.4 HL&P, Rates & Domestic Costs

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

Rates figures of £17.69/m² have been provided.

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

6.2.5 Client FM Costs

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

6.2.6 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.

6.2.7 Recurring Funding Requirements – Unitary Charge (UC)

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

100% of construction costs;

100% of private sector development costs;

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

100% of SPV running costs during operational phase;

50% of lifecycle maintenance costs.

Based on the above percentages the element of the UC to be funded by SGHD is £858.3k which represents 83.5% of the total UC, leaving NHSGG&C and ERC to fund the remaining £173.7k (16.5%). This split is tabled below:

Table 21 Unitary Charge

UNITARY CHARGE	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000	ERC Cost £'000
Capex incl group1equipment (Net)	█	█	█	█	█
Life cycle Costs	█	█	█	█	█
Hard FM	█	█	█	█	█
Total Unitary Charge	█		█	█	█
			█	█	█

6.2.8 Sources of NHSGG&C recurring revenue funding

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

Table 22 Income and reinvestment

NHSGG&C Income & Reinvestment	£'000
Existing Revenue Funding – Depreciation	█
Existing Revenue Funding - HL&P, Rates & Domestic costs NHSGG&C	█
Existing Revenue Funding – HL&P, Rates & Domestic costs GPs	█
IFRS – Depreciation - SGHD	█
Additional Revenue Funding via GPs	█
Sub total	█
East Renfrewshire Council Unitary Charge	█
East Renfrewshire Council running costs	█
Sub Total	█
Total Recurring Revenue Funding	█

6.2.9 Depreciation

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

6.2.10 H, L & P, Rates & Domestic 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.

6.2.11 Additional Revenue Funding

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

6.2.12 East Renfrewshire Council

Budget provision for existing Council premises will transfer to the new facility. Should any shortfall be identified this will be addressed through the Council revenue budget process and therefore does not pose any financial risk.

6.2.13 Summary of revenue position

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

Table 23 Revenue Funding

Recurring Revenue Funding	£'000
SGHD Unitary Charge support	██████
NHSGG&C recurring funding per above	██████
NHSGGC funding from ERC per above	██████
Total Recurring Revenue Funding	██████

Total Recurring Revenue Costs	██████
--------------------------------------	--------

Recurring Revenue Costs	£'000
Total Unitary charge(service payments)	██████
Depreciation on Equipment	██████
Facility running costs	██████
IFRS - Depreciation	██████
NHSGGC Recurring Costs	██████
ERC recurring costs	██████
Total Recurring Revenue Costs	██████

Net deficit/surplus at FBC stage	0
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The above table demonstrates that at FBC submission, the project revenue funding is cost neutral.

6.3 Capital Costs & Funding

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

Table 24 Capital costs and associated funding for the project

Capital Costs	£'000
Land purchase & Fees	████████
Site Demolitions	████████
Group 2-5 equipment Including VAT NHS	████████
Group 2-5 equipment Including VAT ERC	████████
Sub debt Investment	████████
Total Capital cost	████████
Sources of Funding	
NHSGG&C Formula Capital	████████
SGHD Capital	████████
ERC Capital	████████
ERC Enabling Funds	████████
Total Sources of Funding	████████

6.3.1 Land Purchase

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

6.3.2 Group 2-5 Equipment

An equipment list amounting to ██████████ including VAT has been collated for the Eastwood Project, with NHSGG&C providing ██████████. The equipment list is currently being reviewed which will also incorporate any assumed equipment transfers.

6.3.3 Sub Debt Investment

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

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

The full ██████████ investment has now been agreed between the participants. The value of investment at FBC stage is ██████████ for which NHSGG&C has made provision in its capital programme. ERC will contribute the remaining ██████████

6.3.4 Non Recurring Revenue Costs

There will be non-recurring revenue costs in terms of advisors' fees associated with the project which have been calculated at £106.6k. These non-recurring revenue expenses have been recognised in the Board's financial plans.

6.3.5 Disposal of Current Health Centre

The FBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facility. The net book value as at 31st March 2013 is [REDACTED]. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

6.3.6 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.

6.4 Financing & Subordinated Debt

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

6.4.2 Current finance assumptions

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

Table 25 Current Finance requirements

	Eastwood
Senior Debt (£000)	[REDACTED]
Sub debt (£000)	[REDACTED]
Equity (£000)	[REDACTED]
Total Funding	[REDACTED]

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

6.4.3 Subordinated debt

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

" each NHS Board with a direct interest in the project being financed will be required to commit to invest subordinated debt, up to the maximum of 30% of the total sub debt requirement (i.e. the same proportion as the local participant ownership of hubco)". Therefore the expectation is that subordinated debt will be provided in the following proportions: 60% private sector partners, 18.4% NHS Greater Glasgow & Clyde, 11.6% East Renfrewshire Council and 10% Scottish Futures Trust.

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

Table 26 Sub Debt Investment

	NHS GG&C	ERC	SFT	hubco	Total
Proportion of sub debt	██████	██████	████	████	██████
£ sub debt	██████	██████	██████	██████	██████

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

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

6.4.4 Senior Debt

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

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

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

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

Table 27 Principal Terms of Senior Debt

Metric	Terms
Margin during construction	██████
Margin during operations	██████
Arrangement fee	██████
Commitment fee	██████
Maximum gearing	██████

These terms have been agreed to an Aviva term sheet at 7th November, 2013.

6.5 Financial Model

For the purposes of the FBC, the Eastwood project is modelled with and without the capital contribution from East Renfrewshire Council to ensure transparency. The key inputs and outputs of the financial model are detailed below.

Table 28 Financial Model Inputs & Outputs

Output	Eastwood
Capital Expenditure (capex & development costs)	██████
Total Annual Service Payment	██████
Nominal project return	██████
Nominal blended equity return	██████
Gearing	██████
All-in cost of debt (including 0.25% buffer)	██████
Minimum ADSCR ³	██████
Minimum LLCR ⁴	██████

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

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

6.5.1 Financial efficiencies through project bundling

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

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

Hubco has identified circa [REDACTED] in fee savings through bundling the two projects. In addition it is estimated that circa [REDACTED] of net savings have been achieved on construction costs as a result of bundling.

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

6.6 Risks

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

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 capital funding including a capital contribution from East Renfrewshire Council. Were this withdrawn then the impact would be that NHS GG&C would have to revisit the scheme's scope or find alternative capital funding for affordability purposes. This risk is considered to be sufficiently mitigated: the Council has approved the capital 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 FBC and financial close.

6.7 Accounting Treatment and ESA95

This section sets out the following:

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

6.7.1 Accounting treatment

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

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"⁵ states: " under IFRS [International Financial Reporting Standards], which has a control based approach to asset classification, as the asset will be controlled by the NHS it will almost inevitably be regarded as on the public sector's balance sheet".

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

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

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

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

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

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

6.7.2 ESA95 (European System of Accounts 1995)

As a condition of Scottish Government funding support, all DBFM projects, as revenue funded projects, need to meet the requirements of revenue funding. The key requirement is that they must be considered as a "non-government asset" under ESA95.

For an asset to be classified as a non-government asset under ESA 95, two of the following three risks have to have been transferred to the private sector provider ⁶:

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

The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubco. On this basis, it is expected that the Eastwood scheme will be treated as a "non-government asset" for the purposes of ESA 95. We note that any capital contribution may affect this position and so we consider the East Renfrewshire Council capital contribution below. The proposed capital contribution is noted in the table below and is equal to the value of the capital and finance cost for ERC's share of the building.

The project structure will be carefully considered to ensure construction risk is transferred to the private sector. Scottish Futures Trust⁷ have advised that capital contributions should not exceed 45% of a hub scheme's total capital costs so as not to breach the construction risk requirement. ESA 95 is based at Project (Project Agreement) level i.e. at bundled capital cost, so the capital contribution is taken in proportion to the total bundled capital cost c. 21.7%.

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

Table 29 Capital Contribution percentage

Proposed capital contribution	Total bundle capex	Percentage	Eastwood scheme capex	Percentage

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

⁷

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

⁸ Taken from financial model and consistent with Stage 2 submission

6.8 Value for Money

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

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

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

6.9 Composite Tax Treatment

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

It is understood that other hub projects are adopting composite trader treatment, and Sub-hubco have agreed the proposed SFT wording relating to composite trade if this approach is adopted post-FC. The Financial Model assumes hWS will charge VAT on the Service Payment and will reclaim VAT incurred in its own development and operational costs.

7 Management Case

7.1 Overview

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

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

7.2 Project Programme

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

Table 30 – Project Programme

CIG Meeting for FBC	11 March 2014
Financial Close	30 September 2014
Site Start	17 November 2014
Completion date	26 February 2016
Services Commencement	26 February 2016

A detailed programme is included at Appendix H.

7.3 Project Management Arrangements

7.3.1 Approach

The approach to the management and methodology of the project is based on the overriding principles of the “hubco” initiative where NHS GGC, ERC and East Renfrewshire CHCP 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.

7.3.2 Project Team

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

Table 31 – Project Management Arrangements

Project:	Eastwood Health and Care Centre	
Parties		
Project Director	East Renfrewshire CHCP (Julie Murray)	CHCP
Finance Managers	East Renfrewshire Council (Margaret McCrossan) NHS GGC (Alan McCubbin)	ERC
Project Manager	NHS GGC (Joe Ferguson)	NHS GGC
Private Sector Development Partner – Project Manager	Hubco - (Jim Allan)	hubco
Private Sector Development Partner - Tier 1 contractor	Morgan Sindall , Principal Supply Chain Member (Lead) – Gareth Hoskins (Clare Kemsley)	MS
Legal	Dundas & Wilson	DW
Financial	Grant Thornton	GT
Technical	Turner & Townsend	TT
Architectural Adviser	Gilling Dod	GD
M&E Adviser	DSSR	DSSR
Civil/ Structural Adviser	Harley Haddow	HH

7.3.3 Project governance and structure

Whilst NHS Greater Glasgow and Clyde will be procuring the project using hubco, with the appointment of the Private Sector Development Partner, the governance approach will be similar to that undertaken for the previous stages of the project.

An Eastwood Health and Care Centre Project Board has been established to oversee the project, chaired by the East Renfrewshire CHCP director, who has delegated authority from East Renfrewshire Council to proceed with the project but reports on a regular basis to the Council’s Corporate Management Team and CHCP Committee.

Membership of the group includes representation from:

- East Renfrewshire CHCP: Planning, Management, Clinical Director
- Public Partnership Forum

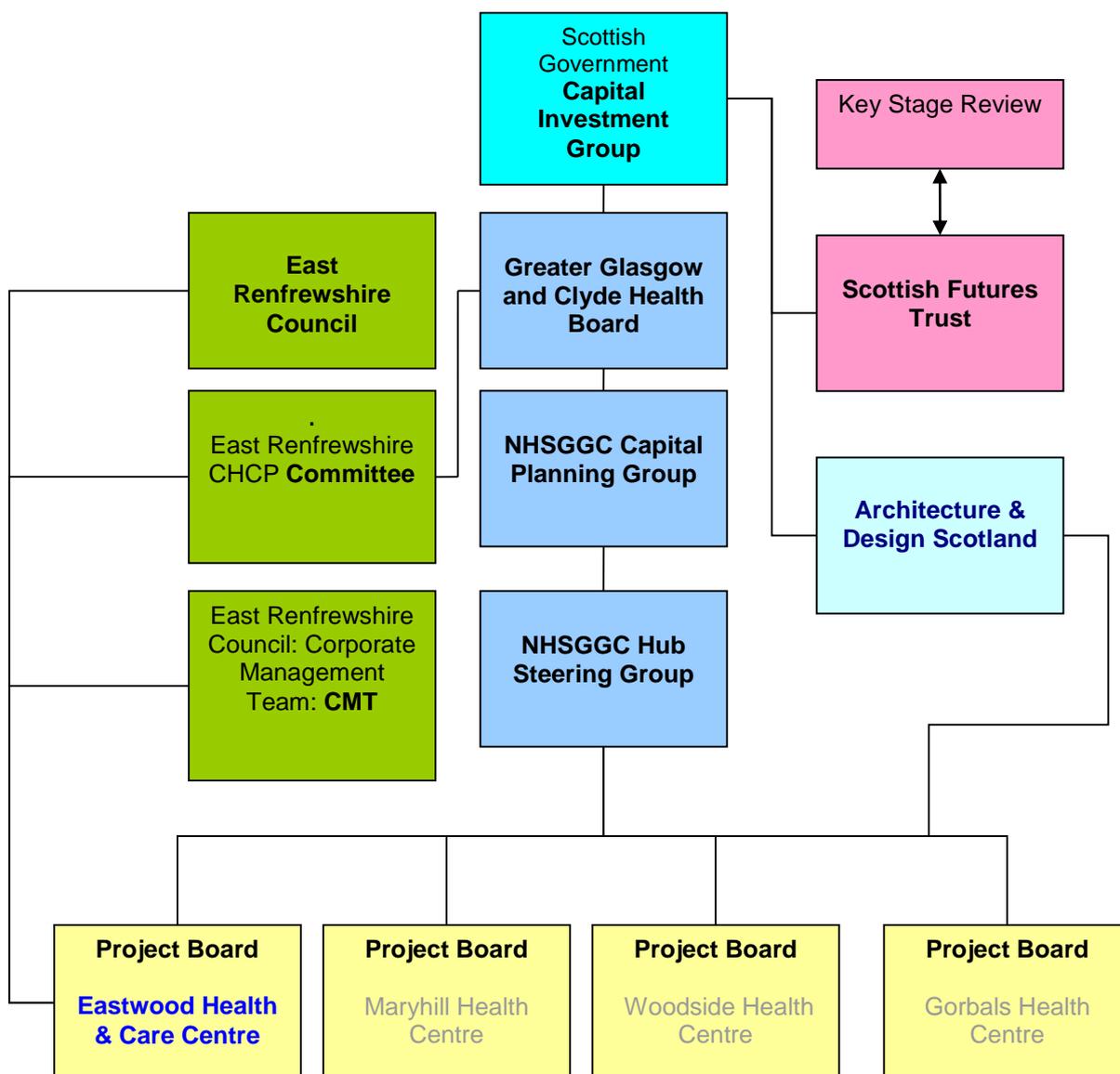
- NHS Greater Glasgow and Clyde: Capital Planning, Property, Facilities, Capital Accounts
- East Renfrewshire Council : Finance, Property and Technical Services
- West Hub Territory
- Hubco.

The Project Board reports to the NHS Greater Glasgow and Clyde Hub Steering Group, which oversees the delivery of all NHS Greater Glasgow and Clyde hub projects, through the East Renfrewshire CHCP Director. This group is chaired by the Glasgow City Community Health Partnership Director and includes representatives from other Project Boards within NHS Greater Glasgow and Clyde Capital Planning, Facilities, Finance, hub Territory and Hubco.

The East Renfrewshire CHCP has delegated authority from East Renfrewshire Council to proceed with the project but reports on a regular basis to the Council's Corporate Management Team and CHCP Committee.

These arrangements are depicted in the following project governance structure diagram.

Figure 2 – Project governance structure



7.3.4 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:

PSDP (Private Sector Development Partners) Project Development Manager - Jim Allan, hub West Scotland Ltd

The PSDP Project Development 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 Development Manager will act under the direction of, and within the limits of authority delegated by the hub west Operations Director. The PSDP Project Development Manager shall establish, disseminate and manage the protocols and procedures for communicating, developing and controlling the project.

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

7.3.6 Stakeholder involvement

In terms of the development of the project to date, consultations with the following internal and external stakeholders have been undertaken:

- NHS and council staff and key leads of departments
- Public representatives
- Local Councillors
- Scottish Futures Trust
- Local Authority Planning Department
- A&DS.

NHS Greater Glasgow and Clyde and East Renfrewshire Council, with the support of the PSDP will continue to consult widely with various stakeholders associated with the development of the project as appropriate. NHS GGC has prepared a Communication Plan (See Appendix J), to facilitate the communication process including consideration of the following aspects.

- Information to be consulted upon
- All required consultees
- Method of communications
- Frequency of consultations
- Methods of capturing comments and sharing

7.4 Arrangements for Change Management

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

7.4.1 Service Continuity and Decant Strategy

Services will continue to be provided from the existing accommodation until the new property is completed and commissioned. Any delay to the transfer from existing premises will be monitored on a regular basis to advise all parties of any change to the relocation date. There will be no additional costs arising from the provision of service continuity.

All existing premises are within reasonable travel distance to the new facility. It has been located in a central, easily identifiable location with the local authority allowing for limited difficulty in locating the new premises. A process will be put in place to notify all the patients by written communication of the appropriate dates of the service transfer to the new building, with appropriate maps and directions from the current facility. This will be supplemented by information in local media, in Health News (NHS Greater Glasgow and Clyde's own publication), articles in partner publications/newsletters and frequent postings on Solus Screens and noticeboards in the local premises. Local community organisations and PPF Members will be encouraged to spread the word by talking to members of the public prior to change.

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

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

7.5 Arrangements for Contract Management

Reporting

The PSDP Project Development Manager will submit regular reports to NHS Greater Glasgow and Clyde at Project Board meetings. This will encompass.

- Executive summary highlighting key project issues
- A review of project status including:
 - Programme and Progress, including Procurement Schedules
 - Design Issues

- Cost
- Health and Safety
- Comments on reports submitted by others
- Review of issues/problems requiring resolution.
- Forecast of Team actions required during the following period.
- Identification of information, approvals, procurement actions etc required from the Client
- Review and commentary of strategic issues to ensure NHS Greater Glasgow and Clyde objectives are being met.

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

Change Control

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

Cost Control

Cost Control procedures will include:

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

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

Contract Change

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

7.6 Arrangements for Benefits Realisation

The benefits identified within this FBC will be monitored during the development of the project and post completion via a Post Project Evaluation to maximise the opportunities for them to be realised. The Benefits Realisation Plan is enclosed at Appendix C.

7.7 Risk Management

7.7.1 General Approach to Risk Management

Previously key stakeholders undertook an exercise to establish the key risks associated with the proposed investment. Key business, service, environmental and financial risks were established.

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

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

hubco Risk Management Core Process

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

The Chief Executive Officer of hub West Scotland, supported by the Operations and Supply Chain Director is responsible for implementing the Risk Management Core Process and for mitigating risk as appropriate.

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

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

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

The Partnerships Director (PD) will support NHS Greater Glasgow and Clyde and East Renfrewshire Council which will include risk management as part of an On-going Partnering Service.

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

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

7.8 Contingency Plan

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

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

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

Much of the activity set out in plans will be relevant to the new Eastwood Health and Care centre. Immediately prior to it becoming operational plans will be reviewed and amended to reflect the situation in the new building. This plan will also provide the basis for consideration of response to any disruption arising from problems when moving into the new building.

7.9 Arrangements for Post Project Evaluation

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

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

- review the success of the project against its original objectives,

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

The evaluation will be undertaken by senior member of the East Renfrewshire CHCP project board with assistance as necessary from the PSDP Project Managers.

The following strategy and timescales will be adopted:

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

8 Conclusion

NHS Greater Glasgow and Clyde and East Renfrewshire Council have carried out a complete, evidence based review and analysis of the existing and future health requirements of the users of health and care services in the Eastwood area of East Renfrewshire. The Full Business Case represents the collective input of the East Renfrewshire CHCP, the Primary Care and Community Health and Care staff at existing health facilities, Public Partnership Forum representatives and a wide variety of consultees and stakeholders.

The current facilities for patients, service users, staff and visitors in the Eastwood area are inadequate. The facilities do not comply with various statutory requirements including Disability Discrimination Access (DDA). The existing buildings currently fail to meet modern healthcare standards, in terms of functional requirements, special needs, and compliance with current clinical guidance, fire regulations and infection control measures. Accommodation tends to be cramped and is characterised by inadequate GP consulting rooms, limited community staff accommodation and overcrowded/ noisy waiting areas. Furthermore, there is a significant backlog in maintenance. The plant and equipment are well beyond their design life, and hence are inefficient in terms of energy use and carbon footprint.

The preferred option, **Option 2 – New build Health Centre at Drumby Crescent, Clarkston** represents the best investment to provide the required services going forward. This Full Business Case demonstrates that the proposed project is the best value option, and would allow for the fulfilment of the benefits identified. The new facility would provide a 21st Century environment that would meet the needs and aspirations of the patients, staff and the wider Eastwood community of East Renfrewshire.

Glossary of Terms

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

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

Appendix A – Statutory Approvals

Environment Department
Director: Andrew J Cahill, BSc (Hons)
Head of Environment (Planning, Property and
Regeneration): Iain MacLean FCIH
Building Standards Service

2 Spiersbridge Way, Spiersbridge Business Park, Thornliebank, G46 8NG
Phone: 0141 577 3001 Fax: 0141 577 3781 DX: 501601 GIFFNOCK



Our Ref: 2013/0587/STG
Your Ref:
Date: 19th November 2013
When calling Please ask for: Mr Graeme McCutcheon graeme.mccutcheon@eastrenfrewshire.gov.uk
Telephone No: 0141 577 3731

Garethhoskinsarchitects
Studio 401
South Block
60/64 Osborne Street
Glasgow G1 5QH



Dear Sir/Madam,

BUILDING (SCOTLAND) ACT 2003

Reference Number: 2013/0587/STG
Description: Erection of 3 storey health and care centre of 6000m2 with associated car parking and landscape works.
Location: Land At Former Isobel Mair Primary School Drumby Crescent Clarkston East Renfrewshire G76 7HN

Please find enclosed the Building Warrant documentation, approved drawings and a Construction Notification Plan (CNP) for the project. If you are an agent you should pass this letter to your client.

It is the **Applicant's** responsibility to notify Building Standards at the various stages noted on the Construction Notification Plan. To assist with contacting the case surveyor, as well as the contact details above, we have introduced a dedicated 24hr telephone line and the service can be contacted on 0141 577 3315.

It is essential that the case surveyor is notified when it is anticipated that these stages will be ready for inspection. **In the event that the case surveyor is not notified, this will result in the CNP being registered as incomplete and the certificate of completion submission may be rejected for the project.**

At completion of the development, completion application forms should be submitted online at www.eastrenfrewshire.gov.uk/buildingstandardsforms. Alternatively, forms can be downloaded and submitted to the Building Standards Section at the above address.

Please note that the Scottish Government's Building Standards Division (BSD) carry out national customer surveys on the performance of Local Authorities. You may be contacted by the BSD and asked to complete the survey.

Yours faithfully

A handwritten signature in black ink, appearing to read 'G. McCutcheon'.

Mr Graeme McCutcheon
Graduate Building Standards Surveyor

Got a smartphone?

Use a QR Reader to view full details on the Construction Compliance and Notification Plan online.
Network charges may apply.



Building (Scotland) Act 2003

Warrant under Section 9 for work subject to Building Regulations

This warrant is granted by **East Renfrewshire Council** in connection with the application by
NHS Greater Glasgow And Clyde

Dated : **21 August 2013** for the **Erection of 3 storey health and care centre of 6000m2**
with associated car parking and landscape works. at:

Land At Former Isobel Mair Primary School Drumby Crescent Clarkston East
Renfrewshire G76 7HN

The reference number of this warrant is **2013/0587/STG**

The following conditions apply:-

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

The following matters/documents are not available for public inspection without the applicants written approval - **Plans And Specification**

A copy of the agreed plans is returned



(Signed) for **EAST RENFREWSHIRE COUNCIL**

(Date) **19 November 2013**

The Building Standards Service is not responsible for day to day supervision of the works.

Applicants are strongly advised to engage their own professional advisers/project managers at all stages of construction.

NOTES

1. To be considered as a limited-life building expiry must not be more than 5 years from the relevant date, which is the date of notification of acceptance of the completion certificate for the work, or the date of any permission for the temporary occupation or use of the building before acceptance of the completion certificate.
2. For construction, the stages specified in the procedure regulations are-
 - a) construction of foundations, or
 - b) such other stages as the verifier considers appropriate having regard to any guidance issued by the Scottish Ministers
3. For demolition, the stages specified in the procedure regulations are-
 - a) isolation and removal of services, fixtures and fittings,
 - b) isolation and protection of adjacent structures, or
 - c) such other stages, appropriate to the method of demolition, as the verifier considers appropriate having regard to any guidance issued by the Scottish Ministers.
4. The verifier must be notified
 - A) of the intention to use an approved certifier of construction.
 - B) of the date on which work is commenced within 7 days of such date,
 - C) when any drain has been laid and is ready for inspection or test (unless this work is covered by a certificate of construction),
 - D) when a drain track has been in-filled and the drainage system is ready for a second inspection or test (unless this work is covered by a certificate of construction),
 - E) of the date of completion of such other stages as the verifier may require, and

A) above must be notification in writing, other notifications are at the verifiers discretion.
5. It should be noted that where the owner is not the applicant, then the verifier will notify the owner of the grant of the building warrant as is required in terms of section 9(7)(b) of the Building (Scotland) Act 2003.

IMPORTANT NOTICE

This warrant is valid for 3 years. A completion certificate must be submitted when the work is complete. If a completion certificate is not submitted within that period an extension of warrant must be obtained before the expiry date.

WARNING

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

It is an offence to use or occupy the building(s) before obtaining acceptance of a completion certificate, unless the work is alteration only. Permission for temporary occupation may be requested from the verifier.

Construction Notification Plan

Reference Number: 2013/0587/STG

Description: Erection of 3 storey health and care centre of 6000m2 with associated car parking and landscape works.

Location: Land At Former Isobel Mair Primary School Drumby Crescent Clarkston East Renfrewshire G76 7HN

Contact Details of Inspecting Officer

Name: Mr Graeme McCutcheon

Tel: 0141-577-3315 or 0141 577 3731

E-mail: graeme.mccutcheon@eastrenfrewshire.gov.uk

Key Construction Stage	Status	Notes for Applicant	Appropriate Alternative Evidence	Fulfilled
				Yes <input type="checkbox"/> No <input type="checkbox"/>

For Office Use Only			
Construction Compliance Plan fulfilled	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason Construction Compliance Plan not fulfilled	Verifier	Applicant	Applicant & Verifier

Notes to Applicant/Developer:

1. This is the Construction Compliance Plan for the building works the subject of this Building Warrant approval. It is essential, that the Construction Compliance Plan is followed to allow a Verifier (Local Authority) to exercise "reasonable inquiry" when accepting a Completion Certificate.
2. The owner or developer must notify the Verifier at the target key construction stages above, to allow the Verifier to check compliance with Building Regulations. The number and nature of the site inspections may vary according to the type of works being undertaken, the programme and the builder's experience.
3. Once the applicant or developer are satisfied the project is complete and complies with Building Regulations, they must sign and submit the Completion Certificate to the Verifier. Also required will be any supporting documentation requested by the verifier.



Environment Department
Director: Andrew J Cahill, BSc (Hons)

**Head of Environment (Planning, Property and
Regeneration): Iain MacLean FCIH**

2 Spiersbridge Way, Spiersbridge Business Park, Thornliebank, G46 8NG
Phone: 0141 577 3001 Fax: 0141 577 3781 DX: 501601 GIFFNOCK

NOTICE REGARDING START OF WORK
Building (Procedure) (Scotland) Regulations 2004

Notice under Regulation 59(1) (a) or (d) of the Commencement of work for which a Building Warrant has been granted

As required by building warrant reference number **2013/0587/STG**

Description **Erection of 3 storey health and care centre of 6000m2 with associated car parking and landscape works.**

Address **Land At Former Isobel Mair Primary School Drumby Crescent
Clarkston East Renfrewshire G76 7HN**

Officer: **Mr Graeme McCutcheon**

I hereby give notice that the work will commence on (see note 1)

Name..... Daytime contact no.....

Signed.....

Dated.....

Builders Details (see note 2)

Name..... Telephone.....

Address.....
.....

Notes

1. Notice of start of work must be given 7 days prior to works commencing.
2. You are not required to give this information, however it may help if we require contact during the works regarding issues on site

**PLEASE REFER TO THE CONSTRUCTION NOTIFICATION PLAN FOR DETAILS ON FURTHER
NOTIFICATIONS REQUIRED FOR THIS PROJECT**

Appendix B – Statement of Commitment

Appendix C – Benefits Realisation Plan

As part of the development of work for the Public Bodies (Joint Working)(Scotland) Bill, a high level set of health and social care quality outcomes has been developed to frame the expected benefits of health and social care integration.

A full set of health and social care quality outcomes is expected to replace the quality outcomes described in the Healthcare Quality Strategy, aligned with the National Performance Framework and included in Single Outcome Agreements. Further refinement of these outcomes is expected and a suite of indicators and measures for integration of adult health and social care is at present being developed through the Working Groups reporting to the Bill Advisory Group.

It is likely that the widely supported integration outcomes will form the basis of how partnerships measure progress. These outcomes are therefore used to structure the benefits matrix below. At the time of writing the full detail of the supporting measures is not available and existing measures from various sources have been used. There will be a need for flexibility and refinement as integration measures are further developed.

Key benefit	Measure	Baseline	Target Improvement	Cross-reference
1. Healthier living - Individuals and communities are able and motivated to look after and improve their health and wellbeing, resulting in more people living in good health for longer, with reduced health inequalities.				
	At least 80 per cent of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours	68% (average 2012/13)	80%	Development Plan/ HEAT
	Deliver universal smoking cessation services to achieve at least 12,000 successful quits, at 12 weeks post quit, in the 40 per cent most deprived within-board SIMD areas (60 per cent for island health	486 (inc 103 SIMD)	425 (Inc 79 SIMD)	Single Outcome Agreement/ Development Plan/ HEAT

	boards) over the one year ending March 2015			
	Improve breastfeeding rates and reduce the SIMD differential through development of peer and professional support models.	23.3%	26.3%	Single Outcome Agreement/ Development Plan
	Referral to treatment for CAMHS longest wait at month end	No local service	18 weeks	HEAT
	NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.	460 (2012/13)	490	HEAT Standard/ Development Plan
	To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent by 2014/2015	To be established	25% improvement	HEAT
2. Independent living - People with disabilities, long term conditions or who become frail are able to live as safely and independently as possible in the community, and have control over their care and support.				
	Patients whose discharge from hospital is delayed for 28 days or more (14 days from 2015).	1 (Apr 2013)	0	Reshaping Care for Older People – Improvement Measure/ Development Plan/ Outcome Delivery Plan

	Accumulated bed-days for people experiencing delayed discharge.	5,171 (2012/13)	2,415	
	Rates of admission to hospital for falls among older people per 1,000 aged 65+	19.6	18.2	Reshaping Care for Older People – Improvement Measure
	Proportion of people aged 75+ with a telecare package (%)	14 (2012/13)	18	Reshaping Care for Older People – Improvement Measure
	Use of long-term care homes and continuing care.	566 Care home	540 Care home	Reshaping Care for Older People – Improvement Measure
	Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population	39,148 (2011/12)	38,756	HEAT/ Reshaping Care for Older People
	Percentage access to primary care within 2 working days	93 (2011/12)	95	HEAT Standard/ Development Plan
	Percentage advanced booking	92 (2011/12)	93	
	Number of people self directing their care through receiving direct payments and other forms of self-directed support.	177 (2012/13)	200	Outcome Delivery Plan
3. Positive experiences and outcomes - People have positive experiences of health, social care and support services, which help to maintain or improve their quality of life.				
	Experience measures and support for carers from the Community Care Outcomes Framework	Baseline from new 2013/14 survey	Improvement on baseline survey	Reshaping Care for Older People – Improvement Measure
	Percentage of time in the last 6 months of life spent at	90 (2009/10)	92	Reshaping Care for Older People – Improvement Measure

	home or in a community setting			
	Measure of dependency before and after re-ablement (% showing improvement).	91.5 (hospital referral)	30% (generic roll-out)	Reshaping Care for Older People – Improvement Measure
	To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	524 87	535 125	HEAT Standard/ HEAT
	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	88.4 (2011/12)	91.5	Alcohol and Drug Partnership Strategy/ Development Plan/ Outcome Delivery Plan/ HEAT Standard
	No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment.	4 (monthly NHS Board-wide average 2012/13)	0	HEAT Standard
4. Carers are supported - People who provide unpaid care to others are supported and able to maintain their own health and wellbeing.				
	Percentage of carers offered an independent carers assessment.	95.4 (2011/12)	100	Development Plan/ Reshaping Care for Older People/ Carers Strategy
	Percentage of carers quality of life outcomes fully met.	66.3 (2011/12)	67.5	Development Plan/ Reshaping Care for Older People/ Carers Strategy
5. Services are safe - People using health, social care and support services are safeguarded from harm and have their dignity and human rights respected.				

	Percentage of Adult Support and Protection Reviews reporting reduced risk.	62.5% (2012/13)	65%	Chief Officers' Group Balanced Scorecard
	Percent positive Viewpoint responses to "Do you feel safe at home?" question.	97.3 (2011/12)	100%	Chief Officers' Group Balanced Scorecard
6. Engaged workforce - People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide.				
	Positive response to staff survey statement 'I understand how my role contributes to CHCP's quality ambitions'.	77%	77%	Staff Survey
	Positive response to staff survey statement 'I am clear what my duties and responsibilities are.'	85%	85%	Staff Survey
	Positive response to staff survey question 'In the last 12 months I have been more proactive with colleagues to improve our service'.	73%	73%	Staff Survey
	Percentage of CHCP staff with current e-KSF/PRD.	50% e-KSF (2012/13) 77% PRD (2012/13)	80% e-KSF 100% PRD	Development Plan/Outcome Delivery Plan
7. Effective resource use - The most effective use is made of resources across health and social care services, avoiding waste and unnecessary variation.				
	Percentage sickness absence (NHS employees)	5.3 (Monthly average 2012/13)	4.0	HEAT Standard
	Days of sickness absence per employee (ERC employees)	14.9 (2012/13)	9.8	Outcome Delivery Plan
	Energy consumption from all sources kWh/m2 reduction in line with contribution to Climate	Baseline established from individual premises	10% reduction by 2020	Sustainable Development Strategy, 2012; HEAT

	Change (Scotland) Act 2009.			
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Appendix D – Performance Scorecard

PROJECT SUMMARY

Project Name:	Eastwood Health and Care Centre		
Health Board:	NHS Health Board		
Local Authority:	East Renfrewshire Council		
Total Project Cost:	£14,865,848	(Incl NHS Direct Costs)	
Hubco Affordability Cap:	£14,235,415		
Hubco Current Project Cost:	£14,850,848	(Equivalent to the Affordability Cap)	
Site Abnormals:	£450,880		
Gross Internal Area:	6,015	m2	
Nr of GP's:	20	nr	
Car Parking Spaces:	300	nr	
Storey's:	3	nr	



PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	3Q 2014
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£2,778	£1,634
1,001 – 5,000m2	£2,350	£1,450	£2,560	£1,579
5,001m2>	£2,250	£1,400	£2,451	£1,525

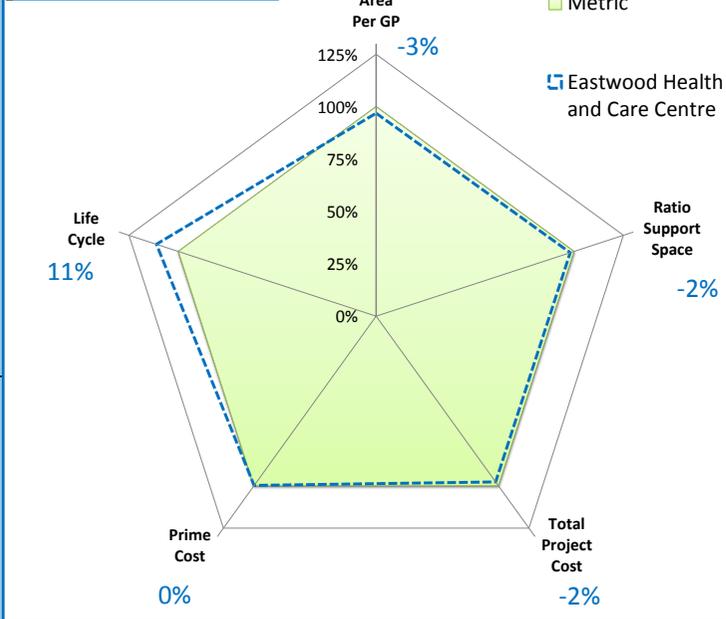
6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

Inflation Uplift:-	8.93%
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Area Metric B	1.3
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1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost (£/m2)	£2,451	£2,397	£54
Prime Cost (£/m2)	£1,525	£1,522	£3
Area Per GP (m2/GP)	105	101.72	-3.28
Ratio Support Space (Ratio)	1:3	2.9	-0.06
Life Cycle (£/m2)	£18.00	£20.00	£2.00

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

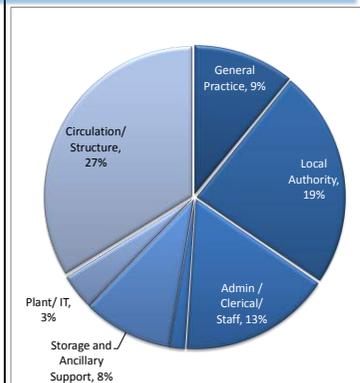
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
				£0
Bulk Excavation Off Site	Ext	£217,093	£76,383	£293,476
Reatining Wall in Car Park	Ext	£116,000	£41,404	£157,404
				£0
				£0
				£0
Total		£333,093	£117,787	£450,880

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£352,947	£59	£352,947	£59
Superstructure	£4,578,541	£761	£4,578,541	£761
Finishes	£555,344	£92	£555,344	£92
Fittings & Furnishing	£661,746	£110	£661,746	£110
M&E	£3,007,322	£500	£3,007,322	£500
Prime Cost	£9,155,900	£1,522	£9,155,900	£1,522
External Works	£1,992,895	£331	£1,659,802	£276
Project Fees (Design, surveys, Hubco fee)	£3,702,053	£615	£3,584,266	£596
Hubco Affordability Cap	£14,850,848	£2,469	£14,399,968	£2,394
NHS -Decant/Management	£15,000	£2	£15,000	£2
NHS - Contingency		£0	£0	£0
TOTAL PROJECT COST	£14,865,848	£2,471	£14,414,968	£2,397

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	20	2.00
Plant Facilities management Costs	19	15.48	-3.52

Items	%	£
Post FC Risk	1.5%	£124,152
Pre FC Risk	0.0%	
NHS Cont	0.0%	

NHS Board Commentary on Financial Assessment



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	517	9%
Other Health Services	423	7%
Local Authority	1,122	19%
Patient Interface	839	14%
Admin / Clerical/ Staff	785	13%
Staff Facilities	79	1%
Storage and Ancillary Support	461	8%
Plant/ IT	186	3%
Circulation/ Structure	1,603	27%
Total GIA	6,015	100%
Omit Abnormals		
GP & Other Health Services	-940	-
LA Facilities (Incl circ/plant)	-2,308	-
Nett Support Space	2,767	Diff
Ratio Clinical Vs Support Space	1: 2.9	0.1

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
20	105	102

NHS Board Commentary on Area Provisions

METRIC CALCULATION SHEET
ood Health and Care Centre

07 October 2014

ITEM	Total	GP	Other Health Services	Council	Patient Interface	Admin/ Clerical	Staff Facilities	Storage & Ancillary	Plant	Circ
SECTION A - GENERAL PRACTISE AREAS										
Interview Room(s)	100	100								
Consulting Room(s)	50	50								
Examination Room(s)	50	50								
GP/Nurse Consulting/Examination Room(s)	100	100								
GP (Training) Consulting Room	50	50								
Nurse Treatment Room	50	50								
Nurse Interview Room(s)	50	50								
Nurse Reporting/Support Room/office	50	50								
Treatment Room/ Minor Surgery Room(s)	17	17								
Recovery Room	0	0								
Therapy Room	0	0								
Other.....	0	0								
Other.....	0	0								
Other.....	0	0								
Other.....	0	0								
Support Space For GP Practice										
Offices	118					118				
Reception (GP Reception Desk)	164				164					
Administration	25					25				
Stores (Records/Equipment/ other)	97							97		
Waiting Areas	156				156					
Clinical Waste	0							0		
Staff Rest Room / Beverage Bay	28							28		
Staff Changing	0							0		
Other Patient Interface (Associated with GP areas)	0				0					
Other Admin/Clerical/Staff (Associated with GP areas)	0					0				
Other Staff Facilities (Associated with GP areas)	0						0			
Other Storage & Ancillary Support (Associated with GP areas)	0							0		
Plant/Services/IT (Associated with GP areas)	0								0	
Other Circulation & Storage (Associated with GP areas)	0									0
Other.....										
Other.....										
Other.....										
TAL GENERAL PRACTICE AREAS	1,105									
SECTION B - OTHER HEALTH SERVICES										
Visiting Consulting Room (Other health services)	50		50							
Physiotherapy Treatment/Consultant room	30		30							
Chiropractic Treatment/Consultant room	30		30							
Podiatry Treatment/Consultant room	30		30							
Speech & Language Treatment/Consultant room	50		50							
Dental Surgery Treatment/Consultant room	100		100							
Dental X-Ray	50		50							
Dental Work Room	50		50							
Pharmacy (Consult, dispensary)	0		0							
Social Services (Consulting room)	33		33							
Mental Health (Consult, Treatment, kitchen, interview rooms)	0		0							
District Nursing Offices	0		0							
Other.....	0		0							
Other.....	0		0							
Support Space For Other Health Services										
Educational supplementary Space (For other health provisions)						0				
Offices (For other health provisions)	237					237				
Reception (For other health provisions)	14				14					
Administration (For other health provisions)	97					97				
Stores (Records/Equipment/ other)	69							69		
Waiting Areas (for Other Health Services)	20				20					
Clinical Waste (For other health provisions)	0							0		
Staff Rest Room / Beverage Bay	4							4		
Staff Changing	0							0		
Other Patient Interface (Associated with other Clinical areas)	0				0					
Other Admin/Clerical/Staff (Associated with other Clinical areas)	0					0				
Other Staff Facilities (Associated with other Clinical areas)	0						0			
Other Storage & Ancillary Support (Associated with other Clinical areas)	0							0		
Plant/Services/IT (Associated with other Clinical areas)	0								0	
Other Circulation & Storage (Associated with other Clinical areas)	0									0
Other.....										
Other.....										
Other.....										
Other.....										
TAL OF OTHER HEALTH SERVICES	864									
SECTION C - LOCAL AUTHORITY AREAS										
Local Authority Offices	500			500						
Social Services	500			500						
Children & Families	122			122						
Other.....	0			0						
Other.....	0			0						
Support Space For Local Authority Space										
Other Patient Interface (Associated with Local Authority Areas)	64				64					
Other Admin/Clerical/Staff (Associated with Local Authority Areas)	60					60				
Other Staff Facilities (Associated with Local Authority Areas)	0						0			
Other Storage & Ancillary Support (Associated with Local Authority Areas)	150							150		
Plant/Services/IT (Associated with Local Authority Areas)	0								0	
Other Circulation & Storage (Associated with Local Authority Areas)	0									0
Other.....										
Other.....										
Other.....										
Other.....										
TAL OF LOCAL AUTHORITY AREAS	1,396									
SECTION D - SHARED FACILITIES										
Patient Interface (Shared)	421				421					
Admin/Clerical/Staff (Shared)	248					248				
Staff Facilities (Shared)	47						47			
Storage & Ancillary Support (Shared)	145							145		
Plant/Services/IT (Shared)	186								186	
Circulation & Storage (Shared)	1,603									1,603
Other.....										
Other.....										
TAL OF SHARED FACILITIES	2,650									
Estimated Floor Area in m2	6,015	517	423	1,122	839	785	79	461	186	1,603
%	100%	9%	7%	19%	14%	13%	1%	8%	3%	27%

Apportionment of Shared Spaces	GP	Other	Council	Commentary On Adjustment to Distribution of Support Space
Base split for Shared Space	2,062	25%	21%	54%
Adjustment to the apportionment of shared support spaces.		10%	10%	-20%
Uplift	206	206	-412	
Split for Circulation/Patients/ Entrance		35%	31%	34%

ITEM	Total	GP	Other Health Services	Council
AREA PER GP	m2	m2	m2	m2
Clinical Space	2,062	517	423	1,122
Function specific Support Space	1,303	588	441	274
Patient Interface (Shared)	421	148	128	145
Admin/Clerical/Staff (Shared)	248	87	76	85
Staff Facilities (Shared)	47	16	14	16
Storage & Ancillary Support (Shared)	145	51	44	50
Plant/Services/IT (Shared)	186	65	57	64
Circulation & Storage (Shared)	1,603	562	489	552
TOTAL	6,015	2,034	1,673	2,308

0 Check

SUMMARY	Eastwood Health and Care Centre	METRIC	Diff
NUMBER OF GP's (Nr)	20 Nr	20 Nr	0
Metric A - AREA PER GP/m2	102 m2/GP	105 m2/GP	-3
Metric B - Clinical Space:Support Space	1: 2.9	1: 3	-0.06

Appendix E – Risk Register

Eastwood Health and Care Centre - Project Risk Register

PRE-CONTROL

POST-CONTROL

Ref	Date Raised	Category	Summary Description of Risk			Stage of hub West Process	Like	Imps	Cost	Risk	Risk Owner's)	Risk Control Measures	Action by Date	Like	liho	Imps	Expe	Risk	Actu	Last Reviewed/Comments
			Cause of Risk	Risk Description	Effect of Risk															
42	26/11/2012	Project Management	Financial close	Planned Financial close date is not achieved	delay	Financial Close	4	5	5	20	NHS/hWS	Continuously assess the information required for FC and report.	Ongoing	1	4			4		Ongoing Last reviewed 27/08/14
77	19/09/2013	Approvals	Stakeholders	Delay/Rejection of the Full Business Case by the Scottish Government	Programme impact	Financial Close	4	5		20	NHS	Ensure that the KSR's are undertaken at the correct time ensuring the information produced for the OBC and FBC is consistent with the requirements of SCIG.	Ongoing	1	4			4		Ongoing Last reviewed 27/08/14
80	27/08/2014	Legal	various	failure to agree legal documentation with lenders within programme	delay to programme	Stage 2	3	4		12	hWS	continueing discussion and clarity of funders requirements	Ongoing	1	4			4		Ongoing Last reviewed 27/08/14

Appendix F – Schedule of Accommodation

RHE

schedule of accommodation

Eastwood Health and Care Centre

garethhoskinsarchitects

Date

20/05/2014 Stage E

Space No.	Room/Space Name	RDS Number	Room Layout Name	Room Layout No.	Current Floor Area (m ²)
Public Space					
000	Foyer	RDS000	Foyer	R(70)000	203.4
001	Waiting	RDS001	Waiting Area	R(70)001	46.4
002	Information Desk	RDS002	Front Reception	R(70)002	16.5
003	Meeting 1/ 3rd Sector	RDS003	Meeting 1	R(70)003	29.7
004	Group 1	RDS004	Group Room 1	R(70)004	41.5
005	Group 2	RDS005	Group Room 2	R(70)005	43.6
006	Group Room Store	RDS006	Group Room 2	R(70)004	11.9
007	Kitchen	RDS007	Café 3rd Sector Kitchen	R(70)015	12.7
008	K Store	RDS008	Café 3rd Sector Kitchen	R(70)015	14.3
009	Male WC	RDS009	Male WC	R(70)009	13.8
010	Female WC	RDS010	Female WC	R(70)010	13.5
011	Changing Place WC	RDS011	Changing Place WC	R(70)011	12
012	Baby Change	RDS012	Baby Change	R(70)012	5
013	Breast - Feeding	RDS013	Breast - Feeding	R(70)013	16
014	3rd Sec St	RDS014	Meeting 1	R(70)003	6.9
015	Cafe Servery	RDS015	Café 3rd Sector Kitchen	R(70)015	32.1
016	Cafe Seating	RDS016	Cafe Seating	R(70)016	63.9
017	Info / Hot Desk Zone	RDS017	Info Zone	R(70)017	60
018	Acc. WC	RDS018	Accessible WC	R(70)018	6.3
Area Subtotal					649.5
Physiotherapy & Podiatry					
101	Reception	RDS101	Reception/Admin - Physio Podiatry	R(70)101	8.4
102	Physio & Podiatry Sub-Waiting	RDS102	Physio Waiting	R(70)102	18.6
103	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
104	Podiatry Treatment 1	RDS104	Podiatry Treatment	R(70)104	14.6
105	Podiatry Treatment 2	RDS104	Podiatry Treatment	R(70)104	14.6
106	Podiatry Treatment 3	RDS104	Podiatry Treatment	R(70)104	14.6
107	Podiatry Treatment 4	RDS104	Podiatry Treatment	R(70)104	14.6
108	Podiatry Treatment 5	RDS104	Podiatry Treatment	R(70)104	14.6
109	Podiatry Work	RDS109	Podiatry Work	R(70)109	14.6
110	Physio Gym	RDS110	Physio Gym	R(70)110	49
111	Gym St.	RDS111	Physio Gym Store	R(70)110	4.7
112	Physio Treatment	RDS112	Physio Treatment	R(70)112	15.1
113	Physio Treatment	RDS112	Physio Treatment	R(70)112	15.1
114	Physio Treatment	RDS112	Physio Treatment	R(70)112	15.1
115	Physio Treatment	RDS112	Physio Treatment	R(70)112	15.1
116	Physio Treatment	RDS112	Physio Treatment	R(70)112	15.1
117	Rec. Admin.	RDS117	Reception/Admin - Physio Podiatry	R(70)101	13.8
118	Store	RDS118	Physio Store	R(70)118	4.2
119	Waste Hold	RDS254	Disposal Hold - Typical	R(70)254	1.5
Area Subtotal					267.2
Clinical Zone					
201	Reception	RDS201	Satellite Recept Desk - West	R(70)201	6.9
202	Reception	RDS202	Satellite Recept Desk - North	R(70)202	8.6
203	Sub-Wait	RDS203	Sub Wait North	R(70)203	23.7
204	Sub-Wait	RDS204	Sub Wait West	R(70)204	15.4
205	Sub-Wait	RDS205	Sub Wait East	R(70)205	17
206	Acc. WC	RDS018	Accessible WC	R(70)018	4.4

207	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
208	Treatment 1	RDS208	Treatment Room	R(70)208	18.2
209	Treatment 2	RDS208	Treatment Room	R(70)208	18.2
210	AMH Interview 1	RDS210	AMH Interview Room 1	R(70)210	12.5
211	AMH Interview 2	RDS211	AMH Interview Room	R(70)211	12.2
212	AMH Interview 3	RDS211	AMH Interview Room	R(70)211	12.2
213	AMH Interview 4	RDS211	AMH Interview Room	R(70)211	12.2
214	AMH Interview 5	RDS211	AMH Interview Room	R(70)211	12.2
215	3rd Sector / Interview 6	RDS216	Interview Room	R(70)216	10.3
216	Interview 7	RDS216	Interview Room	R(70)216	12.5
217	Interview 8	RDS216	Interview Room	R(70)216	12.2
218	Interview 9	RDS216	Interview Room	R(70)216	12.2
219	AMH Interview 10	RDS211	AMH Interview Room	R(70)211	12.2
220	Interview 11	RDS216	Interview Room	R(70)216	14.2
221	Duty Room	RDS221	Duty Room	R(70)221	10.6
222	Duty Room	RDS221	Duty Room	R(70)221	10.4
223	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
224	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
225	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
226	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
227	Service Delivery B 1	RDS227	Service Delivery B	R(70)227	15
228	Service Delivery B 2	RDS227	Service Delivery B	R(70)227	15.1
229	Service Delivery B 3	RDS227	Service Delivery B	R(70)227	15.1
230	Service Delivery B 4	RDS227	Service Delivery B	R(70)227	15.1
231	Service Delivery A 1	RDS231	Service Delivery A	R(70)231	12.6
232	Service Delivery A 2	RDS231	Service Delivery A	R(70)231	12.2
233	Service Delivery A 3	RDS231	Service Delivery A	R(70)231	12.2
234	Service Delivery A 4	RDS231	Service Delivery A	R(70)231	12.2
235	Service Delivery A 5	RDS231	Service Delivery A	R(70)231	12.2
236	Service Delivery A 6	RDS231	Service Delivery A	R(70)231	12.1
237	Service Delivery A 7	RDS231	Service Delivery A	R(70)231	14.6
238	Service Delivery A 8	RDS231	Service Delivery A	R(70)231	15
239	Children's Room	RDS239	Childrens Room	R(70)239	15.1
240	Children's Contact Room	RDS240	Child Contact Room	R(70)240	15.1
241	Observation	RDS241	Child-Observation Room	R(70)239	12.1
242	Store/ Admin	RDS242	Satellite Recept Desk - North	R(70)202	8.7
243	Store	RDS243	Linear Stores	R(70)243	2.8
244	Store	RDS244	Linear Stores	R(70)243	2.8
245	Store	RDS245	Linear Stores	R(70)243	1.4
246	Store	RDS246	Linear Stores	R(70)243	0.7
247	Store	RDS247	Linear Stores	R(70)243	2.8
248	Store	RDS248	Linear Stores	R(70)243	1.4
249	Store	RDS249	Linear Stores	R(70)243	1.4
250	Store	RDS250	Linear Stores	R(70)243	1.4
251	Store	RDS251	Linear Stores	R(70)243	1.4
252	Clinical Zone Store	RDS252	Clinical Zone Store	R(70)252	12.4
253	Waste Hold	RDS254	Waste Hold - Typical	R(70)254	1.9
254	Waste Hold	RDS254	Waste Hold - Typical	R(70)254	3.4
255	Recept.	RDS255	Satellite Recept Desk - Clinical	R(70)255	5.1
256	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
257	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
258	AMH Clinical Consulting	RDS258	AMH Clinical Consulting	R(70)258	15.1
259	AMH Consulting	RDS257	AMH Consulting	R(70)257	15.1
260	AMH Interview 12	RDS211	AMH Interview Room	R(70)211	12.5
261	AMH Interview 13	RDS211	AMH Interview Room	R(70)211	12.2
262	Store	RDS262	Linear Stores	R(70)243	4.6
263	Store	RDS263	Linear Stores	R(70)243	1.4
264	Store	RDS264	Linear Stores	R(70)243	1.4
265	Waste Hold	RDS254	Waste Hold - Typical	R(70)254	2.1
266	Sub-Wait	RDS266	Sub Wait West	R(70)266	15.4

Area Subtotal

695.9

Facilities

301	Admin. Business Support	RDS301	Admin. Business Support	R(70)301	26
302	Mail Room	RDS302	Mail Room	R(70)302	9.4
303	Disaster Recovery	RDS303	Disaster Recovery Room	R(70)303	10.6
304	Comms	RDS304	Comms Room	R(70)304	17
305	DSR	RDS305	Domestic Services Room	R(70)305	9.8
306	DSR Store	RDS306	DSR Store	R(70)306	12.9
307	Work	RDS307	Work Room	R(70)307	9.6
308	Water	N/A	N/A	N/A	28
309	Mechanical Plant	N/A	N/A	N/A	60.6
310	Switch	N/A	N/A	N/A	9.4
311	NHS Store 2	RDS311	NHS Store 2	R(70)311	15.4
312	Atrium Store	RDS312	Atrium Store	R(70)312	17.1
313	NHS Store 1	RDS313	NHS Store 1	R(70)313	7.5
314	DSR	RDS305	Domestic Services Room	R(70)305	10
315	Comms	RDS315	Comms Room	R(70)315	11.4
316	Store	RDS316	Store	R(70)316	6.9
317	General Store	RDS317	General Store	R(70)317	10.7
319	DSR	RDS305	Domestic Services Room	R(70)305	9.6
320	DB/Man.	N/A	N/A	N/A	1.4
321	Dirty Utility	RDS321	Dirty Utility Room	R(70)321	6.1
322	Dirty Utility	RDS321	Dirty Utility Room	R(70)321	5.8
323	Waste Hold	RDS323	Waste Hold & Recycling	R(70)323	19.5
324	Recycling	RDS324	Waste Hold & Recycling	R(70)323	13
325	Generator	N/A	N/A	N/A	11.4
325	2nd Switch	N/A	N/A	N/A	1.3
326	Gases	RDS326	Gases Store	R(70)326	1.1
327	Bike Store	RDS327	External Bike Store	R(70)327	15.5
Area Subtotal					357

GP1 - Maclean Practice Branch

401	Reception - Maclean	RDS401	GP Reception Desk South	R(70)401	12
402	Breakout	RDS402	GP Breakout - Typical	R(70)402	19.9
403	Waiting	RDS403	GP MacLean Waiting	R(70)403	44.4
404	Consulting 1	RDS404	GP Consulting Room	R(70)404	15.1
405	Consulting 2	RDS404	GP Consulting Room	R(70)404	15.1
406	Consulting 3	RDS404	GP Consulting Room	R(70)404	15.1
407	Consulting 4	RDS404	GP Consulting Room	R(70)404	15.1
408	Consulting 5	RDS404	GP Consulting Room	R(70)404	15.1
409	Consulting 6	RDS404	GP Consulting Room	R(70)404	15.1
410	Practice Nurse/Treat.	RDS410	Treatment Room	R(70)410	19
411	Practice Manager	RDS411	GP Practice Manager	R(70)411	16.2
412	Admin.	RDS412	GP MacLean Admin	R(70)412	39.9
413	Store	RDS413	GP MacLean Stores	R(70)413	4.4
414	Store	RDS414	GP MacLean Stores	R(70)413	10.8
415	Store	RDS415	GP MacLean Stores	R(70)413	5.3
416	Acc. WC	RDS018	Accessible WC	R(70)018	7.4
417	Acc. WC	RDS018	Accessible WC	R(70)018	4.3
Area Subtotal					274.2

GP2 -Clarkston Medical Centre

501	Reception - Clarkston	RDS501	GP Reception Desk South	R(70)401	12
502	Breakout	RDS502	GP Breakout - Typical	R(70)402	19.9
503	Waiting	RDS503	GP Clarkston Waiting	R(70)503	61.7
504	Cons./Nurse 1	RDS504	Nurse-Consulting Room	R(70)504	15.1
505	Cons./Nurse 2	RDS504	Nurse-Consulting Room	R(70)504	15.1
506	Consulting 3	RDS404	GP Consulting Room	R(70)404	15.1
507	Consulting 4	RDS404	GP Consulting Room	R(70)404	15.1

508	Consulting 5	RDS404	GP Consulting Room	R(70)404	15.1
509	Consulting 6	RDS404	GP Consulting Room	R(70)404	15.1
510	Consulting 7	RDS404	GP Consulting Room	R(70)404	15.1
511	Consulting 8	RDS404	GP Consulting Room	R(70)404	15.1
512	Cons./Nurse 9	RDS504	Nurse-Consulting Room	R(70)504	15.1
513	Consulting 10	RDS404	GP Consulting Room	R(70)404	15.1
514	Consulting 11	RDS404	GP Consulting Room	R(70)404	15.1
515	Con./Nurse 12	RDS504	Nurse-Consulting Room	R(70)504	15.1
516	Consulting 13	RDS404	GP Consulting Room	R(70)404	15.1
517	Practice Manager	RDS411	GP Practice Manager	R(70)411	15.1
518	Practice Nurse/Treat.	RDS518	Treatment Room	R(70)518	18.4
519	Admin.	RDS519	GP Clarkston Admin	R(70)519	39.9
520	Admin.	RDS520	GP Clarkston Admin	R(70)520	42.8
521	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
522	Store	RDS522	GP Clarkston Stores	R(70)522	6.3
523	Store	RDS523	GP Clarkston Stores	R(70)522	4.4
524	Store	RDS524	GP Clarkston Stores	R(70)522	5.5
525	Store	RDS525	GP Clarkston Stores	R(70)522	5.6
526	Store	RDS526	GP Clarkston Stores	R(70)522	4.2
527	Acc. WC	RDS018	Accessible WC	R(70)018	4.4
528	Store	RDS528	GP Clarkston Stores	R(70)522	9.7
Area Subtotal					450.1

GP3 - Giffnock

601	Reception - Giffnock	RDS601	GP Reception Desk North	R(70)601	11.3
602	Breakout	RDS602	GP Breakout - Typical	R(70)402	21.4
603	Waiting	RDS603	GP Giffnock Waiting	R(70)603	36.1
604	Practice Nurse/Treat.	RDS410	Treatment Room	R(70)410	18.2
605	Consulting 1	RDS404	GP Consulting Room	R(70)404	15.5
606	Consulting 2	RDS404	GP Consulting Room	R(70)404	15.1
607	Consulting 3	RDS404	GP Consulting Room	R(70)404	15.1
608	Practice Manager	RDS411	GP Practice Manager	R(70)411	15.1
609	Admin	RDS609	GP Giffnock Admin	R(70)609	41.2
610	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
611	Store	RDS611	GP Giffnock Store	R(70)614	2.1
612	Store	RDS612	GP Giffnock Store	R(70)614	4.1
613	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
614	Store	RDS614	GP Giffnock Store	R(70)614	9.6
Area Subtotal					212.6

Shared Space

701	Staff Shower / WC	RDS701	Staff Shower / WC	R(70)701	3.2
702	Acc. Shower / WC	RDS702	Acc. Shower / WC	R(70)701	5.9
703	Reception - GP4	RDS601	GP Reception Desk North	R(70)601	11.3
704	Waiting	RDS704	GP Bookable Waiting	R(70)704	43.4
705	Tea Prep/ Breakout	RDS705	GP Tea Prep Breakout	R(70)705	21.4
706	Consulting 1	RDS404	GP Consulting Room	R(70)404	15.1
707	Consulting 2	RDS404	GP Consulting Room	R(70)404	15.1
708	Consulting 3	RDS404	GP Consulting Room	R(70)404	15.1
713	Practice Manager	RDS411	GP Practice Manager	R(70)411	15.1
716	Store	RDS716	GP Bookable Store	R(70)716	3.8
717	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
718	Acc. WC	RDS018	Accessible WC	R(70)018	3.9
721	Library	RDS721	Library	R(70)721	21
722	Meeting 2	RDS722	Meeting 2	R(70)722	26.8
723	Staff Shower / WC	RDS723	Staff Shower / WC	R(70)723	3.2
724	Staff Shower / WC	RDS723	Staff Shower / WC	R(70)723	3.2
725	Meeting 3	RDS725	Meeting 3	R(70)725	25.6
726	Meeting 4	RDS726	Meeting 4	R(70)726	41.3
727	Meeting 5	RDS727	Meeting 5	R(70)727	36.9

728	Spiritual- Care / Meeting 6	RDS728	Spiritual- Care / Meeting 6	R(70)728	14.1
729	Meeting 7 / IT Training	RDS729	Meeting 7 / IT Training	R(70)729	45.3
730	Meeting Room Store	RDS727	Meeting 5	R(70)727	6.1
731	Staff Facilities	RDS731	Staff Facilities	R(70)731	71.5
732	Staff Kitchen	RDS732	Staff Kitchen	R(70)732	16.6
733	Acc. WC	RDS733	Staff WC	R(70)733	4.4
734	Acc. WC	RDS734	Staff WC	R(70)734	4.4
735	Acc. WC	RDS735	Staff WC	R(70)735	5.1
736	Staff WC	RDS736	Staff WC	R(70)733	3.8
737	Staff WC	RDS737	Staff WC	R(70)734	7
738	Staff WC	RDS738	Staff WC	R(70)735	6.8
739	Staff Shr	RDS739	Staff WC	R(70)733	2.5
Area Subtotal					502.8

Administration

801	Open Plan Office West	RDS801	CHCP HQ Open Plan Office West	R(70)801	573.2
802	Open Plan Office East	RDS802	CHCP HQ Open Plan Office East	R(70)802	447.8
803	Breakout West 1	RDS803	CHCP HQ Breakout West 1	R(70)803	10.4
804	Breakout West 2	RDS804	CHCP HQ Breakout West 2	R(70)804	9.5
805	Quiet Working West 1	RDS805	CHCP HQ Quiet Working	R(70)805	4.9
806	Quiet Working West 2	RDS805	CHCP HQ Quiet Working	R(70)805	4.9
807	Quiet Working West 3	RDS807	CHCP HQ Quiet Working	R(70)807	5.6
808	Res Duty Office West 1	RDS808	CHCP HQ Res Duty Office West 1	R(70)808	9.5
809	Quiet Working West 4	RDS805	CHCP HQ Quiet Working	R(70)805	4.3
810	Quiet Working West 5	RDS805	CHCP HQ Quiet Working	R(70)805	4.3
811	Res Duty Office West 2	RDS811	CHCP HQ Res Duty Office West 2	R(70)811	9.2
812	Breakout West 3	RDS812	CHCP HQ Breakout West 3	R(70)812	7.1
813	Office Store	RDS813	CHCP HQ Office Store	R(70)813	5.7
814	Quiet Working East 1	RDS814	CHCP HQ Quiet Working	R(70)814	8.2
815	Quiet Working East 2	RDS814	CHCP HQ Quiet Working	R(70)814	9.8
816	Quiet Working East 3	RDS816	CHCP HQ Quiet Working East 3	R(70)816	8.1
817	Breakout East 1	RDS817	CHCP HQ Breakout East 1	R(70)817	15.6
818	Breakout East 2	RDS818	CHCP HQ Breakout East 2	R(70)818	9.7
819	Quiet Working West 4	RDS805	CHCP HQ Quiet Working	R(70)805	4.3
820	Quiet Working West 5	RDS805	CHCP HQ Quiet Working	R(70)805	4.3
821	Breakout East 3	RDS821	CHCP HQ Breakout East 3	R(70)821	8.3
822	Breakout East 4	RDS822	CHCP HQ Breakout East 4	R(70)822	9.2
823	Breakout East 5	RDS823	CHCP HQ Breakout East 5	R(70)823	7.5
824	Quiet Working West 6	RDS805	CHCP HQ Quiet Working	R(70)805	5.4
Area Subtotal					1186.8

Circulation

900	Circulation	RDS900	Clinical Circulation	R(70)900	29
901	Stair 1 - 0F	RDS901	Stair 1	R(70)901	12.2
901	Stair 1 - 1F	RDS901	Stair 1	R(70)901	18.3
901	Stair 1 - 2F	RDS901	Stair 1	R(70)901	12.4
902	Stair 2 - 0F	RDS902	Stair 2	R(70)902	16.6
902	Stair 2 - 1F	RDS902	Stair 2	R(70)902	20.3
902	Stair 2 - 2F	RDS902	Stair 2	R(70)902	18.8
903	Stair 3 - 0F	RDS903	Stair 3	R(70)903	20.7
903	Stair 3 - 1F	RDS903	Stair 3	R(70)903	19.5
903	Stair 3 - 2F	RDS903	Stair 3	R(70)903	16.7
904	Stair 4 - 0F	RDS904	Stair 4	R(70)904	18.4
904	Stair 4 - 1F	RDS904	Stair 4	R(70)904	18
910	Circulation	RDS910	Clinical Circulation	R(70)910	43.5
911	Circulation	RDS911	Clinical Circulation	R(70)911	17.7
920	Circulation	RDS920	Clinical Circulation	R(70)920	55.2
921	Circulation	RDS921	Clinical Circulation	R(70)921	84.6
922	Circulation	RDS922	Clinical Circulation	R(70)922	19.8

923	Circulation	RDS923	Clinical Circulation	R(70)923	49.5
924	Circulation	RDS924	Clinical Circulation	R(70)924	36.2
930	BOH Access	RDS930	BOH Access	R(70)930	22.9
931	BOH Access	RDS931	BOH Access	R(70)931	33.7
932	Stair 2 Lobby - 1F	RDS932	Stair 2F Lobby 1F	R(70)932	8.1
933	BOH Access	RDS933	BOH Access	R(70)933	48.9
934	Stair 2 Lobby - 2F	RDS934	Stair 2F Lobby 2F	R(70)934	30
940	Circulation	RDS940	Clinical Circulation	R(70)940	62
950	Circulation	RDS950	Clinical Circulation	R(70)950	104.5
960	Circulation	RDS960	Clinical Circulation	R(70)960	48.6
970	Circulation	RDS970	Public Circulation	R(70)970	111.2
971	Circulation	RDS971	Clinical Circulation	R(70)971	24.7
972	Circulation	RDS972	Office Circulation	R(70)972	57.7
980	Lift 1	RDS980	Lift 1 & 2	R(70)980	5.5
981	Lift 2	RDS981	Lift 1 & 2	R(70)980	3.4
982	Lift 3	RDS982	Lift 3	R(70)982	4.4
Area Subtotal				18.2%	1093
Total Area					5689.1
Allowances (Internal Walls, Voids, Structure)				5.4%	325.9
Gross Internal Floor Area					6015

Appendix G – Design Statement at Stage 2

Eastwood Design Statement - Response to NHS Scotland Design Assessment Process

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

Essential Recommendations:

1. *We recommend that the Board satisfy themselves that :*

- *The design of the building and landscaping within the site being purchased allows sufficient flexibility and potential expansion of the service (Objective 4.4 within the SCIM Design Statement). The initial building expansion concepts (from the reference design) should be developed to include how additional parking provision can be accommodated and the whole strategy tested to ensure the qualities and functionality evident in the existing design would be maintained across the expanded development to meet the benchmarked standard of 30-50% expansion space. Alternately, a different strategy to satisfy this objective should be developed and formalised within the client body.*

Architect Response:

During the design stages future proofing of the building has focused on flexibility of the layout and standardising of consulting rooms (standard 15m² rooms for GP consulting, mental health consulting, physiotherapy, podiatry and dental). Future demand was considered as part of the briefing process and the briefed areas allow for an increase to existing services in the community and have taken into consideration a predicted increase in the elderly population.

The building layout allows some scope for expansion (adding a floor to 2 storey wing, closing off southern courtyard, adding to North West wing, adding to north east wing). The location, extent and design of any expansion would take into consideration the nature of required services (whether clinical or administrative) and the impact on parking numbers and layouts

- *Appropriate privacy can be afforded to the consulting rooms to the rear of the building. The section, considering levels and landscaping to the rail line, should be developed to test likely overlooking from trains, and the window and landscaping design developed to mitigate identified issues.*

Architect Response:

The railway line is approximately 20m from the building footprint and is elevated 4m above the ground floor of the building. The railway bank is heavily wooded and this planting is being supplemented by new tree planting as part of the proposals. All consulting rooms will be fitted with blinds for occasions when a high degree of privacy is required.

- *travel distances to WCs on the upper floor are appropriate for all staff. We understand that the upper floor plan is being developed to reduce the issues identified in the submitted proposal.*

Architect Response:

WC provision has increased from the stage C layout and there are now 3 WC locations on the staff floor to reduce travel time (increased from 2 WC locations).



Eastwood Health and Care Centre
Stage E Report

September 2013

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The proposed Eastwood Health & Care Centre brings together a range of primary and community care services currently operated from a variety of premises across East Renfrewshire, into a single purpose built facility. The new centre will offer patients and users a range of colocated services delivered within a modern facility. The collocation of these services within the one building also enables East Renfrewshire Council and NHS Greater Glasgow & Clyde (NHS GG&C) and their staff to develop more integrated and efficient ways of delivering these services.

Existing Park and Ride facilities and a neighbourhood recycling point are to be retained on the site as part of the proposed development.

As outlined in the current Drumby Crescent Planning Brief, East Renfrewshire has a diverse population, with significant changes expected in future years. This includes an increasing older population (over 65's), which are projected to increase to a third of the population in Levern Valley and 25% in Eastwood by 2031, including a significant increase in the numbers of very elderly.

As a consequence of this, it is also expected that there will be an increase in the number of elderly households living with a disability or long-term illness. Physical disability is more prevalent in East Renfrewshire as a result of the ageing population, but the needs of children and younger people with disabilities, as well as adults with long term conditions, also need to be addressed.

This has an impact on the type of facilities that will require to be provided in future years. A new modern health and care facility will assist with meeting health needs of all groups and in particular address the needs of an increasingly elderly population.

The following document sets out the design proposals at RIBA Stage E prepared by Gareth Hoskins Architects on behalf of Hub West for the design of the new Health & Care Centre on the former Isobel Mair School site at Williamwood.

Gareth Hoskins Architects
September 2013

Architect

Gareth Hoskins Architects

Landscape Architects

Harrison Stevens Limited

Structural, Civil and Environmental Consultants

Morgan Sindall Professional Services

M&E / BREEAM Engineer

Wallace Whittle

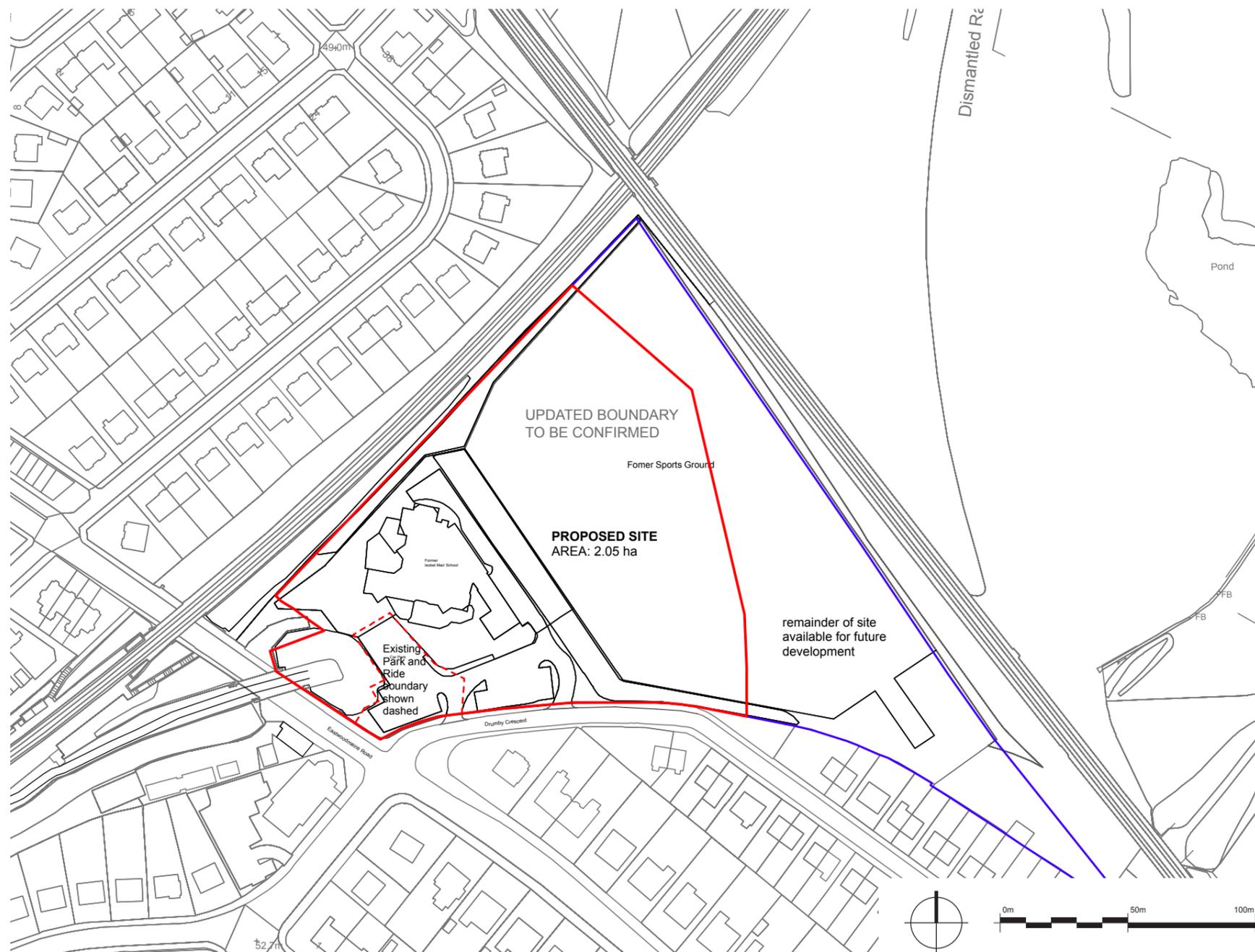
Quantity Surveyor & CDM Coordinator

Thomas and Adamson

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SITE LOCATION



2.1 Location

The site is located at the junction of Eastwoodmains Road and Drumby Crescent, Clarkston. The wider site is a triangle of land bounded by the Glasgow to Neilston railway to the north west, the Glasgow to East Kilbride Railway to the north east and Drumby Crescent and a short stretch of Eastwoodmains Road to the south. There is a small bite from the site on the south west corner that consists of two lots, one is privately held and no owner can be identified for the other.

The site for the proposed health centre occupies approximately 2.05 Ha on the south western corner of the site with the remainder available for future development.

1: Location Plan: Scale 1:2000



2.2 Description

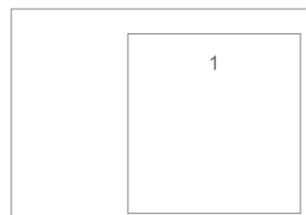
The proposed site opens primarily onto Drumby Crescent, with a smaller street presence onto Eastwoodmains Road. Good visibility of the site is obtained from the intersection between Eastwoodmains Road, Seres Road and Drumby Crescent.

The site rises from Eastwoodmains Road along Drumby Crescent to meet the existing car park entrance and the site of the former Isobel Mair School. A steep grass embankment divides the site to the rear of the existing school building. This embankment rises sharply, around 4 meters, and then forms a plateau containing disused playing fields formerly used by Williamwood High School.

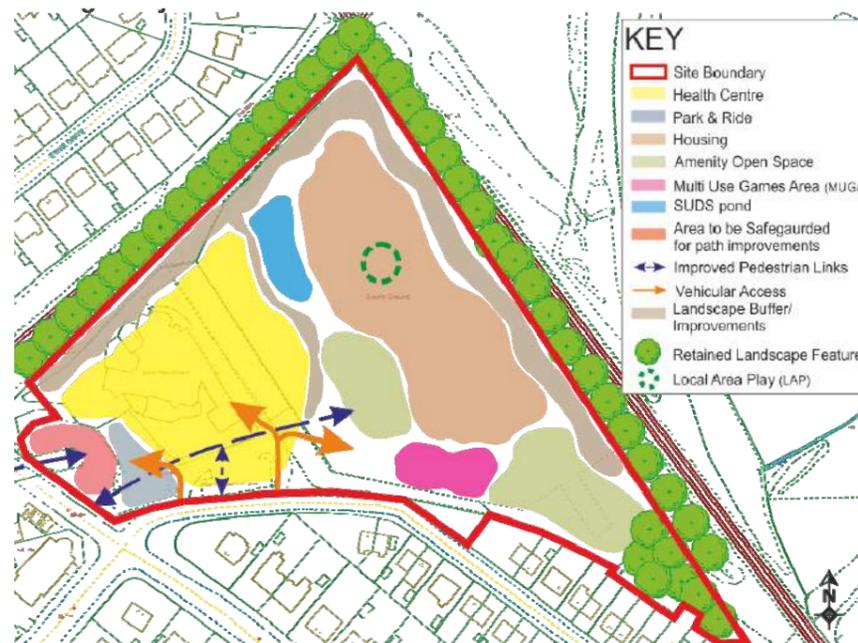
A strip of mature trees surrounds the site along its North East and North West edge with an area of trees also providing screening from Drumby Crescent to the South. There is a cluster of tree in the south eastern corner of the wider site - outside the boundary of the proposed health centre.

To the South and across the railway to the North West the site is bounded by low rise residential areas. Beyond the railway to the North East a forested area forms an edge to the Williamwood Golf Course.

The site also contains an existing operational Park and Ride facility for Williamwood station operated by East Renfrewshire Council and a neighbourhood recycling point. These facilities are to be relocated and retained within the proposed development.



1: Site Aerial Image



4.12. Policy M5: Drumby Crescent

4.12.1. The Council will support proposals for the development of a mixed use healthcare centre and housing development of the site, alongside the retention of the existing park and ride facility as shown on the Proposals Map. Appropriate development will be supported in accordance with Policy M1, to be defined further through the preparation of a comprehensive development brief.

Figure 10: Policy M5, Drumby Crescent

2.3 Planning and Design Guidance

East Renfrewshire Local Development Plan

Policy M5 is outlined on the facing page and identifies that the council will support proposals for a health and care centre on the site alongside the retention of the existing park and ride facility. Policy M5 also identifies that a planning brief will be prepared for the site.

Drumby Crescent Planning Brief

A planning brief has been prepared for the site by East Renfrewshire Council. The brief identifies the site as being proposed for a mixed use development that meets the following objectives;

- A building of approximately 6500 m² consisting of a health/care centre and associated parking on the former Isobel Mair School site and a section of the former playing field site. The Health Centre should have a high quality design. Opportunities to provide a combined health and community facility should also be investigated;
- Development of approximately 30-40 residential units comprising a mix of house types and tenures, including affordable housing, on the former playing field site;
- Retention/integration of the existing natural landscaping and boundary vegetation;
- Formation of habitat enhancements to strengthen and improve ecological networks;
- Pedestrian links creating a strong permeable network between the Health Centre and housing areas and out with the site to Williamwood Train Station and the adjacent residential areas;
- Creation of a strong public realm through the layout design and open space provision across the entire site including children's play facilities and other amenity open space; and

- Retention of the existing car park/park and ride parking provision. Opportunities to improve this resource should also be investigated. The proposals are strongly aligned with the Health Centre aspirations of the planning brief.

Designing Places

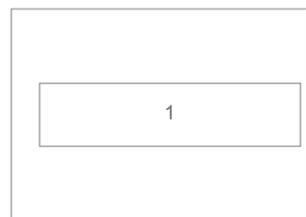
The principles outlined in *Designing Places* have been incorporated into the design process for the proposal. More explanation of the six qualities identified as integral to creating successful and sustainable places – identity, safe and pleasant spaces, ease of movement, a sense of welcome, adaptability and good use of resources – can be found in this document.

Designing Streets

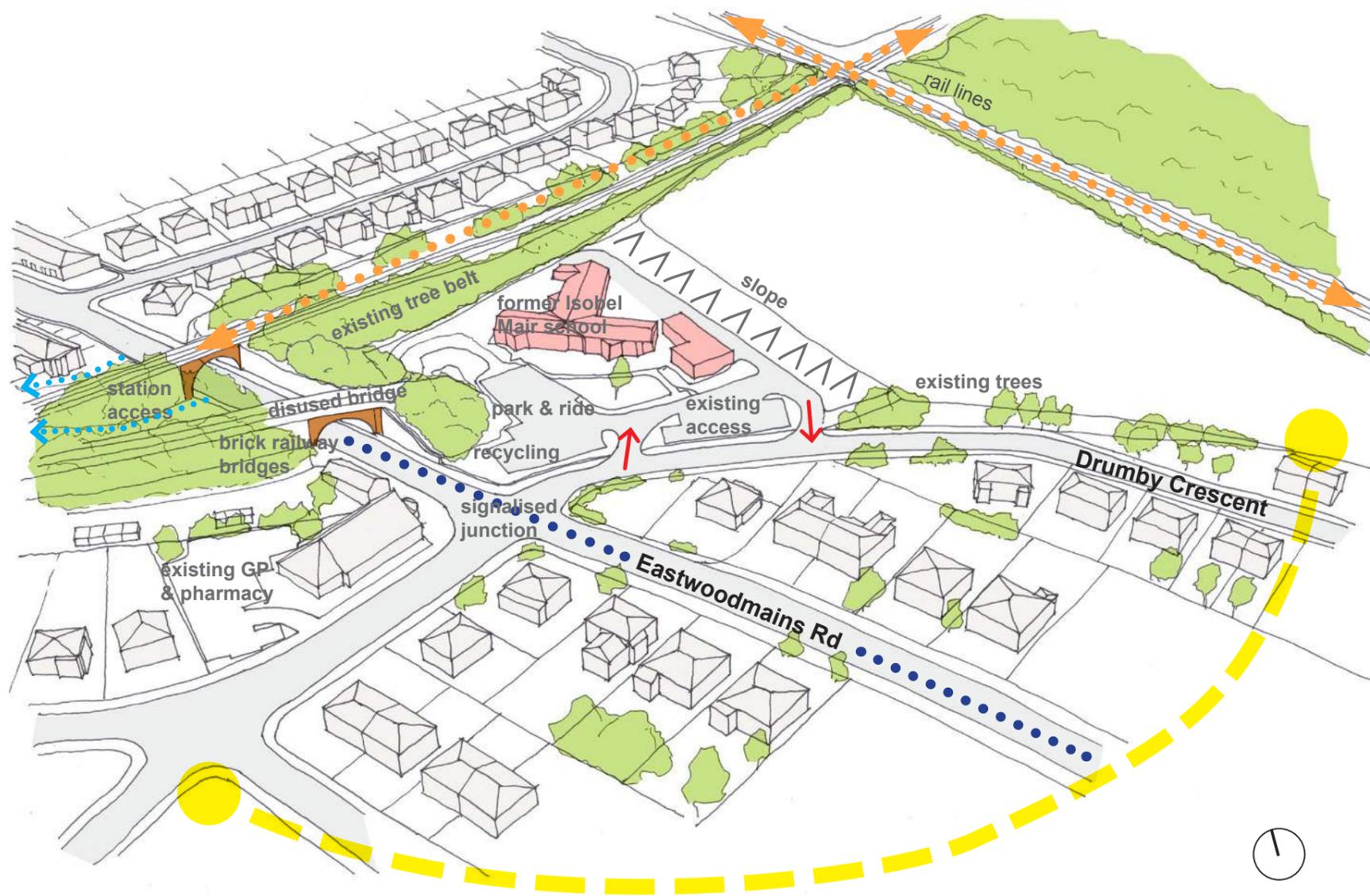
While the proposals do not include adoptable roads the principles of *Designing Streets* including the hierarchy of movement emphasising pedestrians and cyclist over cars have been integral to the proposed site layout and strategic planning of the proposal.

1: Design Objectives - Drumby Crescent Planning Brief





1: View of site from junction



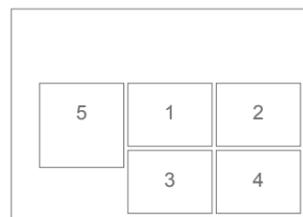
2.4 Site character, opportunities and constraints

- The site has a relatively short street frontage on Eastwoodmains Road which is screened on approach from the west by the two railway bridges and steep banking
- The park and ride and recycling located on the site are to be retained but relocated to a less prominent location
- On the west and south edges of the site there are semi mature trees on railway banking offering the potential for a green outlook and backdrop.
- The disused railway bridge forms a constraint. The possibility of a pedestrian connection across it has been investigated and ruled out due to the site impact of providing accessible access and risks associated with uncertain ownership and funding and maintenance of any proposed works.
- The surrounding streets are primarily residential with a mix of detached and semi detached houses and bungalows and the siting of new building should respect their scale and preserve privacy
- The site has a large south facing aspect, maximising opportunity for the utilisation of natural daylight and solar gain.
- The self seeded tree belts along the railway embankments form a green backdrop to the site, the acoustics of passing trains needs to be considered.

1: Site Analysis Diagram



Site Photographs



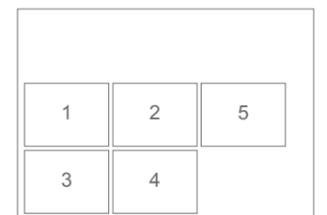
- 1: Elevated view over site from railway embankment
- 2: Slope across site
- 3: View across park and ride to recycling
- 4: View across playing fields
- 5: Location Plan



Views to and from Site



- 1: Elevated views over Williamwood
- 2: Existing GP and pharmacy across Eastwoodmains Rd
- 3: Views to site from elevated position on Eastwoodmains Rd
- 4: Views to site from Drumby Crescent
- 5: Location Key

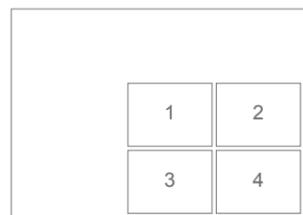
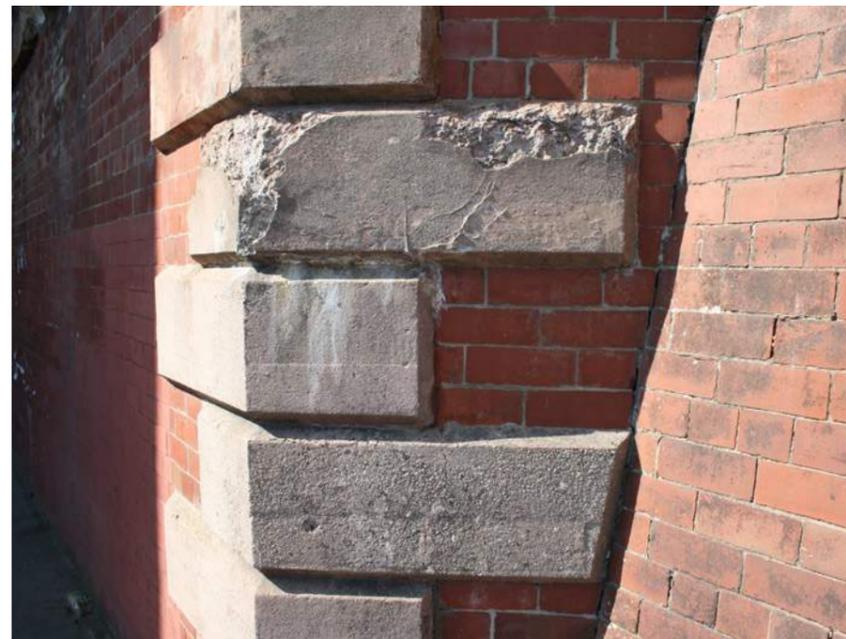


Surrounding Materiality

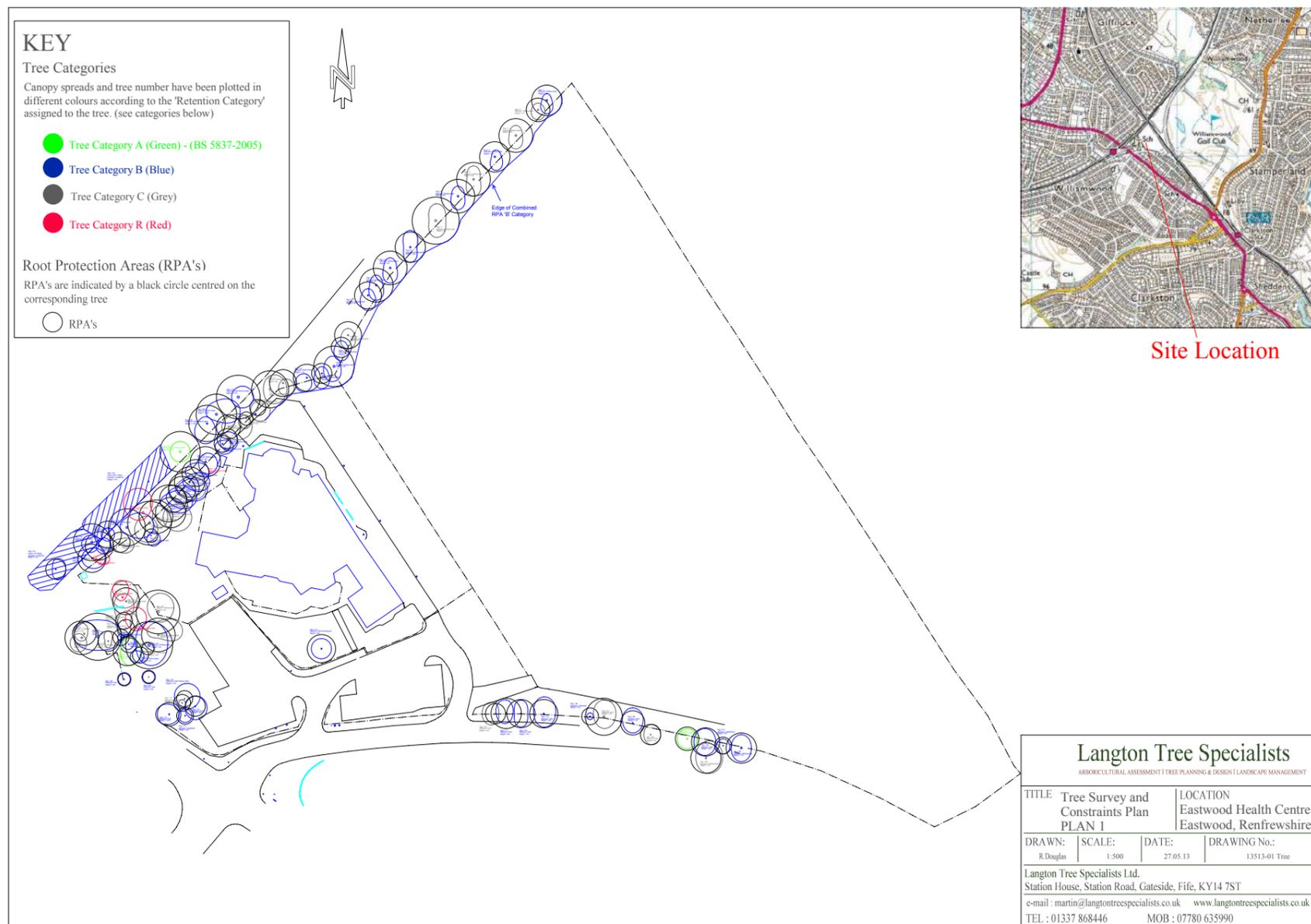
There are several elements of the surrounding area that combine to form the character of the area. In addition to white render houses red terracotta roofscapes and the red brick railway bridges form a rich palette, counterpointed by the strong landscaping edges and street trees defining local routes.

The railway bridges use a distinctive smooth faced brick with narrow mortar courses and header rows every 5 courses. Weathering over time has introduced a more varied tone across the surfaces of the bridge.

A Tree Survey has been carried out to identify significant trees on the site and make recommendations for the improvement of the tree belts.



- 1: Railway Bridges
- 2: Green backdrop along embankments
- 3: Detail of rail brickwork
- 4: Street trees define routes



Consultation Summary

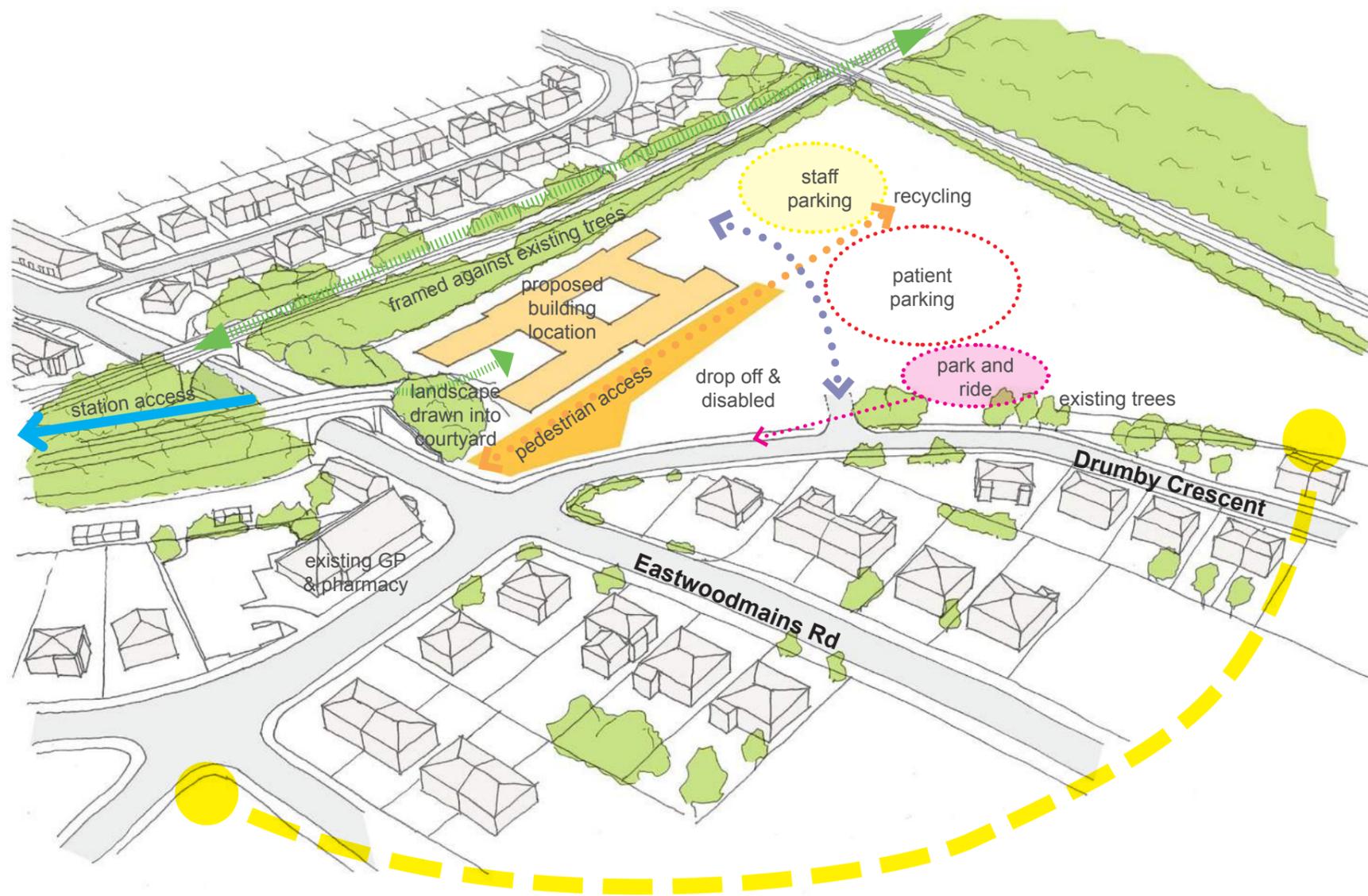
A extensive process of consultation has been carried out, both as part of the development of the planning brief, with the varied health stakeholders to develop an appropriate facilities and with the immediate neighbours and local community. A summary of the key consultation events is noted below :

- 25-03-2013: Stakeholder engagement meeting to go through updated proposals
- 28-03-2013: Pre-application Meeting with ERC Planning & Roads Department
- 17-04-2013: Drumby Crescent Residents Event
- 01-05-2013: Community Council Event
- 09-05-2013: Open Public Event
- 14-06-2013: Strathclyde Passenger Transport Meeting
- 19-06-2013: Drumby Residents Event

More detailed information on the contents and outcomes of these consultation activities is available in the Pre-Application Consultation Report which will be submitted with this Design and Access statement.



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3.1 Site Strategy

- The building is located at the south west corner of the site, adjacent the railway bridge and Eastwood Mains Road with good solar orientation
- The building has a strong street presence allowing building users to clearly see the building and main entrance from Eastwood Mains Road
- A new public space forms an arrival area for people coming by foot or public transport
- There is a single entrance for the public
- Car parking is accessed from Drumby Crescent with a separate drop off and disabled parking zone immediately in front of the building
- A separate controlled entrance for staff and deliveries is located at the rear of the building
- The building responds to the context by drawing the landscaping into the courtyards and framing the building against the existing tree lines

Site Strategy Diagram



1: Site Strategy Diagram



Traffic Impact Assessment

Dougall Baillie Associates (DBA) were appointed to undertake a Transportation Assessment (TA) of the Eastwood Health & Care Centre proposed by Hub West Scotland at Eastwoodmains Road. Allowance was also made for a residential development on the land adjacent to the Health & Care Centre site. A copy of the assessment is to be submitted separately but the key points can be summarised as follows:

- The development site is highly accessible by a wide range of sustainable travel modes, and it is expected that non-car modes will account for a significant proportion trips to the proposed development.
- Accessibility of the development site by sustainable travel modes has been considered in its design, and the site layout and facilities are intended to encourage the use of non-car modes through the directness and attractiveness of links from the development to local transport facilities.
- A Travel Plan will be introduced as part of the development, which will encourage the use of non-car modes by visitors to and staff at the proposed development. The plan will be fully implemented and monitored, with annual reports being available highlighting the take-up of non-car modes and the measures implemented to maintain and increase sustainable travel choices.
- The design of the development incorporates provision to maintain existing park-and-ride and recycling facilities on site, and the demands associated with these facilities are accounted for in the assessment.
- Junction analysis confirms that the traffic predicted to be generated by the proposed development can be accommodated at the signalised junction of Eastwoodmains Road, Drumby Crescent and Seres Road, with an adjustment to the existing signal timings.
- The priority junctions of Eastwoodmains Road with Drumby Drive and Drumby Crescent are shown to operate reasonably efficiently, although some vehicles existing the side road can experience significant delays.
- From the surveys, observations and analysis carried out in this assessment, there is no evidence to indicate that any significant traffic flow would use Drumby Crescent (to the south-east of the development access) or Drumby Drive to travel to and from the proposed development, or that there would be any advantage to development traffic for it to do so.
- Assessment of car parking standards, and the provision proposed for the development confirms that the proposals comply with Council maximum parking standards. Appropriate provision is made for disabled, parent-and-child and park-and-ride parking, as well as cycle parking for both visitors and staff.

Car Park Numbers

Patient & Staff	208
Parent & child	22
Disabled	20
Total	250

Park and Ride

32

Cycle Parking

1 space per 8 car parks

Staff	Covered Secure bike store at staff entrance	8
Visitors	Sheffield racks at main entrance	24
Total		32



1: Parking Summary



3.2 Site layout & Organisation

The proposal locates the building at the south west corner of the site, adjacent to the railway bridge and Eastwoodmains Road. This location allows the new Centre to have a presence onto the main street allowing users to clearly see the building and main entrance whilst also being set back as far as possible from the adjacent residential properties to minimise issues of proximity or overlooking. A new public space is formed next to the road. This new space forms an arrival area for people coming by foot or public transport and again, helps highlight the presence of the Centre onto the main street. A clear paved route runs between this arrival space, the new Centre and the parking allowing easy access for all.

Car parking is accessed from Drumby Crescent with drop off and disabled parking areas immediately adjacent to the main entrance. The main parking areas are on the right hand side of the access road and natural divide into a public zone close to the public entrance and a staff zone adjacent the staff entrance. This staff parking area allows staff to enter the Centre directly from the car park via a discrete controlled entrance, giving access to a staff arrival area and dedicated stair and lift. Service deliveries are also located at this north edge of the building, away from the public drop off and entrance, linking directly into the service lift and building management and FM areas. These 2 arrival points, 1 for the public and 1 for staff, also allow emergency vehicles discrete access to the new Centre.

Park & Ride spaces are provided at the South East corner of the site for Williamwood train station on Eastwoodmains Road. Clear signage and coloured paving delineates this from the Centre parking allowing easy access for commuters around the perimeter of the site.

The orientation presents good opportunities for solar access, which will be combined with carefully considered shading to provide optimum comfort levels. The central atrium will utilise stack effect ventilation to draw air through the building.



1: Proposed Site Plan

Scale and Form

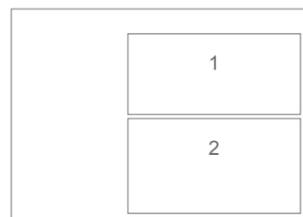
On approach the building presents itself as a 2-3 storey building with the main entrance clearly visible. The disabled parking and drop off zones are integrated with generous landscaped areas to avoid the approach being dominated by a sea of car parking. The bulk of the car parking is to the far side of the building.

The form of the building is modelled and split at different levels to reduce the impact of what is a relatively large building and create a more human scale within this predominantly residential area.

The building is set against the mass of the railway embankment and disused railway bridge to reduce the apparent scale.

The introduction of open courtyards further reduces the mass of the building providing depth and relief depending on the approach angle.

The key eastern elevation is modulated by the introduction of timber cladding softening the pedestrian approach and providing articulation and depth to the upper levels.



1: Massing and scale from Eastwoodmains Rd
2: Massing and scale from Drumby Crescent



The roof is kept as low as possible with an angled overhang introduced to further articulate this facade, emphasise the main entrance point and provide shading to the south facing glass.

A brick wall to the pedestrian approach picks up the form of the railway bridge and pulls the building into it contextualising the mass of the building. The line of this wall extends as a surface along the pedestrian approach and picks up the projecting single storey element and key pedestrian route into the car park, and possibly on to future development on the remaining site.

Site Layout Diagram

1: Massing proposal



External Details and Materials

External materials

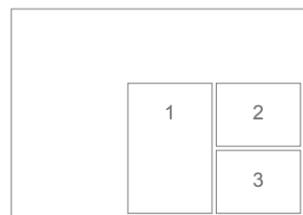
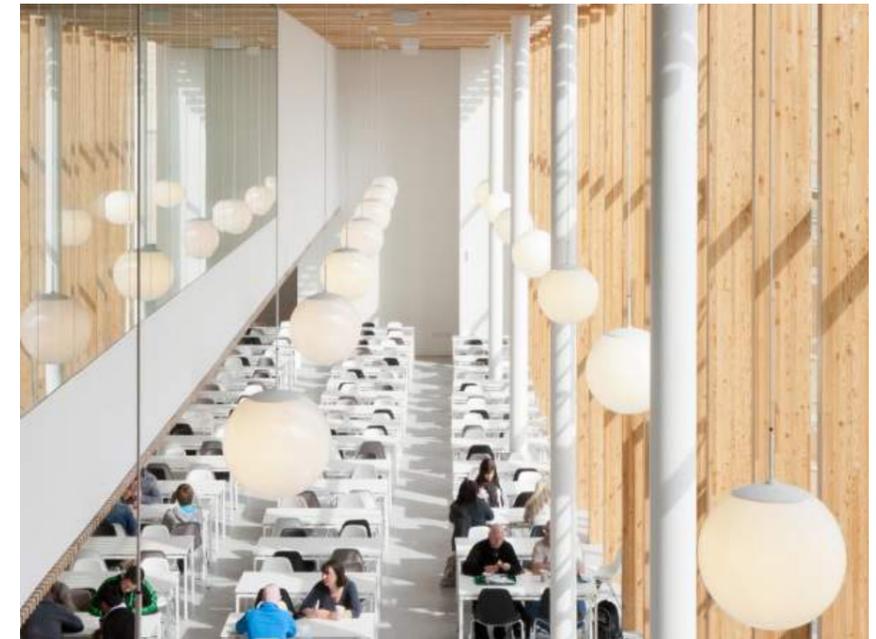
The design proposes the use of facing brick for the new centre both to tie in with the architecture and material of the adjacent Victorian railway bridge and to give the building a robustness and sense of civic permanence.

Brick is a durable material that ages well, and offers great scope for variation in texture. A range of brick colours and textures have been explored with the final selection to be confirmed. Areas of perforated brick and contrasting coursing with projecting bricks providing shadow and detailing are to be included in key areas. It is intended to involve the project artist in the development of this detailing.

Windows within the brickwork are proposed as punched openings with deep reveals and simple glazing pattern - a clear fixed panel with an inward opening light adjacent protected by a timber louvre.

Additional panels of untreated timber cladding add relief to the brick facades and are generally located in sheltered locations protected by soffits or as panels within the curtain walling system. The timber would be detailed to weather naturally without ongoing maintenance or treatment and where installed as louvre panels add a filigree texture to the facade while allow for ample levels of natural ventilation.

Composite timber/aluminium curtain walling is proposed to the atrium and key public areas with laminated timber used internally and a dark anodised or powder coated finish to the external aluminium caps.



- 1: Investigating brick options
- 2: Jordanhill school louvered opening light windows
- 3: Composite curtain walling



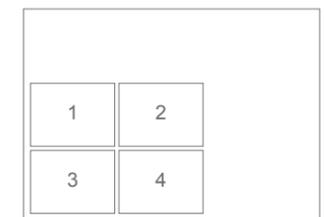
Window frames are to be recessed behind the brick or timber reveals where possible - to assist the thermal performance and provide a clean finish. Windows will have the same colour of aluminium outer facing as the curtain walling system.

Angled timber pods to the Podiatry room located along the pedestrian access route provide depth and variation to this approach whilst retaining privacy for patients with without compromising daylight levels.

The strong presence of the brick exterior of the Centre combined with the landscaped public routes and approaches all contribute towards making a regenerated area with a real sense of place around the focus of the station.



- 1: Material Context - Red Brick Railway Arches
- 2: Material Pallet - Facing Brick with timber detail infill
- 3: Material Precedent: Brick with timber infill
- 4: Material Precedent: Punched Brick opening and timber curtain wall panels



3.3 Building Layout and Design Development

The Centre is designed to provide clear orientation, wayfinding and ease of movement throughout for both members of the public and staff.

The building is organised over three floors arranged around two external courtyards, one fully enclosed and the other open towards the trees along the southern boundary of the site. These courtyards allow a high level of natural daylight and ventilation through the entire building and create an efficient organisation and ratio of floor to wall area for a building of this type which, with its large number of small cellular service delivery rooms, requires a considerable number of windows and external wall.

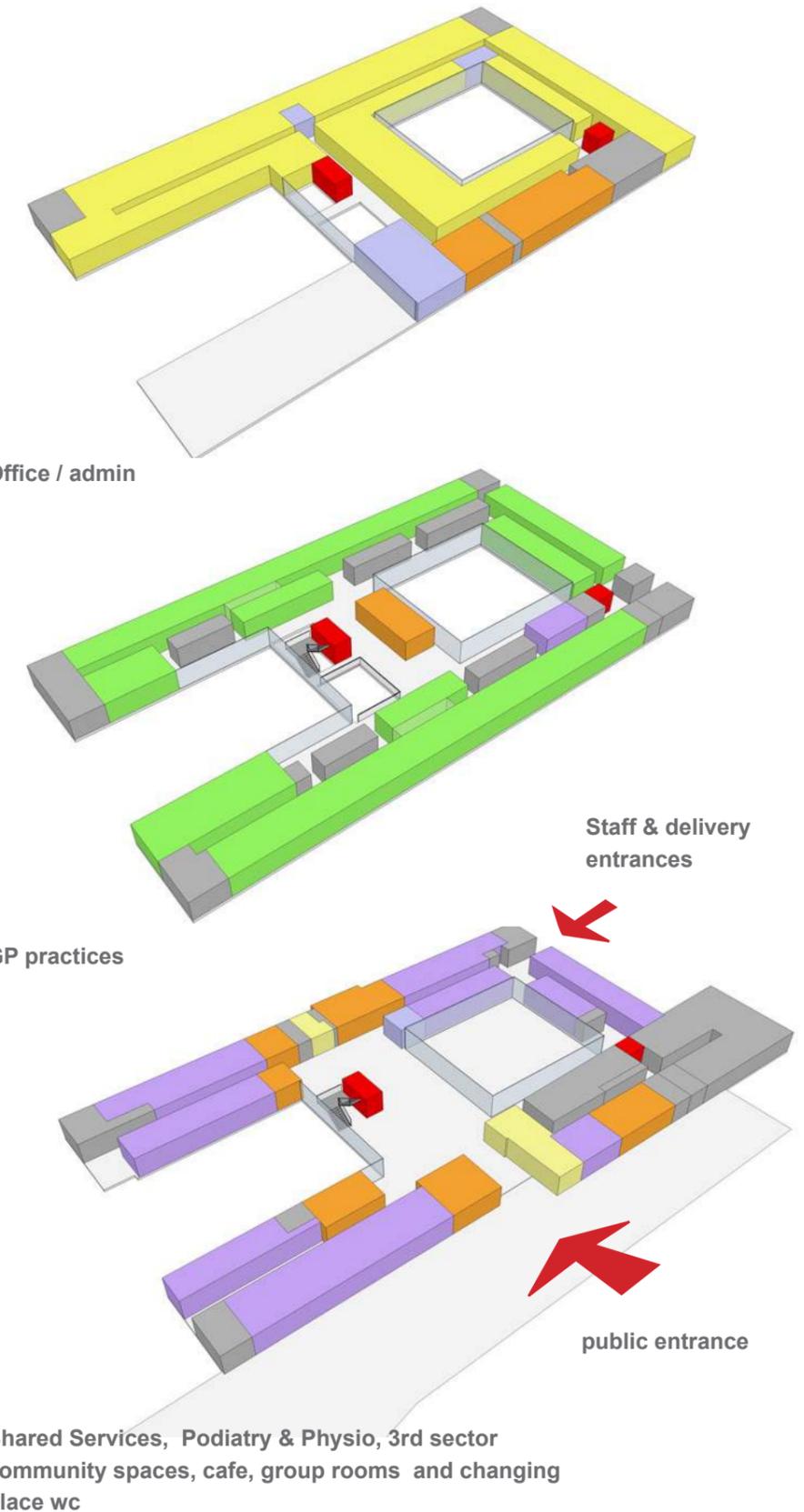
The accommodation and services are clearly grouped across the building and accessed via a central public stair and lift that rise from the main arrival space through a three storey void allowing an ease of wayfinding and clear views between the different levels of the Centre. Public access and services are contained on the ground and first floors with separate staff accommodation located on the topmost floor.

The ground floor accommodates a series of bookable rooms providing a variety of clinical and support spaces of differing sizes to support services ranging from physiotherapy and podiatry through to mental health and children and families sessions. These clinics are organised around a central arrival space looking out onto both courtyards and allowing options as to the number and size of clinics that might be run at any one time. This central space also contains the main building reception, cafe, information and group areas supporting a range of third sector services and creating a controlled area and variety of facilities to encourage various out of hours community use. A controlled staff and service area for deliveries and plant is located discretely at the rear corner.

The first floor groups together the GP practices within the Centre together with a suite of shared, bookable consulting and meeting spaces. These are again organised around a central arrival space with views out to the courtyards that allows patients to orientate themselves and clearly see the reception points for each of the GP practices. Discrete waiting areas are arranged adjacent to each of these receptions with further shared waiting for busy periods located in the central space.

The second floor accommodates the main staff workspaces and shared accommodation. This upper floor is accessed either via the (fob controlled) personnel stair and lift rising up from the main ground floor arrival space or via the dedicated staff entrance from the parking at the north corner of the building. The shared meeting, staff room and library spaces are located between both these points of arrival allowing ease of access by staff working on the other floors of the building as well as those working in the adjacent office areas. The office areas provide a combination of different types of workspace ranging from open plan groupings of desks to more informal counter style hot desk and group areas. These open plan areas are subdivided into groups by 'pods' providing either small contained office spaces or spaces for meetings or phone calls requiring a greater level of privacy. These groupings of workspaces cater for both permanently based office staff and the agile working patterns of the peripatetic staff.

All spaces and rooms have outlooks either to the outside of the Centre or into one of the two external courtyards allowing natural daylight and ventilation throughout. The first and second floors of the building are organised into banks of rooms of a repeating module arranged around a clear circulation route, giving flexibility in terms of the future organisation and scale of clinics and practices whilst the contained pods on the second floor can be repositioned to provide different configurations and scales of office space.



1: Layout strategy



3.4 Internal Quality

Central to the design of the new Centre is creating a clear and pleasant environment for people using the different services within the building – a place that is bright, welcoming and easy to find your way to and around.

Members of the public coming to the new Centre enter the building via a single public entrance fronting onto the new public space. Whether arriving by foot, public transport or car, this main entrance to the building is clearly visible, with the new public space forming a safe pedestrian approach from both Eastwoodmains Road or the public car park.

Just inside the main entrance to the new building is the Centre Information Point providing information and directions to the different services operating from the Centre. This Information Point opens onto a central arrival area around which all the ground floor clinics and facilities are grouped and from which the main public stair and lift leads up to the public floor above allowing members of the public to be clearly directed to the particular service they are attending. The public stair and lift sit within a full height space allowing people to see between the different public levels and to see where they are going. The stair and lift arrive at another central orientation space on the first floor around which the different GP practices and shared spaces are grouped. Like the ground floor arrival space, this first floor space looks out onto the building's external courtyards allowing daylight to flood into these spaces and people to clearly orientate themselves no matter which floor they are on.

On both public floors, reception areas for each of the different clinics and practices face onto the central orientation space allowing people to clearly see where they are going and staff at these receptions to monitor members of the public. Waiting areas with good daylight and views to external spaces are



1: Ground Floor Atrium Visualisation.



situated adjacent to these receptions allowing people to wait close to the clinic they are attending. The waiting areas are located to minimise the journey via corridors, which are punctuated by feature windows with external views, to the consulting or interview rooms. At busy periods further overspill waiting areas are provided within the central spaces whilst a cafe at ground floor provides refreshments and an alternative area for people accompanying patients or attending for longer sessions.

The courtyard spaces at ground floor present the opportunity both for external space for the public or for sessions and activities being delivered through the Centre. The courtyards, the central arrival space, cafe and the facilities grouped around these provide the opportunity for the Centre to support a range of community activities beyond core clinical or service hours.

Accessibility

The entire Health Centre site is to be accessible, with steps and ramps avoided. The designing for streets hierarchy has been adopted prioritising pedestrians over vehicles. A shared surface area directly in front of the building provides patient drop off and disabled parking facilities, with level access to the building. Across the remainder of the site dropped kerbs and legible circulation routes will assist wayfinding. Disabled and parent and child parking in excess of the required ratios is to be provided acknowledging the profile of visitors to a health centre. Courtyards will be accessible with durable paths provided.

All levels of the building are to be fully accessible with lift access, appropriately distinctive finishes, clear wayfinding and induction loops at reception points. The fire strategy for the building proposes evacuation lifts to allow for dignified evacuation for less mobile occupants. A changing place WC with radar key access is to be provided on the ground floor.



2: First Floor Waiting Area Visualisation.



Sustainability

Gareth Hoskins Architects believes that good design should be inherently sustainable. The Royal Incorporation of Architects in Scotland Environmental Policy describes this as “maximum architectural value: minimum environmental harm”. Economic, social and environmental sustainability are key drivers in developing our designs. We eschew unnecessary technological fixes in favour of eco-minimalist solutions which work socially and financially. A more detailed explanation of the technical aspects of the building’s environmental performance is available in Wallace Whittle’s Stage E Report.

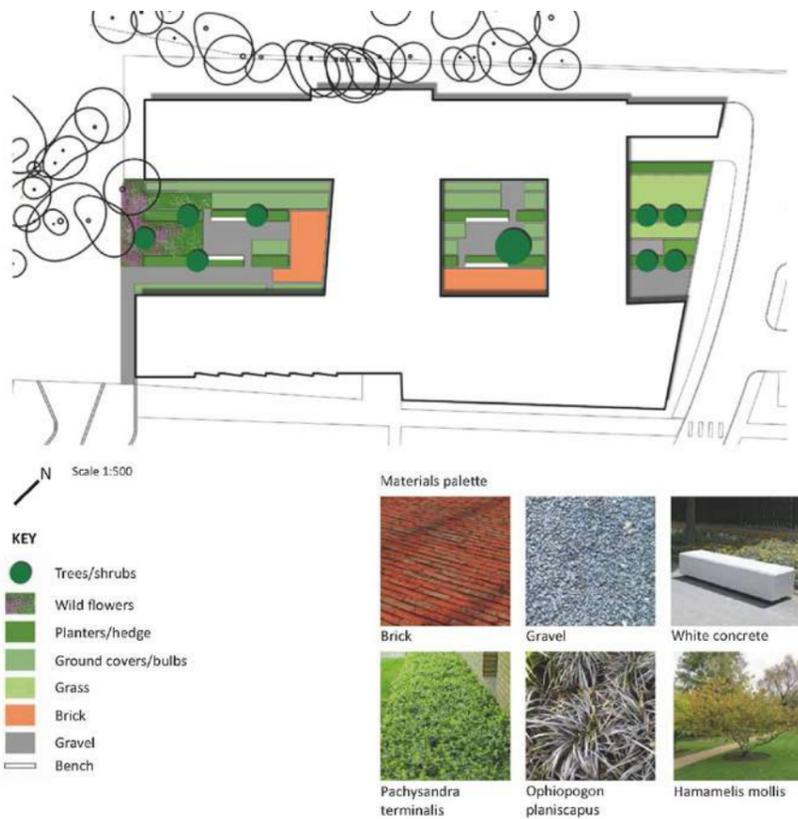
We have taken a fabric first approach to the proposal with a highlight airtight well insulated envelope, with carefully considered glazing reducing the heat and lighting energy demands dramatically. A naturally ventilated solution has been developed, allowing users a high degree of control over their environment. Energy efficient equipment is then deployed to ensure efficient operational energy use which we are proposing to supplement with solar photovoltaics to further reduce to overall energy consumption of the project.

Wherever possible we are specifying durable low impact materials, preferably from recycled or rapidly renewable sources. Low VOC materials will be specified internally to maintain a high standard of indoor air quality. As a measure of holistic sustainability the building is targeting a BREEAM Excellent rating.

3: Second Floor Agile Working Visualisation.







3.5 Landscape

Landscape Principles

The landscape proposals for car parking, public realm, the boundaries and the courtyards are based upon 5 key principles:

1. to create safe, attractive, fully accessible and easily orientated functional open space, through a landscape structure which defines and connects these spaces.
2. to ensure that ongoing maintenance is minimised through appropriate planting and species selection
3. to provide an appropriate civic frontage to a key public building reinforcing links into the existing community and network of streets, cycle paths and footpaths.
4. to define the site boundaries to existing residential and infrastructure boundaries providing screening and definition where desirable, including retention of existing trees where possible.
5. to provide a setting for the building while creating a series of unique spaces which respond to the building's geometry and the internal building use

These 5 principles are upheld in the approach to the key areas of the landscape proposals:

Boundaries

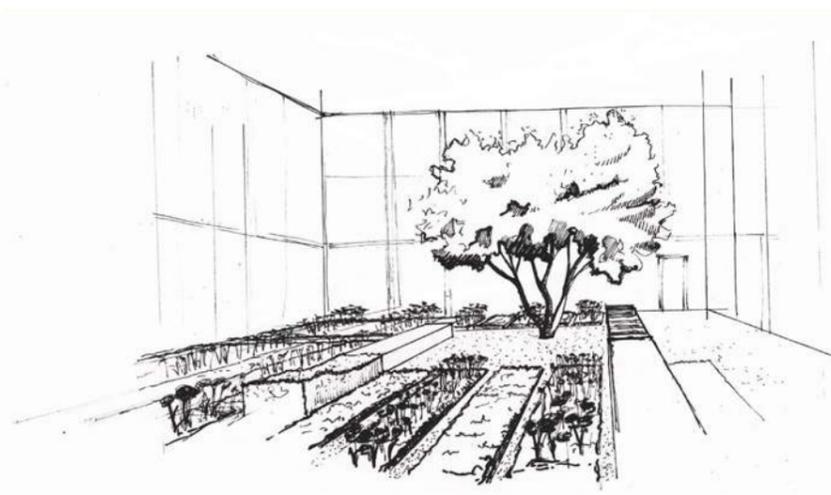
- The existing trees to the Drumby Crescent frontage are to be retained where recommended through the Arboriculturalist tree survey. These will provide a degree of screening and consistency to the public frontage.
- The self seeded scrub and trees on the railway boundary not only provides a backdrop for the building but also acts as a valuable wildlife corridor. The existing trees will be retained where possible and where not, replacement native species trees are proposed to strengthen the

boundary. The scale of this woodland provides an appropriate level of screening from the railway as well as ensuring the building when viewed from the south east is set against a wooded/green backdrop.

- To the north boundary onto the existing school playing field the site is gently graded up to meet the existing levels and is left open to encourage movement across the site and provide future links to housing proposals.
- To Eastwood Mains Road boundary a new public space is created to improve connections into the community and offer a suitable civic approach to the health centre.

Public Realm

- The public plaza created at the frontage to Eastwood Mains Road provides a quality space engaging with the street, routes to the railway station and the GP centre on the opposite side of the road. The public space is defined to the North West with a brick wall and centre signing which extends the building materials onto the public frontage and ties into the existing brick abutments to the railway bridges to the north. To the north east a raised planter with birch trees provides shelter and punctuation to the adjacent parking areas. The levels leading up to the main entrance offers an opportunity to divide the paving with channels which express the gradient and reflect pulse traces. These traces are extended up the adjacent brick wall and are carried onto existing levels along the existing public footpath.
- An environmental art strategy is integrated into the public realm through graphic signage and inset paving materials. These elements are designed into the public realm spaces as integrated sculpture, seating, signing, and walls. The form and location of the public art has yet to be determined. A public art consultant will be appointed to engage



Sketch view of the central courtyard looking north

1: Facing Page: Courtyard Rendering, integration of landscape and architecture

the community in an arts programme, working closely with the project Landscape Architect.

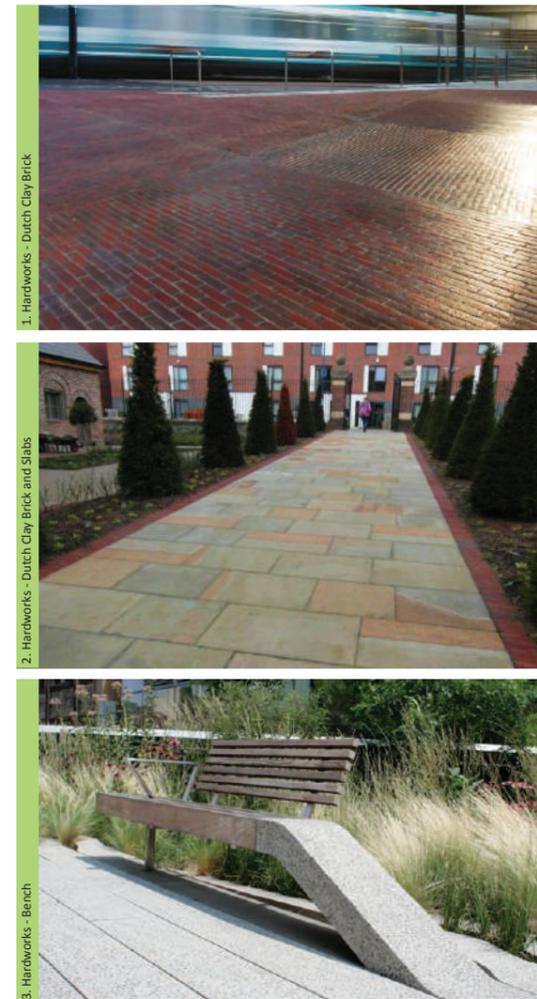
- Leading from the public plaza to the building entrance the paving extends as a wide footpath. Brick paving which picks up the building geometry is extended from the south east elevation and follows the footpath levels. This brick edge offers a degree of separation to the adjacent consulting and meeting rooms and reinforces the building alignment. 24no. visitor cycle parking spaces are accommodated within the brick paving at the building entrance.
- Elsewhere paving would clearly delineate between vehicle and pedestrian areas.
- Lighting proposals to the public realm are integrated into the paving and walls where possible. Light spill from the functional lighting column street and parking areas provide sufficient light levels in the public realm.

Courtyards

There are three secure courtyards integrated into the building form.

- The courtyards offer opportunities for community/patients planting. A healing landscape which through consultation with physiotherapy and children’s departments could be maintained as a growing concern through the health centre third sector groups.
- As the building engages with the existing landform to the west railway abutments the landscape equally flows into the courtyard, borrowing the organic form of the landscape and extruding this into the rectilinear geometry of the building. This natural geometry formalises into rectilinear shapes and patterns responding to the building as the spaces become more integrated into the building. Glazing at ground level ensures that visually the courtyards are connected and read as one space.

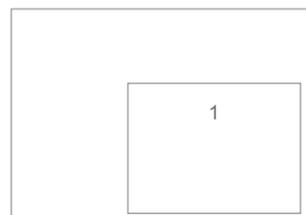
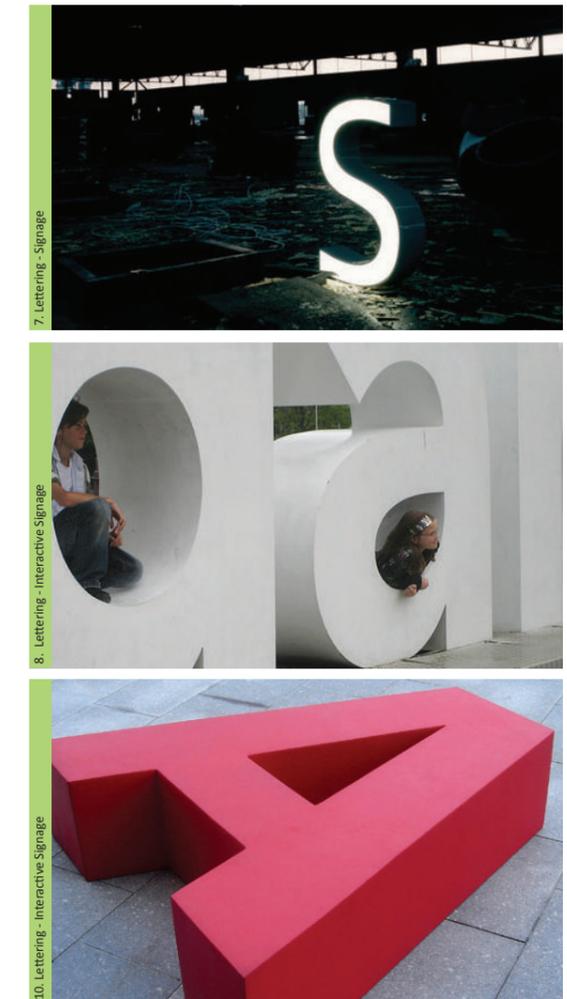
Hardworks



Courtyards



Lettering

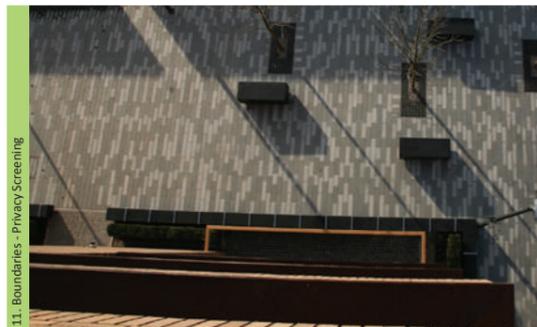


1: Landscape precedent images

Boundaries



10. Boundaries - Timber Fence



11. Boundaries - Privacy Screening



12. Boundaries - Metal Fence

Lighting



13. Linear Lighting



14. Linear Lighting

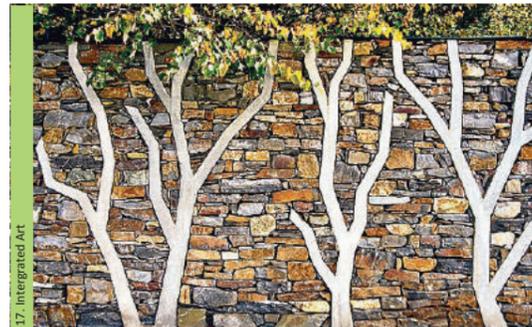


15. Integrated Lighting and Steps

Art



16. Art - Inscription in Paving



17. Integrated Art



18. Integrated Art

- The spaces offer a colourful, attractive and bold form to be appreciated from the floors above.
- The south west courtyard borrows existing levels with slopes and native trees running into the space. Planting to the building facades offer privacy to the consulting rooms at the ground floor. The cafe terrace offers a formal embrace with the building to the north end of the courtyard.
- The central courtyard is fully enclosed. The formal geometry of the cafe terrace is extended into the space with linear planters and paving/decking strips which reflect the pattern of glazing and brick on the building elevation. Raised planters could be adopted by the Centre for planting and management.
- The courtyard to the north is open to the northwest and north elevations. The space will engage with the staff entrance and parking areas. Therefore the design is responsive to staff use, providing an opportunity for outdoor passive recreation. The exposed boundaries will be defined with a low brick wall and railing. The formality of the central courtyard is brought through to the space with a simple geometric form using colour and restrained material palette to express the transition from the natural to geometric form.





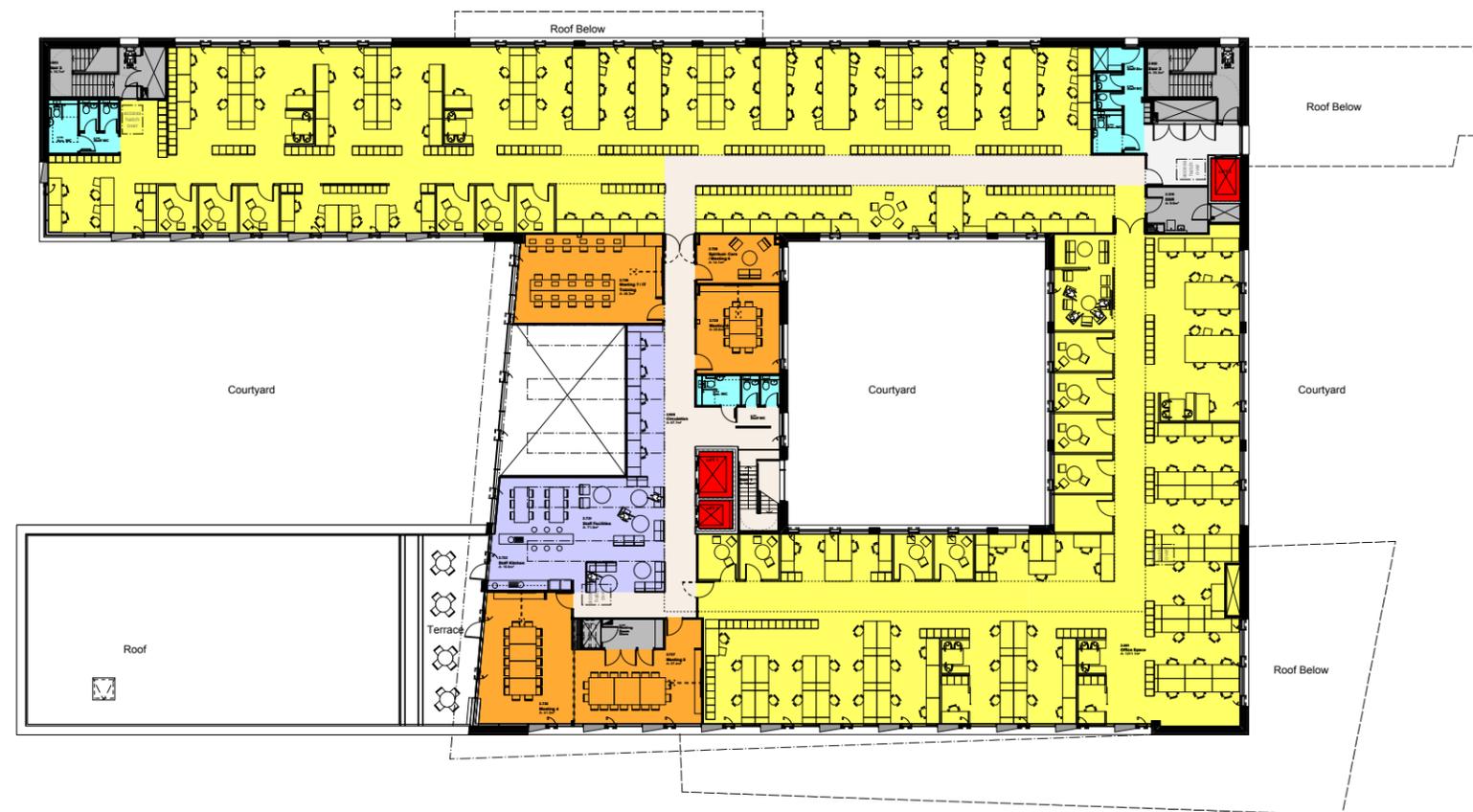
INDICATIVE EXTERIOR VIEW
FROM EASTWOODMAINS RD
3.6 Visualisation



GROUND FLOOR PLAN
3.7 Plans



LEVEL 1 PLAN



LEVEL 2 PLAN

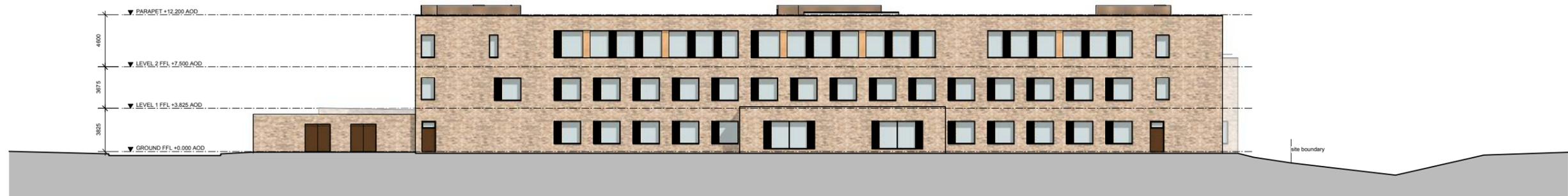
Eastwood Health and Care Centre
Stage E Report



East Elevation



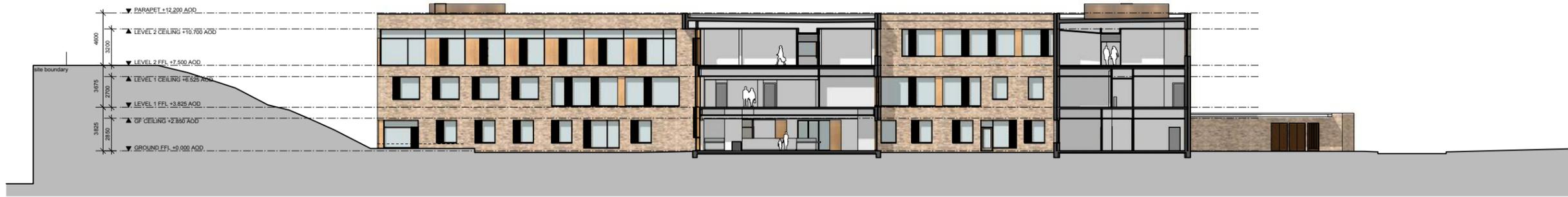
South Elevation



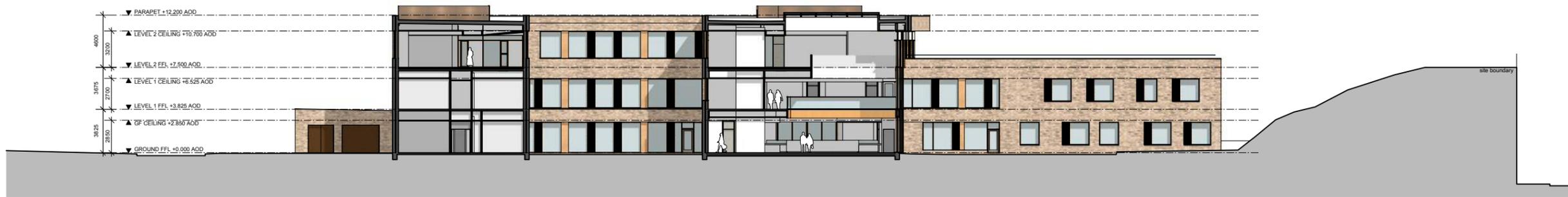
West Elevation



North Elevation



Courtyard East Elevation



Courtyard West Elevation



Courtyard North Elevation



Courtyard South Elevation

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garethhoskinsarchitects

outline specification

RHE: Eastwood Health & Care Centre - Stage E

10/09/2013

Revision: A

External Walls:

Wall Type 01 – Typical Brick Cladding:

U-value: 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(21)001

- Facing Brick: Wienerberger Smoked Yellow Multi Gilt Stock, standard cement mortart with bucket handle joints. Half lap stretcher bond with specials and pistol bricks as required. Mortar To BS EN 998-2. Mix: M4/iii.
- Slot Brick Tie System – Ancon 25/14 or equal
- Continuous Masonry Support system – CONTRACTOR DESIGN PORTION
Located at base of suspended masonry panels, cantilevering brick spandrel and level 2 window head to provide horizontal movement joint;
Ancon Optima or equal. Cavity Trays or equal integrated cavity tray
- Brick Soffit to suspended Brick Panels: Ibstock Kennington or equal Precast concrete units with pistol brick and brick slips bonded to face to provide 325 mm brick perimeter to soffit (or steel hoop supports with individual bricks). Supported from continuous masonry support system.
- DPC/Cavity Trays as required: Site formed heavy duty Polymeric DPC's
- Movement Joints: Silicon sealant to match brick colour
- Cavity Barriers – 30 min cavity closer to perimeter of cavity, floor levels and at max 20 m centres. Cavity tray located above horizontal closers.
- PIR Partial Fill Cavity Insulation: Kingspan Kooltherm K12 Framing Board, or equal, thickness as indicated on drawings, taped and sealed. Fixed to steel framing with slot tie system
- Vapour Control Layer: Visqueen Vapour Barrier or equal – taped and sealed to maintain air tightness of 2 m³/hr/m²
- Steel Framing System: 250 mm Metsec or equal - CONTRACTOR DESIGN PORTION
- PIR Insulation Between Studs: Kingspan Kooltherm K12 Framing Board, or equal.
- Internal Lining: 15 mm high impact resistance plasterboard British Gypsum Gyproc DuraLine or equal

Wall Type 02 – Typical Brick Cladding to Plant Areas:

U-value: 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(21)001

- Facing Brick: Wienerberger Smoked Yellow Multi Gilt Stock, standard cement mortart with bucket handle joints. Half lap stretcher bond with specials and pistol bricks as required. Mortar To BS EN 998-2. Mix: M4/iii.

RHE Stage E Outline Specification.doc

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- Stainless steel wall tie with insulation retaining clip
- DPC/Cavity Trays as required: Site formed heavy duty Polymeric DPC's
- Movement Joints: Silicon sealant to match brick colour
- PIR Partial Fill Cavity Insulation: Kingspan Kooltherm K8 Cavity Board or equal, thickness as indicated on drawings, taped and sealed. Fixed to masonry inner leaf with wall ties
- 140 mm common block internal lining with paint finish

Wall Type 03 – Typical Brick Cladding to External Stores:

U-value: N/A

Air Tightness: N/A

Refer to A(21)002

- Facing Brick: Wienerberger Smoked Yellow Multi Gilt Stock, standard cement mortart with bucket handle joints. Half lap stretcher bond with specials and pistol bricks as required. Mortar To BS EN 998-2. Mix: M4/iii.
- Stainless steel wall tie with insulation retaining clip
- DPC/Cavity Trays as required: Site formed heavy duty Polymeric DPC's
- Movement Joints: Silicon sealant to match brick colour
- 140 mm common block internal lining with paint finish

Wall Type 04 – Typical Timber Cladding:

U-value: 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(21)002

- Vertical Tongue & Groove Timber Cladding: SIBERIAN LARCH - SILA A/B Grade
Quality of timber and fixing: To BS 1186-3, Section 4 Class 2
Species: SILA A/B, Siberian Larch supplied by Russwood Ltd, Station Sawmill, Newtonmore, Inverness-shire, Scotland PH20 1AR, Telephone 01540 673648, Fax 01540 673661, email: mail@russwood.co.uk
Class: Class BS 1186-3 Sec. 4 Class 1. SILA A/B GRADE® Heartwood of Siberian Larch. Practically centre free, one face sap free, tight live knot structure of max 25mm in diameter; resin pockets maximum of one per 2.5m; kiln dried to 16-18% moisture content. Lengths 6.0m - 2.4m with max 5% 1.8 - 2.1m.
Soffitt Profile: RW060 Sawn Face
Finished face dimension (overall width): 142
Finished thickness: 20
Moisture content at time of fixing: kiln dried to 18 +/-2% moisture content.
Finish: natural
Method of fixing to each support:
50mm Stainless Steel Grade 304 (A2) flat head annular ring shanked nails with diffracted heads to BS1202, nailed at 600mm centres. Care should be exercised not to overdrive the fixings when using a nail gun. Nail head should be diffracted.
Secret fixing with single nails is not recommended for t&g boards because of the risk of the tongue splitting and boards springing.
- Stainless steel insect mesh at opening

- Treated softwood battens and counterbattens fixed through insulation into framing with thermally broken stand off screws
- Anolok 547 Anodised aluminium cope and flashings as required
- Cavity Barriers – 30 min intumescent cavity closer to perimeter of cavity, floor levels and at max 20 m centres. Closer to maintain min 40 mm cavity behind cladding.
- Breather Membrane: Flame retardant reinforced polyethylene, taped and sealed to provide a complete barrier to water, snow and wind blown dust. Extend membrane below lowest timber member and into reveals of openings
- Sheathing Insulation: Kingspan Kooltherm K12 Framing Board or equal, thickness as indicated on drawings, taped and sealed
- Vapour Control Layer: Visqueen Vapour Barrier or equal – taped and sealed to maintain air tightness of 2 m³/hr/m²
- Steel Framing System: 150-250 mm Metsec or equal - CONTRACTOR DESIGN PORTION
- PIR Insulation Between Studs: Kingspan Kooltherm K12 Framing Board, or equal.
- Internal Lining: 15 mm high impact resistance plasterboard British Gypsum Gyproc DuraLine or equal

Internal Partitions:

Partition Type 01 – Orange:

British Gypsum GypWall ROBUST or equal

Nominal thickness (excluding finishes): 102 mm.

- Performance criteria:

Fire resistance to BS 476: Part 22: 60 minutes.

Sound insulation: Rw 42 dB.

Partition duty to BS 5234: Parts 1 and 2: Severe.

Maximum height based on limiting deflection of L/240 at 200Pa: 4000 mm.

- Timber sole plate: 38mm (nominal) x channel width, if required.

- Framing:

Studs: Gypframe 70S60 at 600mm centres and Gypframe 70S60 at abutments, openings and junctions.

Stud boxing: n/a.

Floor channel: Gypframe 72DC60 (heights up to 8000mm), 72EDC80 (heights over 8000mm).

Head channel: As floor channel or as determined by deflection criteria.

Fixing T: Gypframe GFT1 to support horizontal joints of single layer board linings.

Fixing strap: Gypframe GFS1 to support horizontal joints in face layer of double layer board linings, or as an alternative to fixing T for single layer board linings.

- Head condition: Suitably fixed up to structural soffit.

Deflection allowance: To be determined by a Structural Engineer.

- Lining: One layer 15mm Gyproc DuraLine sheet width 1200mm, to both sides of framing.

Fixing: As clause 591A.

Screws: 25mm British Gypsum Drywall Screws.

- Cavity insulation: n/a.

- Recycled content: n/a.

- Gyproc Sealant: As clause 516A.

- Finishing: Thistle Skim coat plaster (General use) as clause 681A (or) Thistle Skim coat plaster (Increased surface resistance) 681B (or) Thistle Skim coat plaster (General Use, Spray/Hand applied) 681C (or) Taped seamless finish as clause 671A.

- Accessories: Gyproc Profilex access panels as per White Book section 14 – if required.

Partition Type 02 – Yellow:

British Gypsum GypWall ROBUST or equal

Nominal thickness (excluding finishes): 102 mm.

- Performance criteria:

Fire resistance to BS 476: Part 22: 60 minutes.

Sound insulation: Rw 47 dB.

Partition duty to BS 5234: Parts 1 and 2: Severe.

Maximum height based on limiting deflection of L/240 at 200Pa: 4000 mm.

- Timber sole plate: 38mm (nominal) x channel width, if required.

- Framing:

Studs: Gypframe 70S60 at 600mm centres and Gypframe 70S60 at abutments, openings and junctions.

Stud boxing: n/a.

- Floor channel: Gypframe 72DC60 (heights up to 8000mm), 72EDC80 (heights over 8000mm).
 Head channel: As floor channel or as determined by deflection criteria.
 Fixing T: Gypframe GFT1 to support horizontal joints of single layer board linings.
 Fixing strap: Gypframe GFS1 to support horizontal joints in face layer of double layer board linings, or as an alternative to fixing T for single layer board linings.
- Head condition: Suitably fixed up to structural soffit.
 - Deflection allowance: To be determined by a Structural Engineer.
 - Lining: One layer 15mm Gyproc DuraLine sheet width 1200mm, to both sides of framing.
 - Fixing: As clause 591A.
 - Screws: 25mm British Gypsum Drywall Screws.
 - Cavity insulation: 25mm Isover Acoustic Partition Roll (APR 1200).
 - Recycled content: Up to 86%.
 - Gyproc Sealant: As clause 516A.
 - Finishing: Thistle Skim coat plaster (General use) as clause 681A (or) Thistle Skim coat plaster (Increased surface resistance) 681B (or) Thistle Skim coat plaster (General Use, Spray/Hand applied) 681C (or) Taped seamless finish as clause 671A.
 - Accessories: Gyproc Proflex access panels as per White Book section 14 – if required.

Partition Type 03 – Magneta:

British Gypsum GypWall ROBUST or equal

Nominal thickness (excluding finishes): 102 mm.

- Performance criteria:

Fire resistance to BS 476: Part 22: 60 minutes.

Sound insulation: Rw 50 dB.

Partition duty to BS 5234: Parts 1 and 2: Severe.

Maximum height based on limiting deflection of L/240 at 200Pa: 4000 mm.

- Timber sole plate: 38mm (nominal) x channel width, if required.

- Framing:

Studs: Gypframe 70S60 at 600mm centres and Gypframe 70S60 at abutments, openings and junctions.

Stud boxing: n/a.

Floor channel: Gypframe 72DC60 (heights up to 8000mm), 72EDC80 (heights over 8000mm).

Head channel: As floor channel or as determined by deflection criteria.

Fixing T: Gypframe GFT1 to support horizontal joints of single layer board linings.

Fixing strap: Gypframe GFS1 to support horizontal joints in face layer of double layer board linings, or as an alternative to fixing T for single layer board linings.

- Head condition: Suitably fixed up to structural soffit.

Deflection allowance: To be determined by a Structural Engineer.

- Lining: One layer 15mm Gyproc DuraLine sheet width 1200mm, to both sides of framing.

Fixing: As clause 591A.

Screws: 25mm British Gypsum Drywall Screws.

- Cavity insulation: 80mm Isover Modular Roll.

- Recycled content: Up to 86%.

- Gyproc Sealant: As clause 516A.

- Finishing: Thistle Skim coat plaster (General use) as clause 681A (or) Thistle Skim coat plaster (Increased surface resistance) 681B (or) Thistle Skim coat plaster (General Use, Spray/Hand applied) 681C (or) Taped seamless finish as clause 671A.
- Accessories: Gyproc Profilex access panels as per White Book section 14 – if required.

Partition Type 04 – Cyan

British Gypsum GypWall CLASSIC or equal

Nominal thickness (excluding finishes): 132 mm.

- Performance criteria:

Fire resistance to BS 476: Part 22: 90 minutes.

Sound insulation: Rw 56 dB.

Partition duty to BS 5234: Parts 1 and 2: Severe.

Maximum height based on limiting deflection of L/240 at 200Pa: 4900 mm.

- Timber sole plate: 38mm (nominal) x channel width, if required.

- Framing:

Studs: Gypframe 70S50 at 600mm centres and Gypframe 70S50 at abutments, openings and junctions.

Stud boxing: n/a.

Floor channel: Gypframe 72FEC50 (height up to 4200mm), 72DC60 (heights up to 8000mm), 72EDC80 (heights over 8000mm).

Head channel: As floor channel or as determined by deflection criteria.

Fixing T: Gypframe GFT1 to support horizontal joints of single layer board linings.

Fixing strap: Gypframe GFS1 to support horizontal joints in face layer of double layer board linings, or as an alternative to fixing T for single layer board linings.

- Head condition: Suitably fixed up to structural soffit.

Deflection allowance: To be determined by a Structural Engineer.

- Lining: Two layers 15mm Gyproc SoundBloc sheet width 1200mm, to both sides of framing.

Fixing: As clause 591A.

Screws: 25mm & 42mm British Gypsum Drywall Screws.

- Cavity insulation: 50mm Isover Acoustic Partition Roll (APR 1200).

- Recycled content: Up to 86%.

- Gyproc Sealant: As clause 516A.

- Finishing: Thistle Skim coat plaster (General use) as clause 681A (or) Thistle Skim coat plaster (Increased surface resistance) 681B (or) Thistle Skim coat plaster (General Use, Spray/Hand applied) 681C (or) Taped seamless finish as clause 671A.

- Accessories: Gyproc Profilex access panels as per White Book section 14 – if required.

Partition Type 05 – Green

SINGLE SIDED PARTITION

1 NO. LAYER 15mm GYPROC DURALINE SINGLE SIDED FIXED TO 70mm GYPFRAME STUD

Partition Type 06 – Purple

Sound Reduction: Rw 47 dB

- 140mm BLOCKWORK, MEDIUM DENSITY PAINT FINISH TO EXPOSED SIDE
- 1NO. LAYER 15mm GYPROC DURALINE ON DABS, PAINT FINISH

Partition Type 07 – Lilac

Sound Reduction: Rw 47 dB

140mm BLOCKWORK, MEDIUM DENSITY, FAIR FACED FINISH
PAINT FINISH BOTH SIDES

Floors:

Floor Type 01 – Ground Floor Slab with Underfloor Heating

U-value 0.15 W/m²K

Refer to A(23)001

- Hardcore with sand blinding layer in accordance with structural engineer's documentation
- DPM – Visqueen High Performance DPM or equal
- PIR Insulation – Kingspan Thermafloor TF70 or equal
- Ground bearing concrete slab nom 150 mm thick – refer to structural engineer's documentation
- PIR Insulation – Kingspan Thermafloor TF70 or equal – UFH installer to confirm compatibility
- Sand cement screed with underfloor heating pipes where required. UFH installer to confirm compatibility
- Floor Finish – refer to finishes.

Floor Type 02 – Typical Ground Floor Slab

U-value 0.15 W/m²K

Refer to A(23)001

- Hardcore with sand blinding layer in accordance with structural engineer's documentation
- DPM – Visqueen High Performance DPM or equal
- PIR Insulation – Kingspan Thermafloor TF70 or equal
- Ground bearing concrete slab nom 150 mm thick – refer to structural engineer's documentation. Top surface finished in accordance with resilient finish supplier's recommendations to provide a level surface.
- Floor finish – refer to finishes

Floor Type 03A – Barrier Matting at Main Entrance

U-value 0.15 W/m²K

Refer to A(23)001

- Hardcore with sand blinding layer in accordance with structural engineer's documentation
- DPM – Visqueen High Performance DPM or equal
- PIR Insulation – Kingspan Thermafloor TF70 or equal
- Ground bearing concrete slab nom 150 mm thick – refer to structural engineer's documentation
- PIR Insulation – Kingspan Thermafloor TF70 or equal – UFH installer to confirm compatibility
- Sand cement screed to match Floor Type 01
- Forbo Nuway Grid Entrance Matting Single Module or Equal – 17 mm system with recessed aluminium frame.

Floor Type 03B – Barrier Matting at Staff Entrance

U-value 0.15 W/m²K

Refer to A(23)001

- Hardcore with sand blinding layer in accordance with structural engineer's documentation
- DPM – Visqueen High Performance DPM or equal

- PIR Insulation – Kingspan Thermafloor TF70 or equal
- Ground bearing concrete slab nom 150 mm thick – refer to structural engineer's documentation. Slab stepped locally to provide recess for matwell.
- Forbo Nuway Grid Entrance Matting Single Module or Equal – 17 mm system with recessed aluminium frame.

Floor Type 04 – Level 1 Suspended Floor

Refer to A(23)002

- Nominally 140 mm thick composite concrete/metal deck slab – refer to structural engineer's documentation. Top surface finished in accordance with resilient finish supplier's recommendations to provide a level surface.

Floor Type 05 – Level 2 Typical Raised Access Floor

Refer to A(23)002

- Nominally 140 mm thick composite concrete/metal deck slab – refer to structural engineer's documentation. Top surface finished in accordance with resilient finish supplier's recommendations to provide a level surface.
- Modular raised access floor system with edge bonded encapsulated steel panels on adjustable pedestals.
- Acoustic/Fire rated curtains below floor system to maintain acoustic & fire ratings of partitions if partitions not taken down to concrete deck
- Carpet Tile Finish: ege Highline 630 modular carpet tiles or equal

Floor Type 06 – Level 2 Raised Access Floor – Resilient Finish

Refer to A(23)002

- Nominally 140 mm thick composite concrete/metal deck slab – refer to structural engineer's documentation. Top surface finished in accordance with resilient finish supplier's recommendations to provide a level surface.
- Modular raised access floor system with edge bonded encapsulated steel panels on adjustable pedestals.
- Acoustic/Fire rated curtains below floor system to maintain acoustic & fire ratings of partitions if partitions not taken down to concrete deck
- 18 mm plywood fixed to access floor system to provide solid base for resilient flooring
- Resilient finish on latex screed – refer to Floor Finishes

Floor Type 07 – Level 2 Raised Access Floor – Timber Finish

Refer to A(23)002

- Nominally 140 mm thick composite concrete/metal deck slab – refer to structural engineer's documentation. Top surface finished in accordance with resilient finish supplier's recommendations to provide a level surface.
- Modular raised access floor system with edge bonded encapsulated steel panels on adjustable pedestals.
- Acoustic/Fire rated curtains below floor system to maintain acoustic & fire ratings of partitions if partitions not taken down to concrete deck
- 18 mm plywood fixed to access floor system to provide solid base for resilient flooring

- Engineered oak flooring bonded to access floor panels in accordance with supplier's recommendations. Russwood Chateau Prime Grade Grey or equal

Roofs:

Roof Type 01A – Typical Membrane Roof:

U-value 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(27)001

- Membrane: Icopal 3100360 Sureplan FPO Fleeceback Light Grey or equal
- Accessories as required including: Sure-Weld Cable/Tube Duct, SureWeld Parapet Outlet, Sure-Weld Lightning Conductor Pad, SureWeld Coated Metal, SureWeld Pipe Boot.
- PIR Insulation: Icopal T/ZONE Roofboard 2400x1200x160 or equal – thickness as shown on drawings
- Vapour Control Layer: Icopal Micoral SK Self Adhesive / Heat Activated VCL 15 x 1m or equal
- Primer: Icopal Xtra-Seal SF Bitumen Primer or equal
- Structural Metal Deck Roofing spanning between primary structure – refer to structural engineer's documentation

Roof Type 01B – Typical Membrane Roof with Gravel Topping:

U-value 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(27)001

- Pea Gravel Covering
- Membrane: Icopal 3100360 Sureplan FPO Fleeceback Light Grey or equal
- Accessories as required including: Sure-Weld Cable/Tube Duct, SureWeld Parapet Outlet, Sure-Weld Lightning Conductor Pad, SureWeld Coated Metal, SureWeld Pipe Boot.
- PIR Insulation: Icopal T/ZONE Roofboard 2400x1200x160 or equal – thickness as shown on drawings
- Vapour Control Layer: Icopal Micoral SK Self Adhesive / Heat Activated VCL 15 x 1m or equal
- Primer: Icopal Xtra-Seal SF Bitumen Primer or equal
- Structural Metal Deck Roofing spanning between primary structure – refer to structural engineer's documentation

Roof Type 02 – Low profile roof over entrance pod:

U-value 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(27)001

- Pea Gravel Covering
- Nom 400 x 400 concrete paving slabs on rubber pads to inside face of roof
- Membrane: Icopal 3100360 Sureplan FPO Fleeceback Light Grey or equal
- Accessories as required including: Sure-Weld Cable/Tube Duct, SureWeld Parapet Outlet, Sure-Weld Lightning Conductor Pad, SureWeld Coated Metal, SureWeld Pipe Boot.
- PIR Insulation: Icopal T/ZONE Roofboard 2400x1200x160 or equal – thickness as shown on drawings
- Vapour Control Layer: Icopal Micoral SK Self Adhesive / Heat Activated VCL 15 x 1m or equal

- Primer: Icopal Xtra-Seal SF Bitumen Primer or equal
- Structural Metal Deck Roofing spanning between primary structure – refer to structural engineer's documentation

Roof Type 03 – Roof Terrace:

U-value 0.15 W/m²K

Air Tightness: 2 m³/hr/m²

Refer to A(27)001

- Nom 400 x 400 concrete paving slabs on paving feet supports to match internal floor level
- Membrane: Icopal 3100360 Sureplan FPO Fleeceback Light Grey or equal
- Accessories as required including: Sure-Weld Cable/Tube Duct, SureWeld Parapet Outlet, Sure-Weld Lightning Conductor Pad, SureWeld Coated Metal, SureWeld Pipe Boot.
- PIR Insulation: Icopal T/ZONE Roofboard 2400x1200x160 or equal – thickness as shown on drawings
- Vapour Control Layer: Icopal Micoral SK Self Adhesive / Heat Activated VCL 15 x 1m or equal
- Primer: Icopal Xtra-Seal SF Bitumen Primer or equal
- Composite concrete slab in accordance with structural engineer's documentation

Soffit Lining

• Substrate: 15 mm Versapanel building board hung from underside of composite slab with suspended ceiling system designed to accommodate weight of soffit linings and services.

• Boards:

- Wood species: Siberian Larch

Graded to QF-1, Straight grained sawings, free from all deteriorations of sawing defect except for 20% of parts which can have one intergrown sound knot of 12mm.

- Quality of timber: To BS 1186-3, Class: 1.

- Edge profile: Square edge.

- Finished overall width (exposed width after fixing): 50 mm.

- Finished thickness: 20 mm.

- Moisture content at time of fixing: 16-18% +/- 2%.

• Treatment: Fire retardant impregnation.

- Standard: To NBS section Z12 and Wood Protection Association Commodity

Specification FR4.

- Type: Type DI.

• Fixing: Stainless steel screw, manufactured in accordance with BS1202 in 304 Grade (A2), available from RUSSWOOD Ltd 01540 673648, single nail fixing at 600mm centres nailed at a quarter point from groove end of board.

Typical Fixed Rooflights

Lareine Engineering 'Solus' Mono Vision Rooflight or equal

- Finish: Polyester powder coated to BS 6496 Interpon D92 range
- Glazing: Structural silicone sealed double glazed units comprising – Standard 6.0mm clear toughened outer pane/16mm air gap argon filled, 6.4mm Low 'E' laminate inner pane to give centre pane 'U' value 1.1 W/m²K, Overall 'U' Value 1.4 W/m²K. To British Standards BS EN 1279 Parts 2 & 3.

- all glazing to be in accordance with CWCT TN 66/67- *Safety & Fragility of Glazed Roofing: Guidance on Specification and Testing & Assessment*
- Kerb: Structural kerb by Main Contractor.
Normally 100mm/150mm wide x 150mm high.
Kerb must be capable of supporting the weight of the structure. Glass structure weighs 50 Kilos M² surface area

Rooflights to Atrium

Lareine Engineering 'Solus' Monopitch Rooflight or equal

- Pitch as required by Architect. Min 5°.
- Frame: Aluminium, aluminium to BS 1474:1987 Alloy 6063-T6.
- Finish: Polyester powder coated to BS 6496 Interpon D92 range
- Kerb: Structural kerb by Main Contractor.
- Normally 100mm/150mm wide x 150mm high.
- Kerb must be capable of supporting the weight of the structure. Glass structure weighs 50 Kilos M² surface area
- Glazing: Sealed double glazed units comprising – Standard 6.0mm clear toughened outer pane/16mm air gap argon filled, 6.4mm Low 'E' laminate inner pane to give centre pane 'U' value 1.1 W/m²K, Overall 'U' value 1.4 W/m²K. To British Standard BS EN 1279 Parts 2 & 3
- Ventilation: Electrically operated opening panes as requested. Wiring by others

Roof Safety Systems

Guided fall restraint system for roof deck to subcontractors design in accordance with HSE guidelines and relevant British Standards. Extent as per L(00)103

Ballasted collapsible Edge protection deck to subcontractors design in accordance with HSE guidelines and relevant British Standards. Extent as per L(00)103

Plant Screen & Protection Barrier

CONTRACTOR DESIGN PORTION

PPC Lang + Fulton Italia 80 louvre system on PPC steel frame supported on big foot supports

Curtain Walling:

Curtain Walling Type A:

U-value 1.6 W/m²K max

Air Tightness: 2 m³/hr/m²

Refer to C(21.4)001

CONTRACTOR DESIGN PORTION:

Composite timber aluminium curtain walling. Overall u-value max 1.6 W/m²K. Nom 120 mm laminated larch back box mullions and transoms with clear finish, Anolok 547 Bronze anodised 15/12mm coverplates:

Glazing: Insulating glass units- required glass thickness to be calculated as part of CDP

- Inner pane: Minimum 8.8mm Laminated glass, to be confirmed/calculated by contractor
- Outer pane: Minimum 6mm Thermally toughened glass to be confirmed/calculated by contractor

Total solar energy transmission:

- Maximum g-value - glazing only: 0.6.

Visible light transmission:

- Whole unit solar transmission no greater than: 60%
- Visual light transmittance of no less than: 70%

Inward opening side hung lights as indicated on drawings with Russwood SILA+ Siberian Larch louvres on steel frame fixed to mullions using brise soleil brackets

Glazed in Russwood SILA+ Siberian larch insulated projecting cladding panels to enclose columns as indicated on drawings.

Aluminium framed glazed doors glazed in to CW system as indicated on drawings. Anolok 547 Bronze anodised finish

Translucent film applied to inner face of ground floor glazing to a height of 2100 AFFL

Curtain Walling Type B:

U-value 1.6 W/m²K max

Air Tightness: 2 m³/hr/m²

Refer to C(21.4)002

CONTRACTOR DESIGN PORTION:

Composite timber aluminium curtain walling. Overall u-value max 1.6 W/m²K. Nom 220 mm laminated larch back box with clear finish, Anolok 547 Bronze anodised 15/12mm coverplates:

Glazing: Insulating glass units- required glass thickness to be calculated as part of CDP

- Inner pane: Minimum 8.8mm Laminated glass, to be confirmed/calculated by contractor
- Outer pane: Minimum 6mm Thermally toughened glass to be confirmed/calculated by contractor

Total solar energy transmission:

- Maximum g-value - glazing only: 0.6.

Visible light transmission:

- Whole unit solar transmission no greater than: 60%
- Visual light transmittance of no less than: 70%

Inward opening side hung lights as indicated on drawings with Russwood SILA+ Siberian Larch louvres on steel frame fixed to mullions using brise soleil brackets

Translucent film applied to inner face at floor zone as indicated on drawings

Curtain Walling Type C:

U-value 1.6 W/m²K max

Air Tightness: 2 m³/hr/m²

Refer to C(21.4)002

CONTRACTOR DESIGN PORTION:

Composite timber aluminium curtain walling or equal. Overall u-value max 1.6 W/m²K. Nom 220 mm laminated larch back box mullions and 120 mm transoms with clear finish, Anolok 547 Bronze anodised 15/12mm coverplates:

Glazing: Insulating glass units- required glass thickness to be calculated as part of CDP

- Inner pane: Minimum 8.8mm Laminated glass, to be confirmed/calculated by contractor
- Outer pane: Minimum 6mm Thermally toughened glass to be confirmed/calculated by contractor

Total solar energy transmission:

- Maximum g-value - glazing only: 0.6.

Visible light transmission:

- Whole unit solar transmission no greater than: 60%
- Visual light transmittance of no less than: 70%

Outward opening top hung ventilation lights as indicated on drawings with electric actuators linked to BMS

Inward opening side hung lights as indicated on drawings with Russwood SILA+ Siberian Larch louvres on steel frame fixed to mullions using brise soleil brackets

Glazed in Russwood SILA+ Siberian larch insulated projecting cladding panels to enclose columns as indicated on drawings.

Aluminium framed glazed doors glazed in to CW system as indicated on drawings. Anolok 547 Bronze anodised finish

Windows:

Refer to C(31.4) Series Drawings

Aluminium or Composite Timber Aluminium Fixed Lights:

U-value 1.2 W/m²K

- Fixed Composite **Timber**/Aluminium clad or **Thermally Broken Aluminium**
- Performance: window tested to BS 6375:1 & 2 with the following performance requirements;
Air Permeability: 600 Pa. (Class 4)
Water tightness: 1000 Pa (Class E1000A)
Strength & stability: 2400 Pa
Whole window U-value of 1.2 W/m²K
Anticipated life expectancy with regular maintenance – 60 years
- Exposure: Design wind pressure: 2400 Pa
- Security: Window tested to the requirements of BS 7950 and Secured By Design licensed.
- Acoustic Attenuation: Rw 37dB minimum standard.
- Strength: The entire window must be capable of withstanding imposed loads as specified in CP3: Chapter 5: Part 2(1972) allowing for basic wind speed in relation to location and position in building with particular reference to height above ground.
- Operation: Fixed Light.
- Timber **frame if used**: Class 2 in accordance with BS 1186 Part 1, sourced from managed forests with PEFC chain of custody accreditation. Following machining, timber profiles are to be vacuum/pressure impregnated using Protim P-VAC11 preservative to EN351-1:1995; depth of preservative penetration to be at least 50mm on the end grains and at least 5mm on the face and edge grain. Flow coating and dipping preservative treatments are not acceptable.
- Exposure: Moisture content: on delivery: 12% ±2%.
- Glazing: Drained and ventilated dry glazed system.
The windows to be factory fitted with 26mm thick sealed double glazing units with warm-edge spacer bars. Glazing unit to be compliant with EN1279. Composition of glass unit is to be (from outside): 6mm float - 16mm argon filled cavity - 4mm float glass with super low-E coating. Other glazing combinations including insulated panels are available on request.
Internally glazed and wet glazed systems are not acceptable.
- Windows to be fitted with an adjustable, draught proof ventilator providing specified equivalent area as noted on drawings.
- Finish as delivered: The windows to be supplied factory finished. Externally with Anolok 547 Bronze Anodised, internally with clear lacquer or Anolok 547 Bronze Anodised if aluminium
- Warranty: Frame, ironmongery & sealed glazing units: Ten years (Subject to manufacturer's standard installation and maintenance procedures).

Aluminium or Composite Timber Aluminium Opening Lights:

U-value 1.2 W/m²K

- Tilt & Turn (Security) – Composite **Timber**/Aluminium clad or **Thermally Broken Aluminium**

- Performance: window tested to BS 6375:1 & 2 with the following performance requirements;
 - Air Permeability: 600 Pa. (Class 4)
 - Water tightness: 1000 Pa (Class E1000A)
 - Strength & stability: 2400 Pa
 - Whole window U-value of 1.2 W/m²K
 - Anticipated life expectancy with regular maintenance – 60 years
- Exposure: Design wind pressure: 2400 Pa
- Security: Window tested to the requirements of BS 7950 and Secured By Design licensed.
- Acoustic Attenuation: Rw 37dB minimum standard.
- Strength: The entire window must be capable of withstanding imposed loads as specified in CP3: Chapter 5: Part 2(1972) allowing for basic wind speed in relation to location and position in building with particular reference to height above ground.
- Operation: The window shall tilt inwards to provide ventilation and shall open inwards to facilitate safe cleaning of the outer face from within the building, rapid ventilation and if appropriate, emergency egress.
- Timber **frame if used**: Class 2 in accordance with BS 1186 Part 1, sourced from managed forests with PEFC chain of custody accreditation. Following machining, timber profiles are to be vacuum/pressure impregnated using Protim P-VAC11 preservative to EN351-1:1995; depth of preservative penetration to be at least 50mm on the end grains and at least 5mm on the face and edge grain. Flow coating and dipping preservative treatments are not acceptable.
- Exposure: Moisture content: on delivery: 12% ±2%.
- Glazing: Drained and ventilated dry glazed system.
 - The windows to be factory fitted with 26mm thick sealed double glazing units with warm-edge spacer bars. Glazing unit to be compliant with EN1279. Composition of glass unit is to be (from outside): 6mm float - 16mm argon filled cavity - 4mm float glass with super low-E coating. Other glazing combinations including insulated panels are available on request.
 - Internally glazed and wet glazed systems are not acceptable.
- Ironmongery: Proprietary 3 handle system - Each corner of the sash can withstand a pressure of 300 kilograms and with the concealed ironmongery positioned behind the weather gasket, therefore protecting it from extreme weather and the potential resultant contamination. Concealed restrictor at head to hold in tilt position.
- Windows to be fitted with an adjustable, draught proof ventilator providing specified equivalent area as noted on drawings.
- Finish as delivered: The windows to be supplied factory finished. Externally with Anolok 547 Bronze Anodised, internally with clear lacquer or Anolok 547 Bronze Anodised if aluminium
- Warranty: Frame, ironmongery & sealed glazing units: Ten years (Subject to manufacturer's standard installation and maintenance procedures).

Accessories to windows:

- Cills – Anolok 547 Bronze Anodised aluminium cills as indicated on drawings
- Reveals – Brick Reveals as noted on drawings – supported on steel angle set into masonry

- Head Reveals: Ibstock Kennington or equal precast concrete or composite steel/precast concrete lintels to glazing openings with adhered pistol bricks to provide min 225 mm brick reveal
- Timber louvre panels in front of inward opening lights: Russwood SILA+ Siberian Larch louvres on steel frame fixed to head and cill of window as indicated on drawings
- Ibstock Kennington or equal prefabricated panels of brick arranged in punctured Flemish bond with headers removed, opening lights to windows removed to allow installation
- Translucent Film to inner face of ground floor windows without screens to 2100 AFFL
- Cavity Closers: Where not formed by masonry 30 min cavity closer

External Doors:

Refer to C(31.5) Series Drawings

Automatic Entrance Doors:

U-value 1.6 W/m²K max

- Geze Linear Sliding Door Slimdrive SL NT or equal
- Accessible threshold

Steel Escape Doors:

U-value 1.6 W/m²K max

- Solid core steel framed steel doors: Ascot Doors or equal
- LPS 1175 SR2 tool category B
- Accessible threshold
- Weather seals
- PPC finish TBC

Aluminium Glazed Doors:

U-value 1.6 W/m²K max

- Manufacturer: Senior Architectural Systems or equal
- Material: Aluminium + insulating glass units (clear float glass inner pane, thermally toughened glass outer pane.
- Accessible threshold
- Weather seals
- Finish: PPC as supplied.
 - Colour/ texture: to be agreed.

Steel External Louvers (Plant Room)

- External access doors to plantrooms to be louvered in accordance with manufacturer's details.
- Louvers to be Anolok 547 Bronze Anodised aluminium to match window frames

Internal Doors & Screens:

Refer to C(32.5) Series Drawings

Typical Laminate Finish Doorsets:

- Doorset: Leaderflush Shapland Designer Range or equal
- Severe Duty
- Hardwood Timber lips to all edges
- Finish: Laminate
- Fire Rating: as noted on Door Types Drawings
- Vision Panel: as noted on Door Types Drawings
- Accessories: as noted on Door Types Drawings

Typical Timber Veneer Finish Doorsets:

- Doorset: Leaderflush Shapland Designer Range or equal
- Severe Duty
- Hardwood Timber lips to all edges
- Finish: Timber Veneer – Species TBC
- Fire Rating: as noted on Door Types Drawings
- Vision Panel: as noted on Door Types Drawings
- Accessories: as noted on Door Types Drawings including vistamatic visions panels and breakout override as required.

Double Glazed Aluminium Screen System:

Deko FG - Full Height Double Glazed Partition or equal

Height : As shown on Door Types Drawings

Strength Grade : Heavy (HD) (according to BS5234-2)

Sound Insulation : Rw 48 dB (according to BS 2750 and BS EN ISO 140-3)

Framing : Frameless

Panels : One layer of 12.8mm Acoustic Laminated Glass and one layer of 12mm toughened glass, polished on two long edges in accordance with BS 952, free from specks, scratches or other defects. Compliant with the relevant Regulation 14 of the workplace (health, safety and welfare) regulation 1992 including the application of applied film manifestation. Manifestation : Design to be Confirmed

Joint Treatment : 3mm Clear Dry Joint.

Doorsets : Frameset to be FG40 Aluminium Profile Frame with Frame infill and Deko Double Glazed Double Doors: each door size 2040 x 926mm x 50mm to provide 32dB sound rating.

Ironmongery : TBC. Incorporate acoustic seals and threshold seals.

Acoustic Sealant : Deko Acoustic Gasket to all abutments with other finishes.

Finishing : RAL 9006 (Metallic silver) finish to all aluminium components.

Single Glazed Aluminium Screen System

Deko FG - Full Height Single Glazed Partition or equal

Height : As shown on Door Types Drawings

Strength Grade : Heavy (HD) (according to BS5234-2)

Sound Insulation : Rw 48 dB (according to BS 2750 and BS EN ISO 140-3)
Framing : Frameless
Panels : One layer of 12.8mm Acoustic Laminated Glass and one layer of 12mm toughened glass, polished on two long edges in accordance with BS 952, free from specks, scratches or other defects. Compliant with the relevant Regulation 14 of the workplace (health, safety and welfare) regulation 1992 including the application of applied film manifestation. Manifestation : Design to be Confirmed
Joint Treatment : 3mm Clear Dry Joint.
Doorsets : Frameset to be FG40 Aluminium Profile Frame with Frame infill and Deko Double Glazed Double Doors: each door size 2040 x 926mm x 50mm to provide 32dB sound rating.
Ironmongery : TBC. Incorporate acoustic seals and threshold seals.
Acoustic Sealant : Deko Acoustic Gasket to all abutments with other finishes.
Finishing : RAL 9006 (Metallic silver) finish to all aluminium components.

Fire Rated Glazed Screens

Deko BK EI60 - Modular Glazed Fire Rated Partition or equal
Nominal Thickness (excluding finishes) : 92-230mm (to suit thickness of opening)
Project Height : Varies : Doorset to 2100mm with glazed panel above to suit opening.
Fire Resistance for complete system to BS 476-22 (Integrity and Insulation) : EI 60min FR
Fire Spread : Class 0 internal fire spread as defined by Building Regulations
Sound Insulation : Rw 39 dB according to BS 2750
Panels : One layer of 24mm Clear Fire Rated Glass in accordance with BS 952, free from specks, scratches or other defects and in accordance with BS 476-22 and BS EN 1364-1 (Fire Rated Glass.)
Joint Treatment : Deko SI-2 Steel stud with Deko 2 no ASPV Deko Fire Glass Channels.
Fixings concealed with ASP and ASPD aluminium trims.
Skirting : See Base Detail.
Doorsets: Deko FD 60 Solid Core Door within Deko BK EI60 Aluminium Frame height 2100mm. Door to be finished in spray applied laquer finish. Colour to be specified. Door size to be 2040 x 926 x 50mm.
Accoustic Sealant : Deko FR Accoustic Gasket to all abutments with other finishes.
Finishing : Satin Anodised finish to all aluminium components.

Architraves

Painted mdf architraves to laminate doors

Timber veneer to match doorset to veneered doors

Nom 10 mm shadow gap detail where noted and to aluminium screen system

Balustrades:

Balustrade Type 01:

Refer to A(34)001: CONTRACTOR DESIGN PORTION

- Channel Glazed Balustrade: Pure Vista Origin Grip or equal
- Brushed rectangular stainless steel handrail to top edge

Balustrade Type 02:

Refer to A(34)002

- Plasterboard lined solid framed handrail with concealed steel posts as noted on drawings
- Painted mdf top edge with shadow gap detail

Balustrade Type 03:

Handrail to Roof Terrace: CONTRACTOR DESIGN PORTION

- Nom 50 mm dia. **galvanised painted** Steel Handrail fixed to inner face of parapet with steel brackets
- Top of handrail to be 1100 mm above highest point of roof surface
- Nom 20 x 5 mm vertical PPC steel flat bar infill at max 100 mm centres from handrail to below parapet height.

Balustrade Type 04:

Handrail to Level 1 Roof: CONTRACTOR DESIGN PORTION

- Nom 50 mm dia. **galvanised painted** Steel Handrail fixed to inner face of parapet with steel brackets
- Top of handrail to be 1100 mm above highest point of roof surface

Ceilings

Refer to L(35) Series Drawings

Flush Plasterboard Ceiling Finish

Lining board: [12.5 mm plasterboard].

- Finishing: [Seamless jointing].

Primer/ Sealer: [Type recommended by lining board manufacturer for vapour control].

- Accessories: [Rigid metal beads/ stops recommended by lining board manufacturer, perimeter trim to provide neat edge at junctions with tiled areas].

Suspension system: As recommended by lining manufacturer to complete the ceiling system and achieve specified performance.

- Grid type: [Contractor's choice].

- Hangers: [Type recommended by board manufacturer].

Length: [To give ceiling soffit height above finished floor level as noted on Reflected Ceiling Plan].

- Top fixing: To suit structural soffit of [Composite concrete metal deck floor].

Access units: [Required at services requiring access - specific locations TBC].

Integrated services fittings: [Hangers and housings/trim for luminaires & radiant panels].

System performance:

- Structural: The ceiling system must safely support all anticipated loads including services fittings.

Test standard: To BS EN 13964.

Uniformly distributed load (maximum): [0.6 kN/m²].

Additional loads/ pressures: [Luminaires as drawings and schedules].

Deflection of grid between points of support (maximum): 0.0025 x span.

- Fire resistance: [Not required].

- Airborne sound insulation (complete floor and ceiling assembly):

Weighted sound reduction index, R_w (minimum), to BS EN ISO 717-1: [Not applicable].

Other requirements: [None].

Typical Grid Ceiling

- Armstrong Bioguard Acoustic Microlock BP 2552M4. Exposed Grid with textured mineral tile 600 x 600 mm or equal

Plank Ceiling to Circulation Spaces

- Orcal Fastrack Micro-Perforation Zinc Coated steel tile, 300 x 1200 mm with flush plasterboard trim as noted above

Floor Finishes

Floor Finish 01 – Painted Concrete

- Industrial Floor Paint
- Colour TBC

Floor Finish 02 – Entrance Matting

Refer to Floor Type 03

Floor Finish 03 – Ceramic Tile

- Orca Ceramics Chrometech or equal
- Colour TBC
- Format 1200 x 600 mm
- Slip resistance: R9
- Bedding – as recommended by supplier

Floor Finish 04 – Resilient Flooring to Level 1 Atrium

- Forbo Marmoleum Real or equal
- Colour – to match floor finish 03
- Thickness 2.5 mm
- Latex levelling screed as recommended by supplier
- Eurocol 614 Eurostar Lino Plus adhesive or equal

Floor Finish 05 – Broadloom Carpet to non patient accessible areas

Cut pile tufted carpet

BS EN 1307 classification:

Category: N

Level of use class: 33 Heavy Use

egge carpets Highline 630 wt or equal

Carpet adhesive and primer as recommended by manufacturer

Floor Finish 06 – Broadloom Carpet to patient accessible areas

Cut pile tufted carpet

BS EN 1307 classification:

Category: M

Level of use class: 22

egge carpets Texture care ip or equal

Carpet adhesive and primer as recommended by manufacturer

Floor Finish 07 – Typical Resilient Flooring

- Forbo Marmoleum Real or equal
- Colour – TBC from standard range
- Thickness 2.5 mm
- Latex levelling screed as recommended by supplier
- Eurocol 614 Eurostar Lino Plus adhesive or equal

Floor Finish 08 – Resilient Flooring to Toilets

- Forbo Surestep or equal
- Colour – TBC from standard range
- Thickness 2.0 mm
- Latex levelling screed as recommended by supplier
- Adhesive & primer as recommended by supplier

Floor Finish 09 - Resilient Flooring to Wet Rooms

- Forbo Safestep Grip or equal
- Colour – TBC from standard range
- Thickness 2.0 mm
- Latex levelling screed as recommended by supplier
- Adhesive & primer as recommended by supplier

Floor Finish 10 – Static Dissipative Resilient Flooring to Coms Rooms

- Forbo Marmolem Ohmex or equal
- Colour – TBC from standard range
- Thickness 2.5 mm
- Latex levelling screed as recommended by supplier
- Adhesive & primer as recommended by supplier

Floor Finish 11 – Modular Carpet Tiles

Refer to Floor Type 05

Floor Finish 12 – Engineered Timber Flooring

Refer to Floor Type 07

Flooring Accessories

- Self covered skirtings to clinical area, WC's & wet areas
- Painted mdf skirtings to non-clinical areas

Painting/Clear Finishes

Wall Finishes – Plant Areas

- Paint Finish (Masonry) to fairfaced block

Wall Finishes – Plasterboard

- Paint Finish to plasterboard linings 3 Coat Matt Emulsion.

Ceiling Finishes – Plasterboard

- Paint Finish to plasterboard ceiling linings 3 Coat Matt Emulsion.

Intumescent coatings for fire protection of steelwork

- On site coating of all primed steelwork supporting intermediate floor structure (including terrace and L1 Roof), and external walls (where required) to achieve fire resistance as required by Building Regulations.

Rigid sheet fine linings and panelling

Timber Panelling to meeting rooms

- Clear finished Birch veneer on mdf/plwood backing secret fixed to wall lining as indicated on Room Layout Drawings

Laminate Panelling to Receptions

- HPL Laminate panels on mdf backing to line inner faces of reception areas as indicated on Room Layout Drawings

Feature Panelling to back wall of receptions

- Nom 10 mm thick secrete fixed feature backlit translucent acrylic panel to rear wall of receptions as indicated on Room Layout Drawings. Housing to allow for lighting in cavity behind panels.

Panel Cubicles/IPS

Boxed Out IPS for Clinical WHB to Clinical Rooms

- Interplan RPM Wash Basin Duct Set or equal
- Finish: HPL with post formed edges
- Including pre plumbed sanitaryware

IPS to Toilets

- Interplan RPM WC/urinal Duct Wall System or equal
- Finish: HPL with post formed edges

Countertops to Public WC's

- Interplan Ready Plumbed Counter Top with Upstand Vanity
- Finish: HPL

WC Cubicles

- Interplan Impact Sq (HPL) WC Cubicles or equal

Baby Change

- Interplan Baby Change (BC) Vanity
- Finish: HPL

Shower Rooms

- Interplan RPM Duct Set or equal
- Finish: SGL

Fixed Furniture

All Fixed Furniture to operational areas to be
Workspace Active PCS range

Sanitaryware

Sanitaryware listed under Group 1 on R(70) Room Layout Drawings and note noted specifically below to be Armitage Shanks or equal U.N.O.

Stainless Steel Sink to Kitchen:

Armitage Shanks Sandringham Select sink pack or equal

- Including Thermostatic mixing valve

Typical Stainless Steel Sink to meeting rooms etc

- Armitage Shanks Commercial sink or equal (ST A) Doon sink, single bowl right hand drainer 120 x 60cm, 2 tapholes at 200mm centres, no overflow

Typical WC:

Armitage Shanks Contour 21 back to wall rimless raised height WC pan with horizontal outlet or equal

Typical Urinal:

Armitage Shanks Urinal – 1 Range of 2 Bowls (UR H) Contour urinal in vitreous china, 67cm, concealed or equal

Typical Washbasin:

Armitage Shanks Orbit 21 countertop washbasin 55cm 1 right hand taphole no overflow no chainstay hole

- Including Thermostatic mixing valve

Changing Places WC:

Armitage Shanks Contour 21 back to wall rimless raised height WC pan, 75cm projection with horizontal outlet or equal

(LB G M) Portman 21 washbasin 50cm, 1 right hand taphole, no overflow, no chainstay hole

- Including Thermostatic mixing valve

Grab Rails:

- Contour 21 hinged support rail 80 x 35mm diameter.
- Contour 21 grab rail straight 60cm long x 35mm diameter
- Contour 21 grab rail straight 45cm long x 35mm diameter

Access Hoist: Arjohuntleight Maxi Sky 2 or equal

- Fixed to soffit of composite floor above in accordance with manufacturer's recommendations

Accessible WC's

- Armitage Shanks Doc M pack
Doc M Contour 21 back to wall right hand corner pack, rimless WC pan, water saving delay fill Conceala cistern with spatula lever, grab rails, hinged support rail with toilet roll holder, seat no cover with retaining buffers, copper tails on TMV3 mixer tap

DSR's

- Armitage Shanks Commercial sink
Stewart inset sink stainless steel single bowl no overflow and right hand drainer 1015 x 505mm, 2 tapholes at 200mm centres
- Janitorial
(JU) Janitorial unit stainless steel 50cm wide x 60cm projection x 90cm high complete with mixer tap with restricted swivel, tamper proof concealing panel for washbasin trap, hinged bucket grating to sink, stainless steel legs with adjustable feet and earthing tag.

Staff Showers

- Shower tray
Armitage Shanks Simplicity 1200mm x 760mm low profile upstand shower tray including waste with 4 upstands or equal

BUILDING SUNDRIES

Fire and safety signage systems

Fire and safety signage throughout building to comply with British Standards.

Portable fire fighting systems

Portable extinguishers to be provided in accordance with British Standards and Fire Brigade Officer's requirements.

- Plasterboard lined recess to be formed in partitions to accommodate extinguishers

Fire Stops & Cavity Barriers

Self supporting mineral wool fire stops above ceiling voids as required by Building Regulations.

Inumescent mastics/foam filler systems rated to adjacent fire resisting construction as required by Building Regulations.

Door / window ironmongery

Door / window ironmongery to be from proprietary ranges.

Service penetrations

Service penetrations to be sealed with proprietary fire rated seals/ sealants or collars in accordance with Building Regulations requirements.



4.2 Appendix 2: Proposal Drawings

USE FIGURED DIMENSIONS ONLY. DO NOT SCALE FROM THIS DRAWING. ALL DIMENSIONS IN MM UNLESS NOTED OTHERWISE.

ALL DIMENSIONS TO BE VERIFIED ON SITE BEFORE PROCEEDING WITH WORK.

GARETH HOSKINS ARCHITECTS (GHA) TO BE NOTIFIED IN WRITING OF ANY DISCREPANCIES PRIOR TO ORDERING MATERIALS OR COMMENCING WORK.

TO BE READ IN CONJUNCTION WITH ALL OTHER GHA DRAWINGS, SCHEDULES AND SPECIFICATIONS.

ALL DRAWINGS TO BE READ IN CONJUNCTION WITH ENGINEER'S DRAWINGS.

REFER TO CONSULTANTS' DRAWINGS FOR STRUCTURAL AND SERVICES INFORMATION.

SITE LEVELS ARE ALL RELATIVE, NOT TO ORDINANCE SURVEY DATUM.

Car Park Numbers

Patient & Staff:	208
Disabled / Parent Child:	42
Park & Ride:	32

Total Parking: 282

Bike Parking: (1 space per 8 car parks)

Staff: (covered at staff entrance)	8
Visitor (at main entrance)	24

Total Bike Parking 32

REV C (21.06.13) PLANNING APPLICATION (MB)

garethhoskinsarchitects

studio 401 south block 60/64 osborne street glasgow G1 5QH t 0141 553 5800 f 0141 553 5809

PROJECT EASTWOOD HEALTH AND CARE CENTRE

CLIENT HUB WEST SCOTLAND

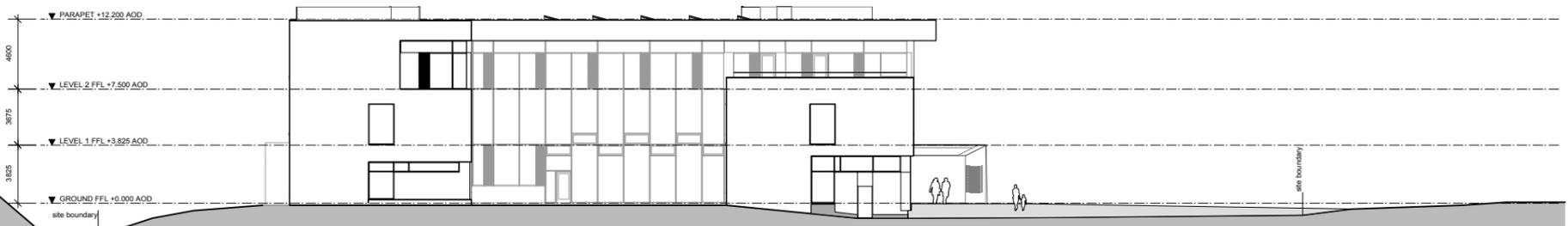
ENG. NO. L(00)002 SITE PLAN PROPOSED C TH

DATE APR 2013 ISSUE PLANNING SCALE 1:500 at A1

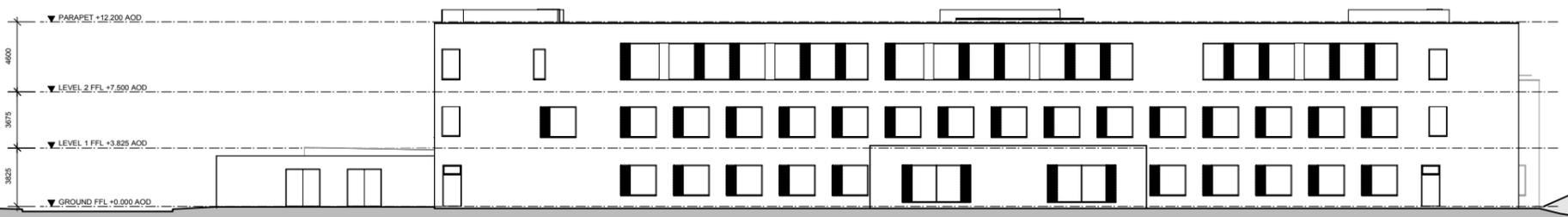
© COPYRIGHT GARETH HOSKINS ARCHITECTS LTD



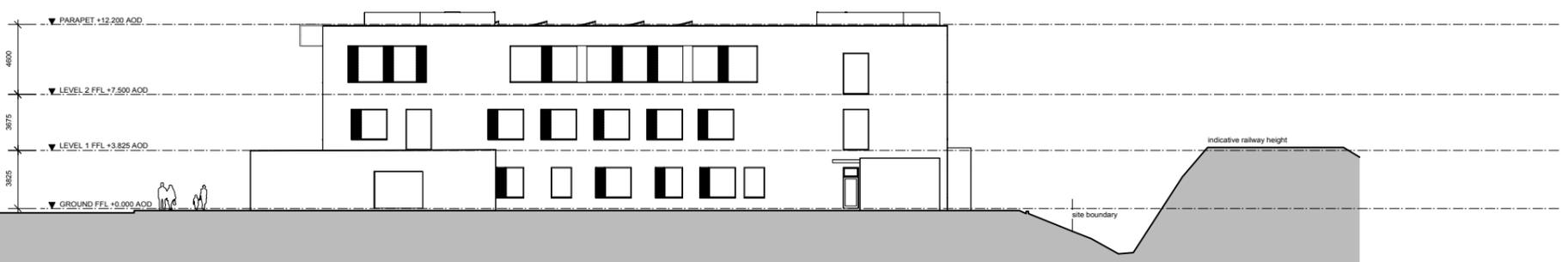
1 East Elevation
Scale: 1:200
0 2 4 6 8 10 M



2 South Elevation
Scale: 1:200
0 2 4 6 8 10 M



3 West Elevation
Scale: 1:200
0 2 4 6 8 10 M



4 North Elevation
Scale: 1:200
0 2 4 6 8 10 M

USE FIGURED DIMENSIONS ONLY. DO NOT SCALE FROM THIS DRAWING. ALL DIMENSIONS IN MM UNLESS NOTED OTHERWISE.

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ALL DRAWINGS TO BE READ IN CONJUNCTION WITH ENGINEER'S DRAWINGS.

REFER TO CONSULTANTS' DRAWINGS FOR STRUCTURAL AND SERVICES INFORMATION.

REV - (16.08.13) STAGE E ISSUE. (TH)

garethhoskinsarchitects
studio 401 south block 60/64 ostborne street glasgow G1 5QH t 0141 553 5800 f 0141 553 5809

PROJECT
EASTWOOD HEALTH AND CARE CENTRE

CLIENT
HUB WEST SCOTLAND

DRG. NO. L(00)201	ELEVATION & SECTIONS MAIN ELEVATIONS	REVISION -	DRAWN BY TH
DATE APR 2013	ISSUE STAGE E	SCALE 1:200 at A1	

USE FIGURED DIMENSIONS ONLY. DO NOT SCALE FROM THIS DRAWING. ALL DIMENSIONS IN MM UNLESS NOTED OTHERWISE.

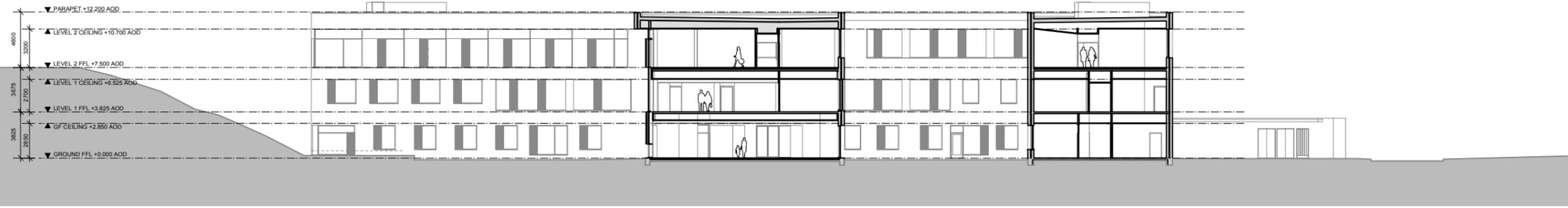
ALL DIMENSIONS TO BE VERIFIED ON SITE BEFORE PROCEEDING WITH WORK.

GARETH HOSKINS ARCHITECTS (GHA) TO BE NOTIFIED IN WRITING OF ANY DISCREPANCIES PRIOR TO ORDERING MATERIALS OR COMMENCING WORK.

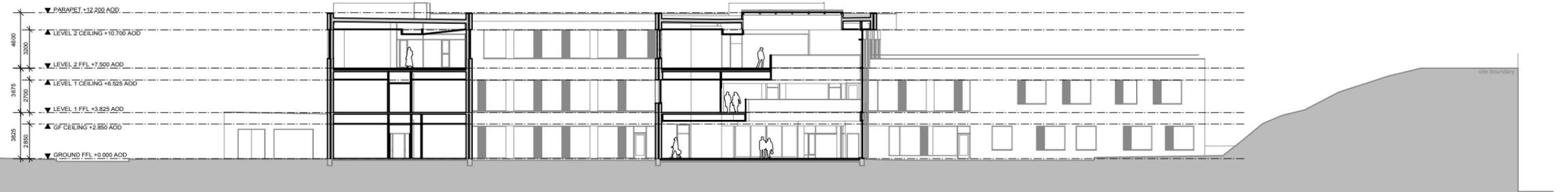
TO BE READ IN CONJUNCTION WITH ALL OTHER GHA DRAWINGS, SCHEDULES AND SPECIFICATIONS.

ALL DRAWINGS TO BE READ IN CONJUNCTION WITH ENGINEER'S DRAWINGS.

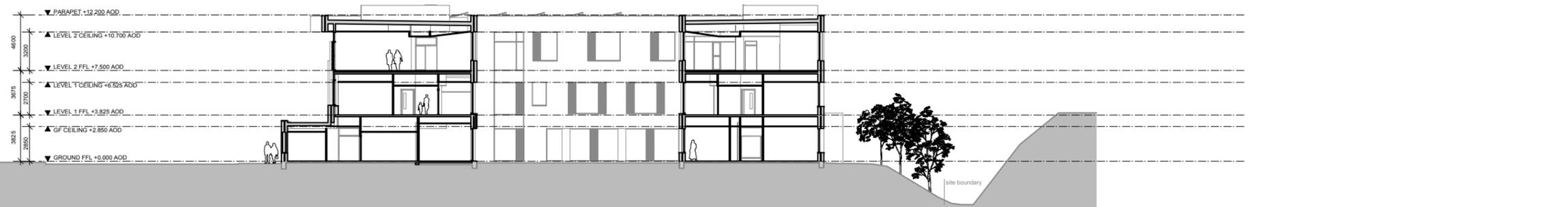
REFER TO CONSULTANTS' DRAWINGS FOR STRUCTURAL AND SERVICES INFORMATION.



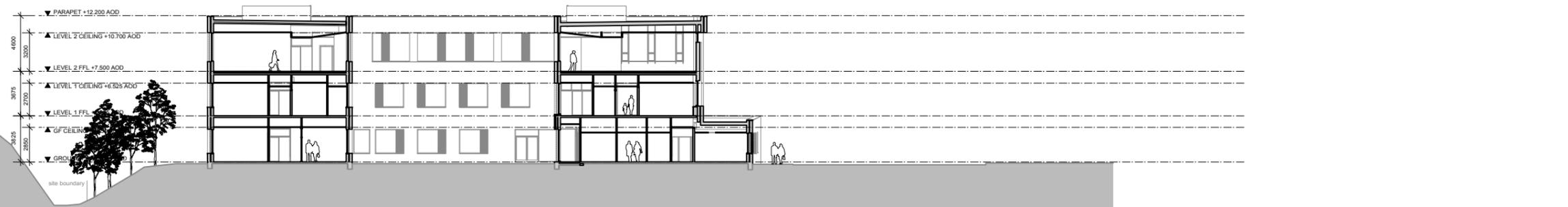
5 Courtyard Section/Elevation Looking West
Scale: 1:200



6 Courtyard Section/Elevation Looking East
Scale: 1:200



7 Courtyard Section/Elevation Looking South
Scale: 1:200



8 Courtyard Section/Elevation Looking North
Scale: 1:200

REV - (16.08.13) STAGE E ISSUE. (TH)

garethhoskinsarchitects

studio 471 south block 60/64 osborne street glasgow G1 5QH t 0141 553 5800 f 0141 553 5809

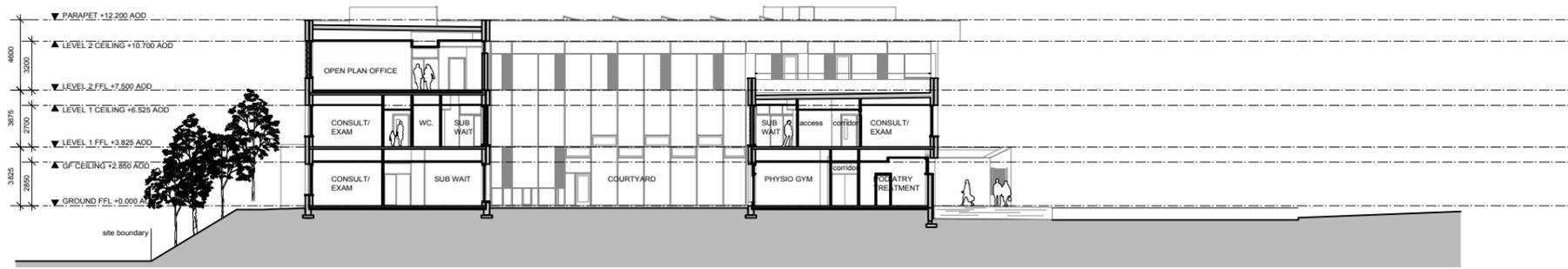
PROJECT EASTWOOD HEALTH AND CARE CENTRE

CLIENT HUB WEST SCOTLAND

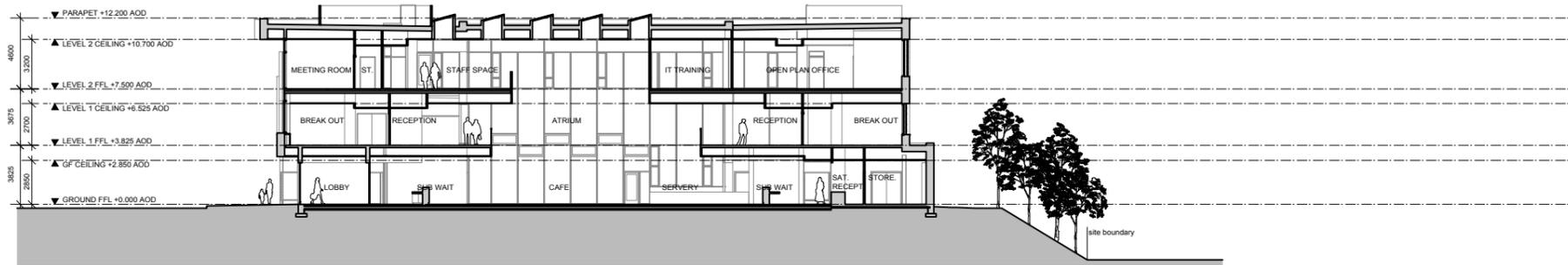
DWG NO. L(00)202 ELEVATIONS & SECTION COURTYARD SECTIONS REVISION DRAWN BY - TH

DATE APR 2013 STAGE E SCALE 1:200 at A1

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9 Cross Section Through Open Courtyard
Scale: 1:200
0 2 4 6 8 10 M



10 Cross Section Through Atrium - Looking South
Scale: 1:200
0 2 4 6 8 10 M



11 Atrium Cross Section - Looking North
Scale: 1:200
0 2 4 6 8 10 M

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REFER TO CONSULTANTS' DRAWINGS FOR STRUCTURAL AND SERVICES INFORMATION.

REV - (16.08.13) STAGE E ISSUE. (TH)

garethhoskinsarchitects
studio 401 south block 60/64 osborne street glasgow G1 5QH t 0141 553 5800 f 0141 553 5809

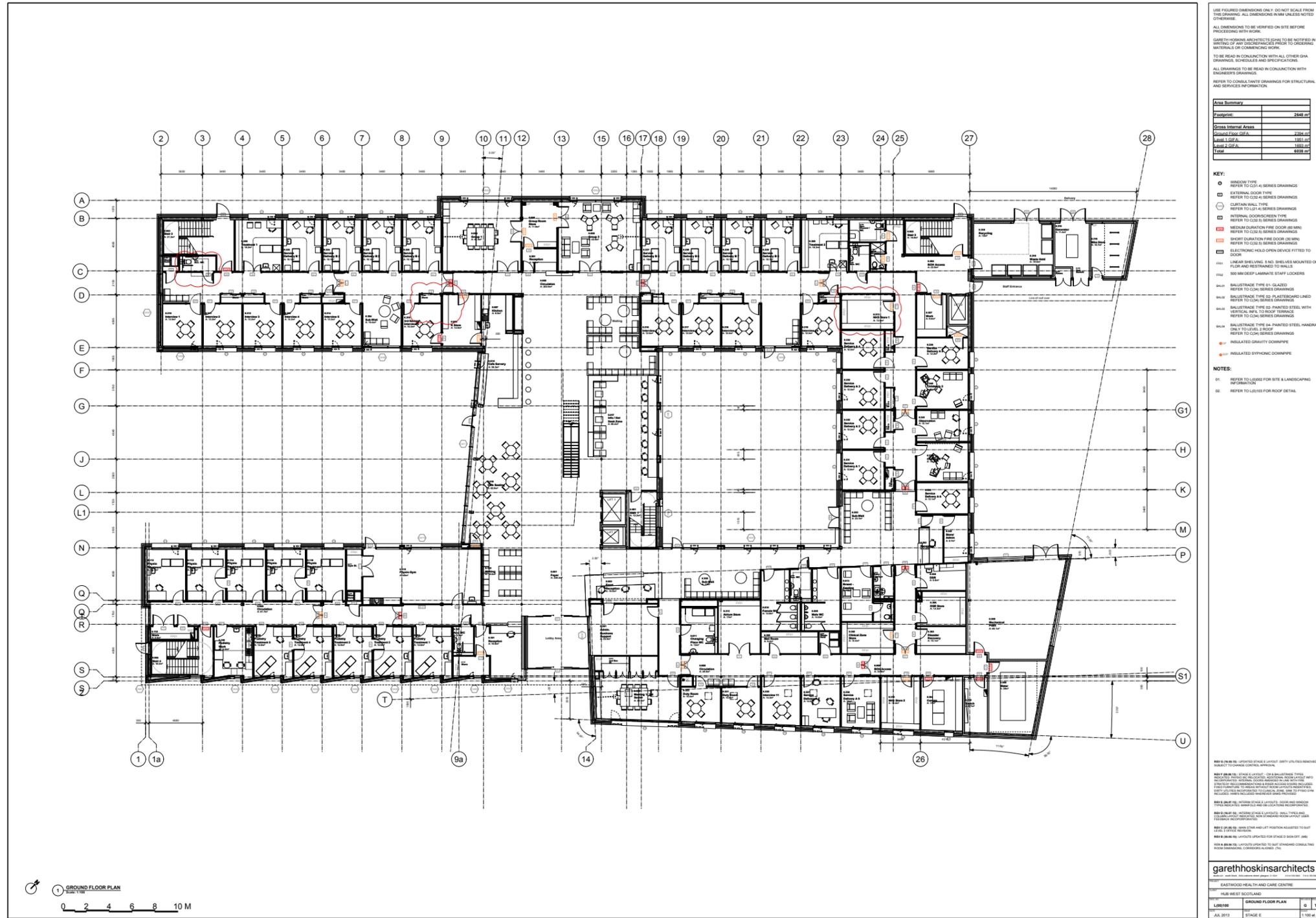
PROJECT EASTWOOD HEALTH AND CARE CENTRE

CLIENT HUB WEST SCOTLAND

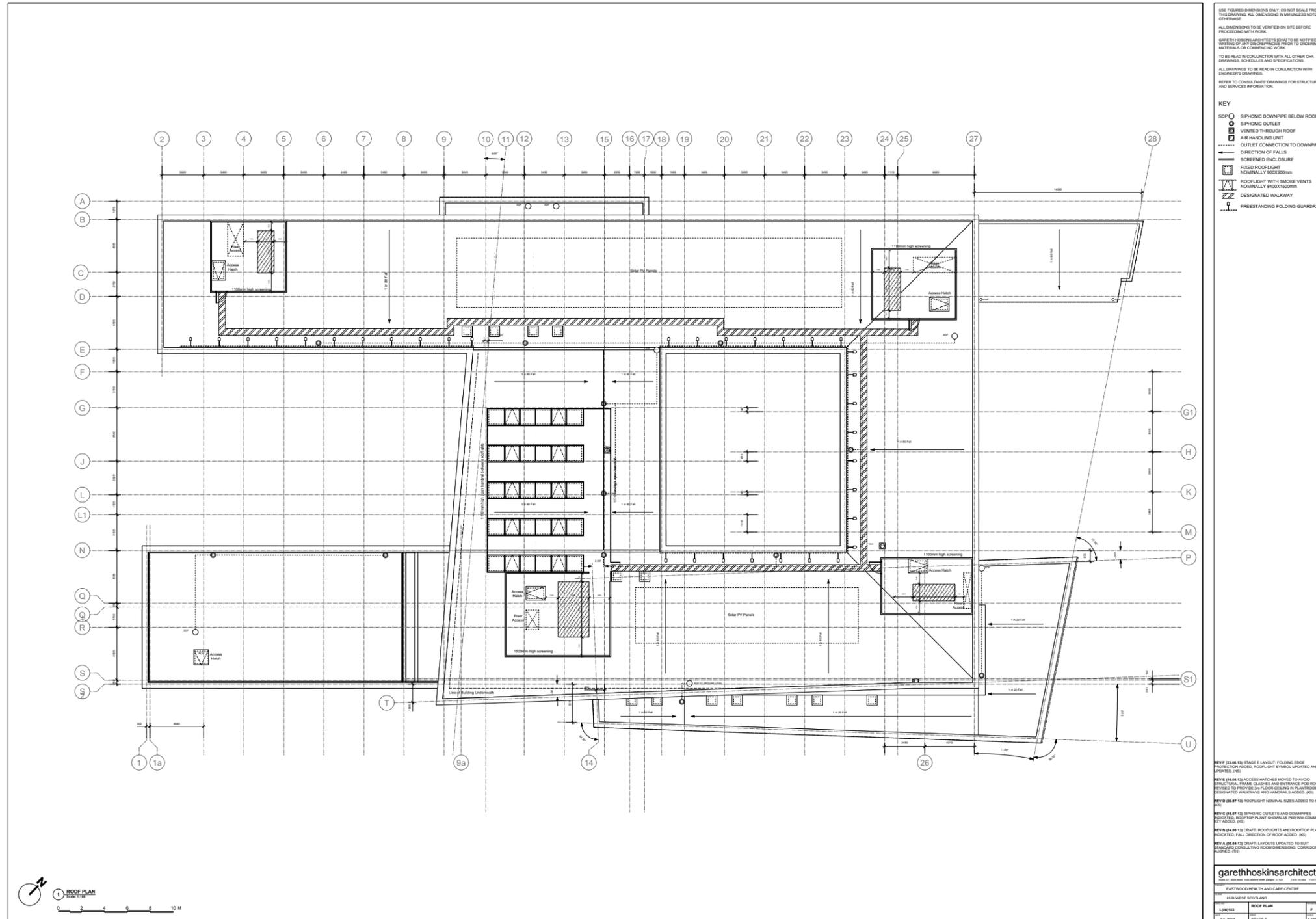
DRG. NO.	ELEVATIONS & SECTIONS	REVISION	DRAWN BY
L(00)203	SECTIONS	-	TH

DATE APR 2013 ISSUE STAGE E SCALE 1:500 at A1

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 **GROUND FLOOR PLAN**



ROOF PLAN

RHE

Reference Health, Eastwood

drawing list

STAGE E - GA DRAWINGS

Drawing No.	Title	Scale	Sheet Size	Rev	comments
-------------	-------	-------	------------	-----	----------

main drawings					
general arrangements - site					
L(00)000	Location Plan	1:1250	A3	-	
L(00)001	Existing Site Plan	1:500	A1	-	
L(00)002	Proposed Site Plan	1:500	A1	C	
general arrangements - floor plans					
L(00)100	Ground Floor Plan	1:100	A0	G	
L(00)101	Level 1 Plan	1:100	A0	G	
L(00)102	Level 2 Plan	1:100	A0	G	
L(00)103	Roof Plan	1:100	A0	F	
L(00)110	Ground Floor Plan - Coloured	1:200	A1	G	
L(00)111	Level 1 Plan - Coloured	1:200	A1	G	
L(00)112	Level 2 Plan - Coloured	1:200	A1	F	
general arrangements - section/elevations					
L(00)201	Elevations & Sections: Primary Elevations	1:200	A1	-	
L(00)202	Elevations & Sections: Courtyard	1:200	A1	-	
L(00)203	Elevations & Sections: Cross Sections	1:200	A1	-	
L(00)211	Elevations & Sections: Primary Elevations	1:200	A1	A	
L(00)212	Elevations & Sections: Courtyard Coloured	1:200	A1	A	
fire strategy drawings					
L(08)001	Site Fire Strategy	1:500	A1	A	
L(08)100	Ground Floor Fire Strategy	1:200	A1	C	
L(08)101	Level 1 Fire Strategy	1:200	A1	C	
L(08)102	Level 2 Fire Strategy	1:200	A1	C	

RHE

Reference Health, Eastwood

drawing list

STAGE E - PACKAGE DRAWINGS

Drawing No.	Title	Scale	Sheet Size	Rev	comments
(21) External Walls					
L(21)200	Detail Section - Typical Wing	1:50	A3	C	
L(21)201	Detail Section - At Stair 4	1:50	A3	A	
L(21)202	Detail Section East Elevation	1:50	A3	-	
L(21)203	Section Through Atrium Lifts	1:50	A3	-	
A(21)001	External Wall Types 1&2	1:10	A3	C	
A(21)002	External Wall Types 3&4	1:10	A3	B	
A(21)100	WT01 Typical 90 Degree Corner	1:5	A3	-	
A(21)101	WT01 Typical Angled Corner	1:5	A3	-	
A(21)102	WT01 Typical Cavity Barrier	1:5	A3	-	
A(21)103	WT01 Typical Movement Joint	1:5	A3	-	
A(21)104	WT01 Typical Compartment Interface	1:5	A3	-	
A(21)201	WT01 Typical Footing	1:5	A3	-	
A(21)202	WT01 Typical Level 1 Slab Edge	1:5	A3	-	
A(21)203	WT01 Typical Level 2 Slab Edge	1:5	A3	-	
A(21)206	WT01 Roof Level Brickwork Support	1:5	A3	-	
(21.4) Curtain Walling					
L(21.4)001	Curtain Wall Types Layout - L0	1:50	A3	-	
L(21.4)002	Curtain Wall Types Layout - Atrium & E Elev	1:50	A3	-	
L(21.4)003	Curtain Wall Types Layout - L1 & L2	1:50	A3	-	
L(21.4)004	Curtain Wall Types Layout - L2 & L0	1:50	A3	-	
C(21.4)001	Curtain Wall Type A	1:5	A3	-	
C(21.4)001	Curtain Wall Type B	1:5	A3	-	
C(21.4)001	Curtain Wall Type C	1:5	A3	-	
(22) Partitions					
L(22)100	Ground Floor Partition Layout	1:200	A1	-	
L(22)101	Level 1 Partition Layout	1:200	A1	-	
L(22)102	Level 2 Partition Layout	1:200	A1	-	
(23) Floors					
A(23)001	Ground Floor Types Drawing	1:5	A3	A	
A(23)002	Suspended Floor Types Drawing	1:5	A3	-	
(24) Stairs					
L(24)001	Stair 1 Layout	1:50	A1	-	Personel Stair
L(24)004	Stair 3 Layout	1:50	A1	-	
(SK)001	Stair 5 Design Intent	NTS	A3	-	

(27) Roofs				
A(27)001	Roof Types	1:5	A3	C
A(27)201	Rooflight: Typical Opening Detail	1:5	A3	-
A(27)202	Rooflight: Typical Fixed Detail	1:5	A3	-
A(27)203	Parapet Detail - Main Roof High Level	1:5	A3	-
A(27)204	Parapet Detail - Entrance Pod Level 01	1:5	A3	-
A(27)205	Parapet Detail - Terrace Level 02	1:5	A3	-
A(27)206	Parapet Detail - Overhang High Level	1:5	A3	-
A(27)207	Upstand at Gridline N	1:5	A3	-
(28) Fire Protection				
(SK)023	Typical Fire Protection to Steel	NTS	A3	-
(31.4) Windows				
C(31.4)001	Window Types (1)	1:50	A3	B
C(31.4)002	Window Types (2)	1:50	A3	B
A(31.4)101	Typical Window Plan Details - Fixed	1:5	A3	-
A(31.4)102	Typical Window Plan Details - Ventilator	1:5	A3	-
A(31.4)202	Typical Window Section Details - Ventilator	1:5	A3	-
(31.5) External Doors				
C(31.5)001	External Door Types (1)	1:50	A3	-
C(31.5)002	External Door Types (2)	1:50	A3	A
A(31.5)101	External Door Details 1	1:5	A3	-
A(31.5)102	External Door Details 2	1:5	A3	-
A(31.5)103	External Door Details 3	1:5	A3	-
(32.5) Internal Doors				
C(32.5)001	Internal Door Types (1)	1:50	A3	-
C(32.5)002	Internal Door Types (2)	1:50	A3	A
C(32.5)003	Internal Door Types (3)	1:50	A3	-
C(32.5)004	Internal Door Types (4)	1:50	A3	A
C(32.5)005	Internal Door Types (5)	1:50	A3	A
(34) Balustrades				
C(34)001	Balustrade Type 1	1:10	A3	-
C(34)002	Balustrade Type 2	1:10	A3	-
(35) Ceilings				
L(35)100	Ground Floor Reflected Ceiling Plan	1:100	A0	-
L(35)101	Level 1 Reflected Ceiling Plan	1:100	A0	-
L(35)102	Level 2 Reflected Ceiling Plan	1:100	A0	-
(43) Internal Floor Finishes				
L(43)100	Ground Floor Floor Finishes Layout	1:200	A1	-
L(42)101	Level 1 Floor Finishes Layout	1:200	A1	-
L(42)102	Level 2 Floor Finishes Layout	1:200	A1	-

RHE

Reference Health, Eastwood

drawing list

STAGE E - ROOM LAYOUTS

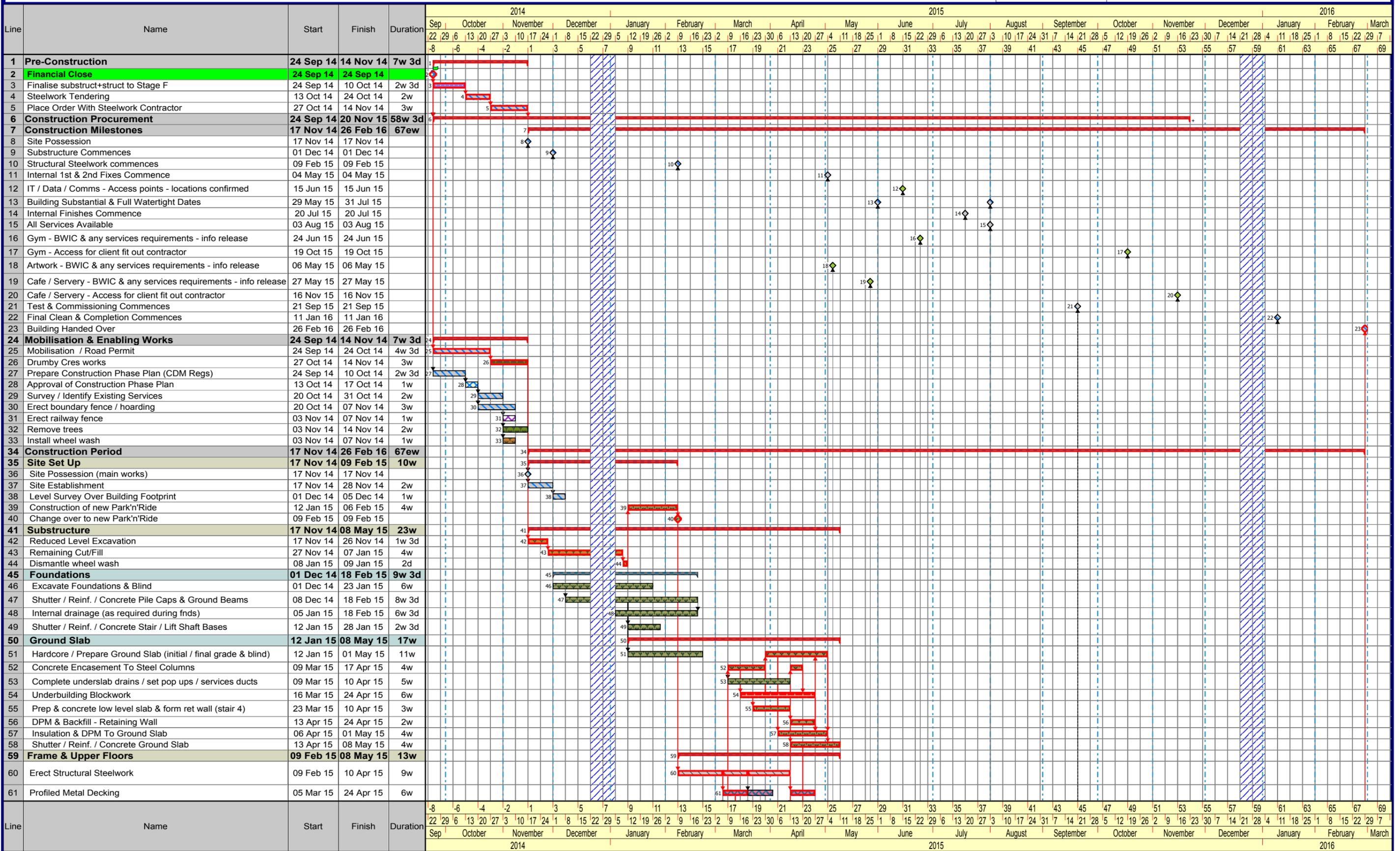
Drawing No.	Title	Scale	Sheet Size	Rev	comments
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(70)000 Public Spaces					
R(70)001	Waiting	1:50	A3	-	
R(70)002	Front Reception	1:50	A3	-	
R(70)003	Meeting 1	1:50	A3	-	
R(70)004	Group Room 1	1:50	A3	-	
R(70)005	Group Room 2	1:50	A3	-	
R(70)009	Male WC	1:50	A3	-	
R(70)010	Female WC	1:50	A3	-	
R(70)011	Changing Place WC	1:50	A3	-	
R(70)012	Baby Change	1:50	A3	-	
R(70)013	Breast - Feeding	1:50	A3	-	
R(70)015	Café, 3rd Sector Kitchen & Store	1:50	A3	-	
R(70)016	Café Seating	1:50	A3	-	
R(70)017	Info / Hot Desk Zone	1:50	A3	-	
R(70)018	Typical Accessible WC	1:50	A3	-	
(70)100 Physio and Podiatry					
R(70)101	Reception Physio/Podiatry	1:50	A3	-	
R(70)102	Physio Waiting	1:50	A3	-	
R(70)104	Podiatry Treatment	1:50	A3	-	
R(70)109	Podiatry Work	1:50	A3	-	
R(70)110	Physio Gym & Store	1:50	A3	-	
R(70)112	Physio Treatment	1:50	A3	-	
R(70)117	Physio/Podiatry Admin	1:50	A3	-	
R(70)118	Physio Store	1:50	A3	-	
(70)200 Clinical Zone					
R(70)201	Sat Recept 1	1:50	A3	-	
R(70)202	Sat Recept 2	1:50	A3	-	
R(70)203	Sub Wait 2-2	1:50	A3	-	
R(70)204	Sub Wait 2-3	1:50	A3	-	
R(70)205	Sub Wait 2-4	1:50	A3	-	
R(70)208	Treatment	1:50	A3	-	
R(70)211	Interview	1:50	A3	-	
R(70)221	Duty Room	1:50	A3	-	
R(70)223	Service Delivery B - Bookable Consult/Exam	1:50	A3	-	
R(70)231	Service Delivery A - Interview	1:50	A3	-	
R(70)234	Interview - Mental Illness	1:50	A3	-	
R(70)239	Childrens	1:50	A3	-	
R(70)252	Clinical Zone Store	1:50	A3	-	
R(70)253	Disposal Hold - Typical	1:50	A3	-	
R(70)255	Sat Recept 3	1:50	A3	-	
R(70)256	Typical Consult/Exam - GP	1:50	A3	A	
R(70)258	Typical AMH Consulting Room	1:50	A3	-	
R(70)262	Store	1:50	A3	-	
R(70)263	Typical Linear Storage	1:50	A3	-	
(70)300					

R(70)301	Admin. Business Support	1:50	A3	-
R(70)302	Mail Room	1:50	A3	-
R(70)303	Disaster Recovery	1:50	A3	-
R(70)304	Main Comms Room	1:50	A3	-
R(70)305	DSR Ground	1:50	A3	-
R(70)306	DSR Store	1:50	A3	-
R(70)307	Work Room	1:50	A3	-
R(70)312	Store	1:50	A3	-
R(70)313	NHS Store	1:50	A3	-
R(70)314	DSR Level 1	1:50	A3	-
R(70)315	Satelite Comms Room	1:50	A3	-
R(70)316	Store	1:50	A3	-
R(70)317	Level1 General Store	1:50	A3	-
R(70)319	DSR Level 2	1:50	A3	-
R(70)4-500				
R(70)401	GP Reception East	1:50	A3	-
R(70)402	GP Breakout 4	1:50	A3	-
R(70)403	GP Waiting 4	1:50	A3	-
R(70)411	Practice Manager	1:50	A3	-
R(70)412	Admin 4-1	1:50	A3	-
R(70)413	GP 4 Stores	1:50	A3	-
R(70)501	GP Reception East	1:50	A3	-
R(70)502	GP Breakout 5	1:50	A3	-
R(70)503	GP Waiting 5	1:50	A3	-
R(70)504	Typical Practice Nurse	1:50	A3	-
R(70)518	Treatment	1:50	A3	-
R(70)519	Admin 5-2	1:50	A3	-
R(70)520	Admin 5-1	1:50	A3	-
R(70)522	GP Store - Typical	1:50	A3	-
R(70)601	GP Reception West	1:50	A3	-
R(70)602	GP Breakout 6	1:50	A3	-
R(70)603	GP Waiting 76	1:50	A3	-
R(70)609	Admin 6-1	1:50	A3	-
R(70)614	GP 6 Store	1:50	A3	-
R(70)700				
R(70)701	Staff Shower / WC	1:50	A3	-
R(70)702	Acc. Shower / WC	1:50	A3	-
R(70)703	GP Reception West	1:50	A3	-
R(70)704	GP Waiting 7	1:50	A3	-
R(70)705	GP Breakout 7	1:50	A3	-
R(70)716	Store	1:50	A3	-
R(70)721	Library	1:50	A3	-
R(70)722	Meeting 2	1:50	A3	-
R(70)723	Staff Shower / WC	1:50	A3	-
R(70)725	Meeting 3	1:50	A3	-
R(70)726	Meeting 4 & Store	1:50	A3	-
R(70)727	Meeting 5	1:50	A3	-
R(70)728	Spiritual- Care / Meeting 6	1:50	A3	-
R(70)729	Meeting 7 / IT Training	1:50	A3	-
R(70)731	Staff Facilities	1:50	A3	-
R(70)732	Staff Kitchen	1:50	A3	-
R(70)733	Level 2 Staff Sanitary 2	1:50	A3	-
R(70)734	Level 2 Staff Sanitary 1	1:50	A3	-
R(70)735	Level 2 Staff Sanitary 3	1:50	A3	-

Appendix H – Programme

filter - None



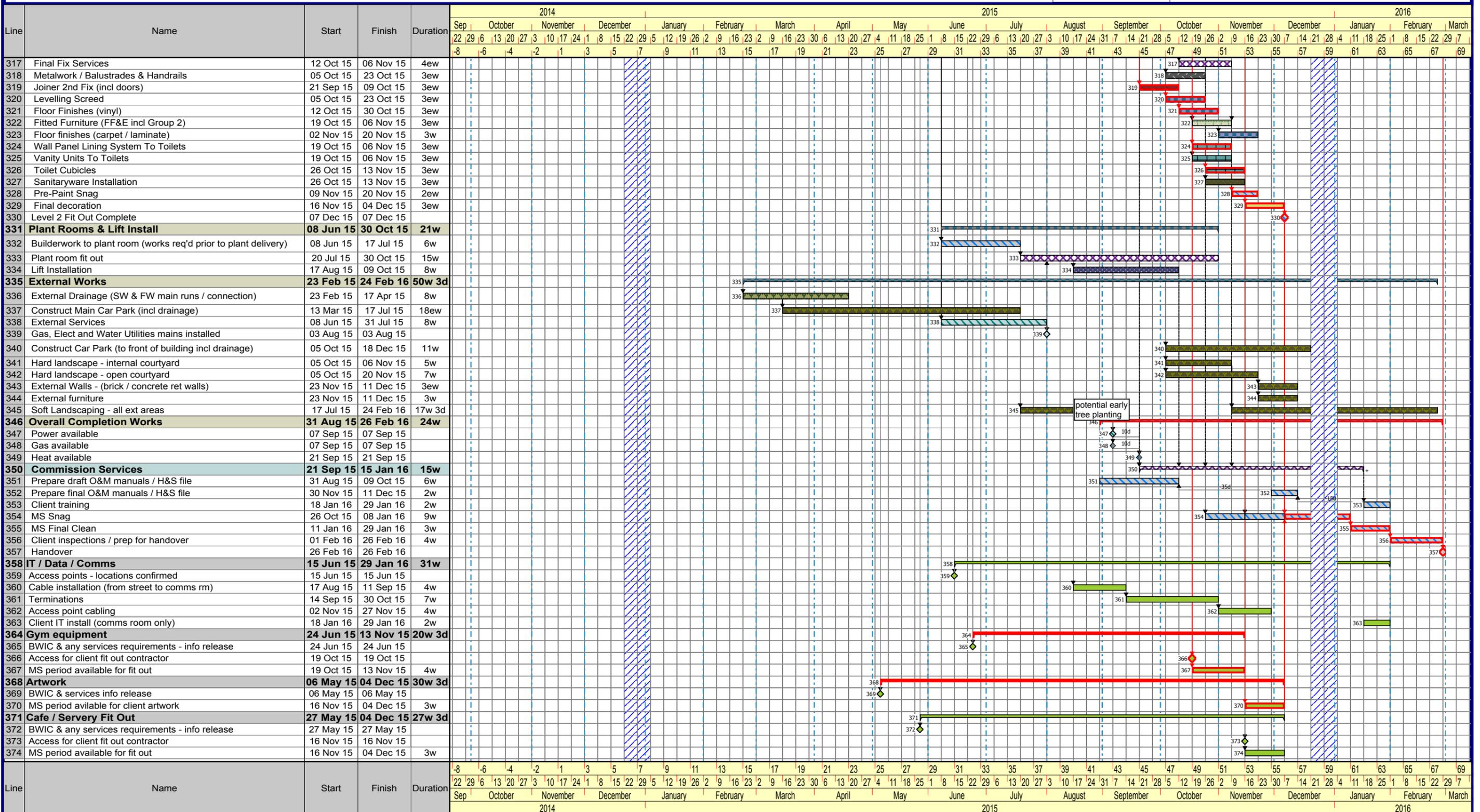


**Eastwood Health Centre
Hub West
Contract Programme**



Programme No.: EWHC-contract-001
Revision: V
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Prepared By: dm
Comment:-
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filter - None



Building Packages

*ms / client	*Consultants	*morgan sindall	*Client	External Works	fencing	Soft Landscaping	Earthworks	Groundworks	Brick and blockwork	Steelwork	Met deck
conc pc stairs	conc floors	Intumescent Coatings	Roof Cladding	Metalwork	SFS	Curtain Walling	Partitions	Mech Services	Elect services	Plumber	Plaster
Decoration	IPS & cubicles	M&E	Susp Ceilings	Joinery	Floor Finishes	Manufactured Furniture	Stone and tiled surfaces	Lifts	Utilities		

Link Categories

Normal (R)	Normal (C,R)	Normal (C)	Normal	Default	Default (C)
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Appendix I – Project Execution Plan

Eastwood Health and Care Centre

Project Execution Plan



Version Control

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

Distribution Control

Version	Issued by	Distribution
1		
2		

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

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Appendix 1 Project Execution Documentation

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Section 2.2	Roles and Responsibilities	
	Annex B	Project Development Manager (PDM) – Outline Scope of Services
	Annex C	Commercial Manager (CM) – Outline Scope of Services
	Annex D	Architect – Outline Scope of Services
	Annex E	Design Consultants – Outline Scope of Services
	Annex F	Template RACI Matrix
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	Annex G	Project Progress Meeting Agenda
	Annex H	PDM’s Report Structure
	Annex I	Stakeholder Communication Plan
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Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

Introduction

The purpose of this Project Execution Plan (“PEP”) is to capture the key information about the Eastwood Health Centre (“the Project”) and provide the framework within which the project will be managed. As well as describing the project objectives and defining the roles and responsibilities of the key project Participants, it also clarifies lines of communication and specifies the control systems which are to be used to manage progress, cost and quality.

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

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

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

Review and Development of this document

The PEP and the associated procedures are subject to regular review by the Project Team. The purpose of this review is to ensure that the document remains current and continues to be suitable and effective in satisfying the obligations, expectations, and intentions of the project.

The PEP will be revised as necessary by hWS’s Project Development Manager (PDM) who will ensure the correct administration of the document.

Important note

The level of information contained in the PEP is determined by the available project information and will be updated continuously through the New Project development stages.

Please refer to Appendix 1 Section 1.1 Annex A for the Project Information Pack (PIP).

1. Project Definition

1.1 Briefing

The Eastwood Health & Care Centre brings together a range of primary and community care services currently operated from a variety of premises across East Renfrewshire, into a single purpose built facility. The new centre will offer patients and users a range of collocated services delivered within a modern facility. The collocation of these services within the one building also enables East Renfrewshire Council and Greater Glasgow & Clyde NHS and their staff to develop more integrated and efficient ways of delivering these services.

The design has been developed through an intensive series of workshops both with key stakeholders from the different client bodies noted above and with the service providers, staff and patient groups, to understand the particular needs of the different services and users who will work from and use the building and explore how these might be brought together to best advantage on the Williamwood site. A number of key considerations have informed and guided the development of the outline design through this process:

- reviewing and developing the initial project brief with the stakeholders in order to explore the optimum efficiency in quantum, operation and flexibility of the facilities provided within the building.
- exploring different options with the stakeholders as to how the different spaces and facilities within the new building might be organised to provide the greatest clarity and ease of use for people coming to use the services within the Centre and staff working there.
- exploring different options as to how the design might support alternative working models both for service delivery and support functions.
- exploring different options as to how the new Centre might be positioned and organised within the site to take advantage of the site character and levels and address the different expectations of the stakeholders, Planning Authority and local residents.
- exploring options with QS, M&E and structural engineers to test construction and building services and environmental approaches and overall cost implications in relation to the prime cost targets set out within the brief.
- reviewing the options with stakeholders against the A+DS Design Statement to ensure that the qualitative design parameters set out within this document through the earlier consultation with users, staff and stakeholders, are achieved within the outline design. The review of these considerations throughout the design workshops and stakeholder meetings has allowed discussion and testing of these aspects and informed the development of the enclosed outline design.

1.2 Project Overview

Site Address	Preferred site at Drumby Crescent
Participant(s)	NHS Greater Glasgow and Clyde – Lead Participant John Donnelly t: 0141 211 3899 e: john.donnelly@ggc.scot.nhs.uk Joe Ferguson t: 0141 211 3948 e: joe.ferguson@gcc.cscot.nhs.uk East Renfrewshire Council Raymond O’Kane t: 0141 577 3290 e: raymond.o’kane@eastrenfrewshire.gov.uk
Contract	Design Build Finance and Maintain
Contractor	Morgan Sindall Construction
Nature of project	Health and Care Centre
Total project cost(s)	£16,810,00 (including client risk allowance of £1.68m)
Site start	January 2014
Project completion	May 2015
NPR Project Affordability	£15,129,000
Service Payment Cap	£880,080/£228 per m ²
FM Cap	17 per m ²
Lifecycle Cap	21per m ²

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

Eastwood Health and Care Centre	Milestone Dates
TDP to Stage 1	April 12 – 12/12/2012
Stage 1 to Stage 2	12/12/2012 – 08/03/13
Stage 2 to financial close	09/03/2013 – 12/12/2013

Development	30/01/2014 – 08/05/2015
Post project evaluation	TBC

1.3 Sustainability

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

1.4 KPIs and CITs

hWS's contract with the Relevant Participant contains specific measurable performance standards and continuous improvement which operate from project inception to operation.

These are described in detail in the Performance Management section of the Ongoing Partnering Services Method Statement. The PDM must refer to this document when progressing this project and ensure that delivery to the agreed project specific KPIs are achieved.

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

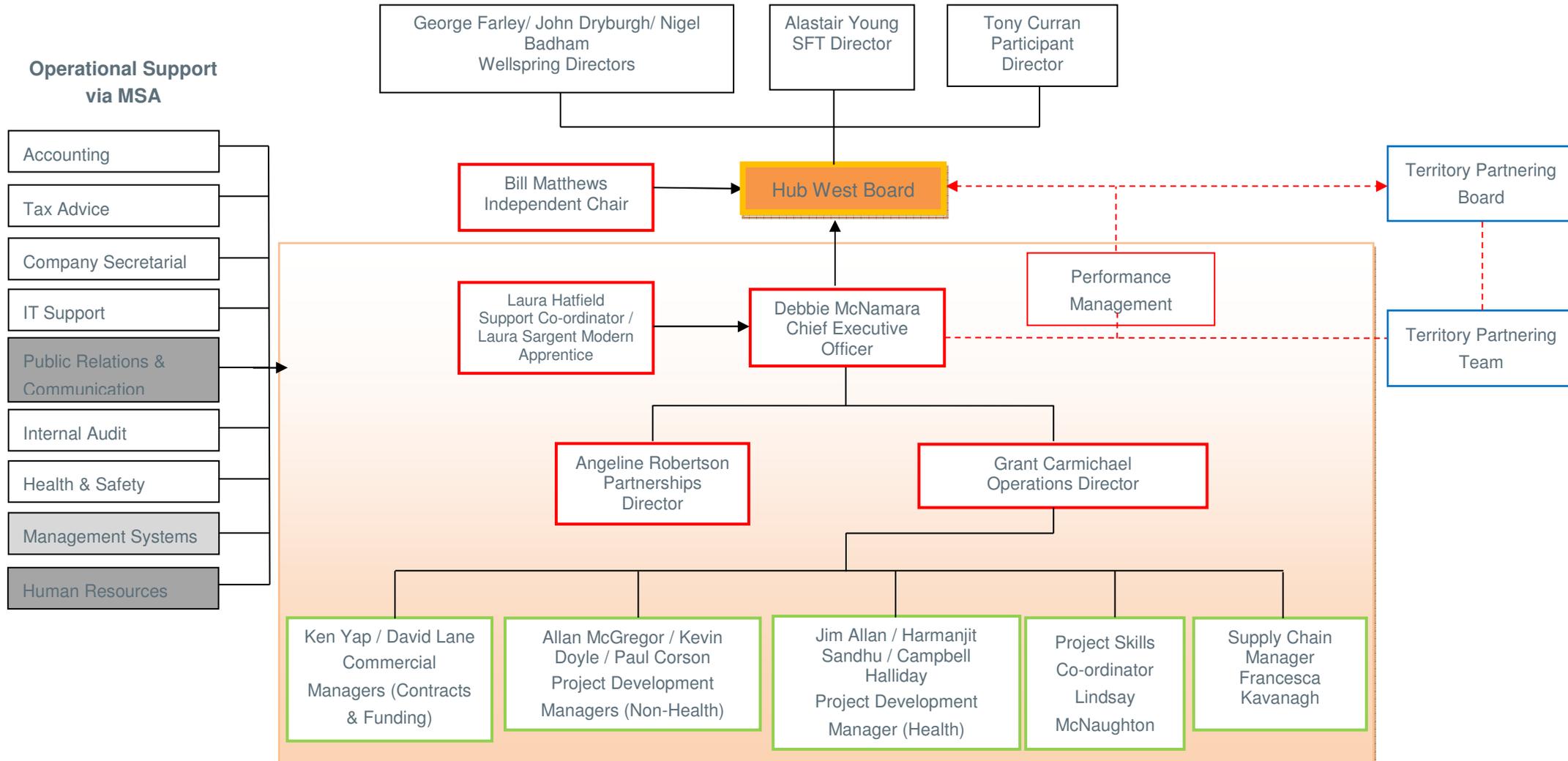
Project: Eastwood Health and Care Centre Project			
KPI Ref	Link to main KPI Schedule	KPI Method Statement	KPI Owner
EHCC 1	1.1 Health & Safety	Reportable RIDDOR Accident in the hubCo members and Tier 1 suppliers' organisations active the territory (business-wide AIR).	OSCD
EHCC 2	1.2 Health & Safety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

Project: Eastwood Health and Care Centre Project			
KPI Ref	Link to main KPI Schedule	KPI Method Statement	KPI Owner
EHCC 12	5.1 Quality	Design Quality	PDM
EHCC 13	5.2 Quality	Construction Quality	PDM
EHCC 14	5.3 Quality	Post Occupancy Quality	PDM
EHCC 15	6.1 Partnering & Collaboration	Active Involvement in TPB	CEO
EHCC 16	6.2 Partnering & Collaboration	Overall Satisfaction with Partnering Services	CEO
EHCC 17	7.1 Community Engagement	Compliance with Community Engagement proposals in On-Going Partnering Services Method Statement	PD
EHCC 18	8.1 Community Benefit	Recruitment and Training	PDM
EHCC 19	8.2 Community Benefit	Small and Medium Enterprise (SME) Supplier/Third Sector Development	PDM
EHCC 20	8.3 Community Benefit	The Cash Equivalent of Community Benefits delivered by hubCo and its Supply Chain	OSCD
EHCC 21	8.4 Community Benefit	End User and Community Satisfaction Surveys	PDM
EHCC 21	8.5 Community Benefit	Recruitment and Training across the programme of works through hub West Scotland	OSCD
EHCC 22	9.1 Sustainability	Achievement of BREEAM targets	PDM
EHCC 24	9.2a Sustainability	Reducing Construction Waste	PDM
EHCC 25	9.2b Sustainability	Reducing Construction Waste.	PDM
EHCC 26	9.2c Sustainability	Reuse and Recycling of Construction Waste	PDM
EHCC 27	9.2d Sustainability	Reducing Construction Waste	PDM
EHCC 28	9.2e Sustainability	Recycled Content Materials	PDM
EHCC 29	9.3 Sustainability	EPC Rating	PDM
EHCC 30	10.1 Supply Chain Management	Compliance with Method Statement TPA Schedule Part 3, Section 5A On-going Partnering Services, Part 2 Supply Chain Management	OSCD
EHCC 31	10.2 Supply Chain	Compliance with TPA Schedule Part 3, Section 5B Project	OSCD

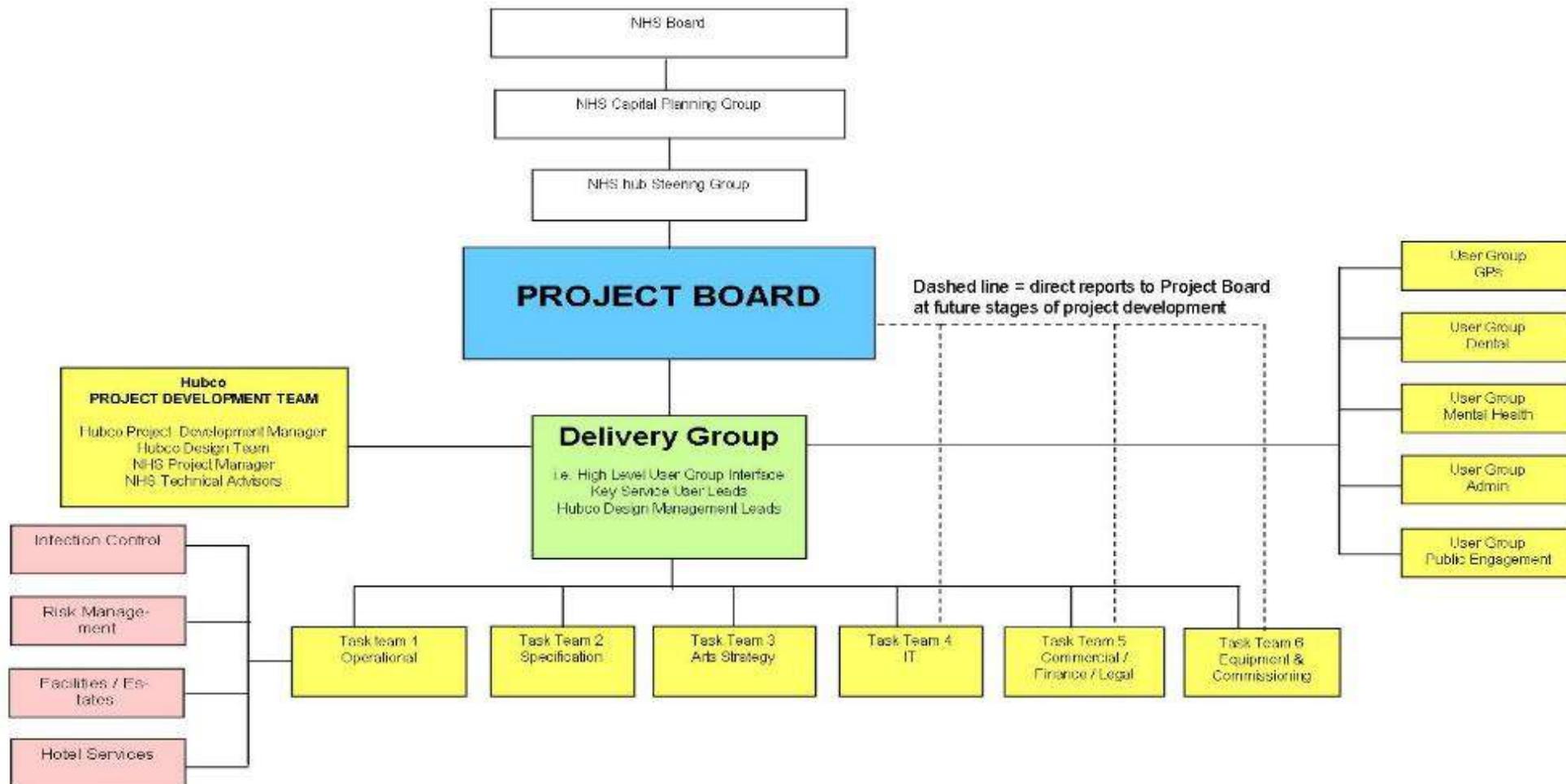
Project: Eastwood Health and Care Centre Project			
KPI Ref	Link to main KPI Schedule	KPI Method Statement	KPI Owner
	Management	Development Partnering Services, Part 2 Selection from the Supply Chain for each New Project	
EHCC 32	11.1 Overall Performance	Overall Performance of New Project Delivery	OSCD

2. Project Organisation

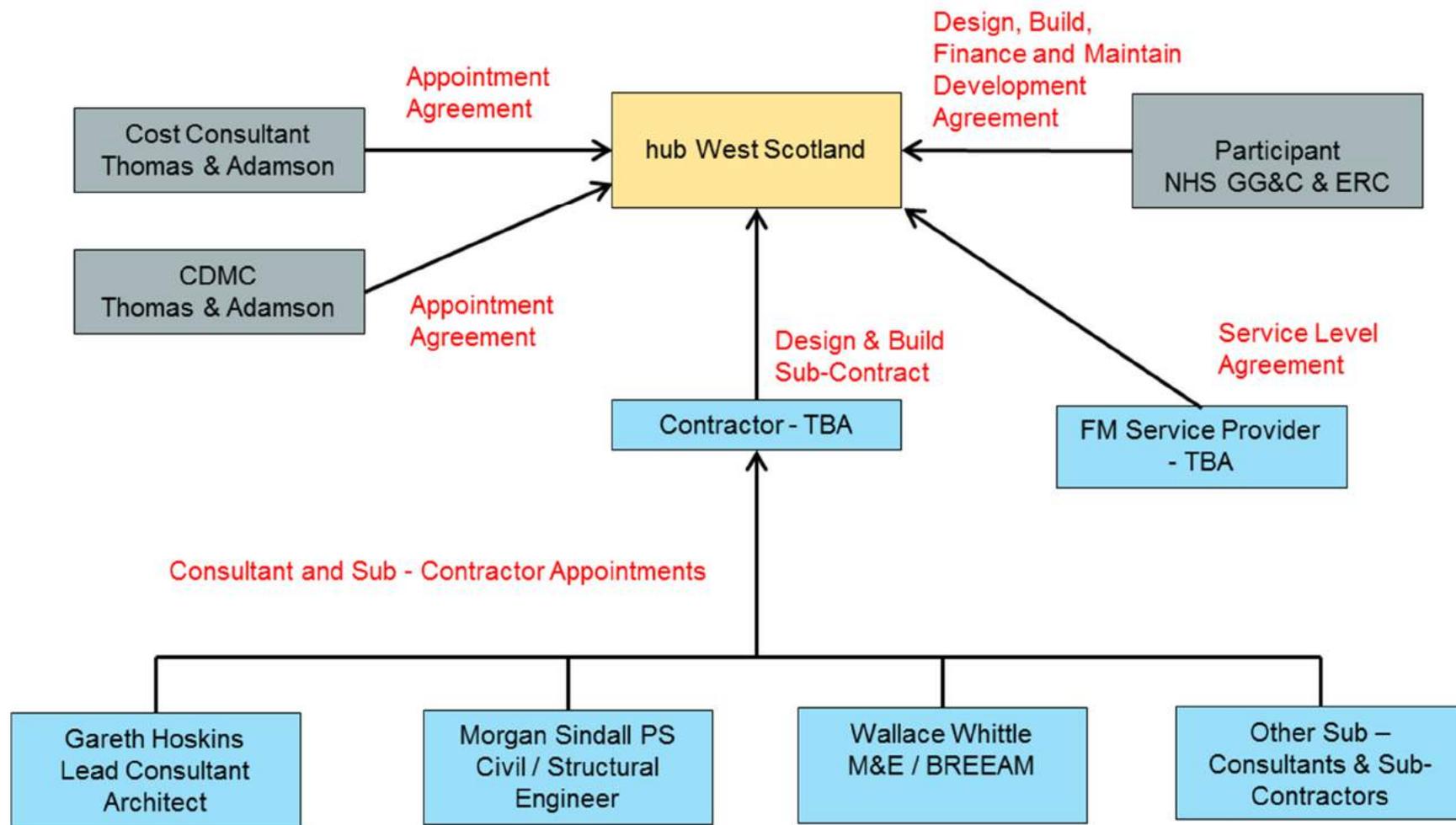
2.1 hub West Scotland (hWS) Structure



2.2 Project Structure



2.3 hub West Scotland Project Team Structure



2.4 Roles and Responsibilities

The roles and responsibilities of the key staff are detailed below

2.4.1 Operations Director (OSCD) – Grant Carmichael

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

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

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

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

2.4.3 Commercial Manager (CM) – David Lane

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

In summary, the CM will:

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

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

2.4.4 Project RACI Matrix

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

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

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

2.4.6 Architect – Gareth Hoskins Architects

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

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

2.4.7 Civil and Structural Engineer – Morgan Sindall Professional Services

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

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

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

2.4.8 Service Engineers – Wallace Whittle

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

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

2.4.9 Cost Consultant – Thomas and Adamson

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

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

2.4.10 CDM Co-ordinator – Thomas and Adamson

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

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

2.5 Project Directory

A project directory will be included in the PEP and referenced here for the project.

3. Meetings and Project Reporting

3.1 Meeting Strategy

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

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

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

The following meetings will be held regularly:

Project Board Meetings

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

Participant Delivery Group Meetings

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

Project Design Team Meetings

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

A progress meeting agenda is attached as Appendix G.

Project Risk Review

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

3.1.1 Other meetings

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

3.1.2 Public Participation

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

3.1.3 Project Team Building

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

3.1.4 Project Partnering Charter

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

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

3.2 Reporting Strategy

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

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

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

The report will be issued monthly and is likely to be augmented by 1st and 2nd Stage approval reports. A detailed structure of the PDM's Report is attached as Appendix 1 Section 3.0 Annex H.

Separate high level reports will be provided to the Territory Partnering Board via the hWS CEO. These reports will be written in non-technical language to allow the widest distribution and understanding.

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

3.3 General Approach to Risk Management

hWS's Risk Management Core Process forms part of the New Project Development and Delivery is a structured approach to dealing with the uncertainty and potential events that could adversely affect hWS's performance. hWS will adopt this structured approach to managing risk on this project.

The CEO supported by the OSCD is responsible for implementing the risk management core process and for mitigating risk as appropriate.

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

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

3.4 Project Specific Risk Management

On each of the West Hub pipeline projects brought forward by the Participants, the Core Process Risk Management procedure will be formally adopted from the start of the Stage 1 development process.

The Partnerships Director (PD) will offer support to the Participants which will include risk management as part of an Ongoing Partnering Services at Stage 0.

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

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

3.4.1 Inclusion in Stage 1 and 2 proposals

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

Once these proposals are approved and the project moves into the Stage 2 development the risk log will be used as the primary risk management tool throughout the Stage 2 development process.

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

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

4. Management of information

4.1 Lines of Communication

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

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

All meetings should have minutes taken with appropriate distribution.

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

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

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

4.2 Correspondence

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

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

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

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

In brief:

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

4.3 Drawings

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

- Project title and drawing title;
- Participant name;
- Description of revision and date of revision;
- Status of drawings;
- Issuing party, including address and telephone number;

- Scale and date;
- Drawn by and checked by and authorised by;
- Drawing number, and revision.

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

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

4.4 Information Required

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

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

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

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

4.5 hWS Portal

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

5. Programme Control

5.1 Key Project Programme

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

The following types of documents will be provided:

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

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

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

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

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

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

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

5.2 Progress Monitoring

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

5.3 Statutory Approvals

Full planning consent will be progressed in line with the requirements of the master programme. A series of pre-application meetings will be held with planning officials prior to a formal public consultation taking place. This all must take place ahead of the formal submission being made and this may have implications for the master programme.

The building warrant process will be programmed and it will be agreed with the design team and the contractor how best to progress this whether by a single stage application or a multi-stage application.

5.4 Surveys

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

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

6. Change control

6.1 Procedure

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

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

7. Health and Safety

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

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

Participants must make sure that:

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

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

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

- They advise the Participant of his duties;
- The project is notified to the Health and Safety Executive;
- They advise the Participant on the prepared relevant information about the site to be passed on to the designers and contractors;
- They shall advise the Participant on the risks, in respects of health and safety during the project;
- They ensure the designers shall co-operate with each other for the purposes of health and safety and welfare of all persons involved with the construction, occupation, maintenance and finally demolition of the structure;
- They advise the Participant on the surveys and information that is not present but is required;
- They prepare and issue an information pack and issue the pack to all relevant parties including the principal contractor at the construction stage;
- They are able to give advice, if requested, to the Participant on the competence and allocation of resources by designers and all contractors; advise contractors appointing designers; and also advise the Participant on development of the health and safety plan before the construction phase starts;
- The construction phase health and safety plan from the contractor is properly prepared for the initial works;

- They shall monitor the design changes during the construction stage;
- The health and safety file is prepared and delivered to the Participant.

Note: Revised as per CDM2007

The design team will:

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

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

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

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

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

8 Affordability, New Project Pricing Report, Valuation and Payment

8.1 Project Affordability Cap

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

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

8.2 New Project Pricing Report Procedure

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

8.3 Valuation and Payment Certificates

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

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

9 Completion and Handover

9.1 Procedure

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

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

9.2 Completion Certificates

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

- On receipt of notification from the contractor that the works are complete and available for inspection, each member of the design team will conduct a full inspection and complete a list of defects requiring remedial action and forward these to the PDM and contractor;
- Each member of the design team will notify the PDM as to the status of these lists on re-inspection, and when all works are complete, the contract administrator, will issue a practical completion certificate.

9.3 O&M Manuals

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

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

9.4 Migration Planning

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

9.5 Post Project Evaluation

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

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

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

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

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

Schedule of Appendices

Appendix 1 Project Execution Documentation

Section 1.1	Annex A	Project Information Pack (PIP)
Section 2.2	Roles and Responsibilities	
	Annex B	Project Development Manager (PDM) – Outline Scope of Services
	Annex C	Commercial Manager (CM) – Outline Scope of Services
	Annex D	Architect – Outline Scope of Services
	Annex E	Design Consultants – Outline Scope of Services
	Annex F	Template RACI Matrix
Section 3.0	Meetings and Reporting	
	Annex G	Project Progress Meeting Agenda
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	Annex K	Section 6.1.1 Change Order Request Form /Approval Log
	Annex L	Change Control Sequence
	Annex M	Design Development Control Sheet
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Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

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

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

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

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

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

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

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

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

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

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

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

Appendix 1 Project Execution Documentation

Section 6.0 Change Control

Annex L Change Control Sequence

Appendix 1 Project Execution Documentation

Section 6.0 Change Control

Annex M Design Development Control Sheet

Appendix 1 Project Execution Documentation

Section 9.0 Handover

Annex N Section 9.2 Handover Meeting Agenda and Checklist

Appendix 2 Risk Register Template

Appendix 3 Project Programme Template

Appendix J – Stakeholder Communication Plan

Appendix J - Stakeholder Communication Plan

Introduction

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

Background and aim

The aim of the plan is to detail the action to be taken by East Renfrewshire CHCP to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

Context

Eastwood Health and Care Centre is one of 4 new health (and care) centres being developed across Greater Glasgow.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

Stakeholders

The main stakeholders in the project are:

Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- East Renfrewshire Council
- East Renfrewshire CHCP committee
- West of Scotland Hub Team
- Project Board
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- CHCP Management Team and Leadership Group
- Public Partnership Forum
- Staff Partnership Forum
- CHCP Staff
- GPs moving to centre
- Managers and staff of services and clinics managed out with CHCP e.g. podiatry, physiotherapy, maternity , anti-coagulation

External

- Local MSPs/Councillors
- Community Planning Partners
- Local community organisations
- Local voluntary sector organisations with a connection to health services
- Local residents
- Local People
- Existing service users and patients
- Wider GP group out with centre
- Staff in NHSGG&C (i.e. wider than Glasgow CHP and East Renfrewshire CHCP)
- Staff in East Renfrewshire Council (wider than East Renfrewshire CHCP staff)

Existing communication mechanisms

Formal Structures / mechanisms for communication with stakeholders

- Project Board and Delivery Group meetings
- CHCP and Council Committee meetings
- Community Council Meetings
- NHSGGC Board and Performance Review Group (PRG)
- Hub Steering Group meetings
- Area Forum and Community Council meetings
- CHCP management meetings
- Public Partnership Forum
- GP Forum
- Staff Partnership Forum
- Third Sector Forum
- Provider and voluntary sector networks
- Reshaping Care for Older People groups
- Housing Providers Forum
- Access Panel

Less formal means of communication

- Internal and external newsletters and team briefs
- Web sites (NHSGG&C, East Renfrewshire CHCP and Council)
- SOLUS Screens in community health venues
- PPF newsletters/ e mail communications to people/organisations on local databases
- Local Community Councils (newsletters)

New communication /involvement structures

Public/patient involvement group(s) for each hub project

Public involvement in the development of the new centres is overseen by Public Partnership Forum (PPF). Engagement with the public has and will extend beyond the PPF committee to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new health centres.

Eastwood Health and Care Centre will be regular agenda on the PPF agenda. The CHCP Head of Strategy, supported by the PPF officer, will take responsibility for wider public engagement as the project progresses reporting back to the PPF Executive Committee and to the Delivery Group.

User groups

Each service and/or staff discipline has a representative on the Delivery group. It is expected that each member of the Delivery Group will communicate regularly with their respective user group – through meetings and/or e mails. In addition regular wider user stakeholder meetings have and will take place to update on the design process. The agile working user group will link to the project through the Delivery Group.

Communication Plan

The communication plan is set out in the following table:

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects. NHS Board and/or Performance Review Group (PRG)	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?
	Business Case & Briefings	Anne Hawkins on behalf of Partnership Directors	As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Head of Strategy Chairs of Task Teams and Delivery Group representatives Head of Strategy 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
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.	Fortnightly meetings , Weekly tele conference and/or ad hoc as required?	Telephone, email, face to face meetings, reports and briefings.
Principals Group?	Review of Project Progress, regarding design, construction, affordability, etc	NHS Project Director/Project Manager, Consultant PSC – Project Manager & Cost Adviser,+ PSCP Senior Manager	Quarterly or ad-hoc as required	Telephone, email, face to face meetings, briefings

Scottish Government Health Directorate (SGHD)	Business Case Submissions	Project Manager SRO	As required for Business Case submissions and in advance of CIG meetings for business case approval.	CIG, emails, telephone and ad hoc meetings as required.
Scottish Ministers	Programme Update, General Information relating to Project.	SRO	As required.	Briefings.
CHCP Committee	Project Update,	SRO	Regular progress report at key milestones/stages and as required	Committee Report /seminar / briefing note as appropriate dependant on issue to be communicated.
Principal Supply Chain Partner (PSCP)	Framework, High Level Information Pack, & Procurement	Project Manager SRO	As stated in High Level Information Pack.	Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.
Professional Service Contracts (PSC – PM and CA)	High Level Information Pack Framework & Procurement Information	Project Director Project Manager	As stated in High Level Information Pack.	Meetings, correspondence, Bidders Day, briefings, e-mail and telephone
User Groups/Task Teams	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Dependent on stage of development of project - at times frequent and intensive(e.g. design stage), at other times just updating on quarterly basis/	As appropriate dependant on issue to be communicated.
Service 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)

Participant Asset and Estate Managers	Programme Updates, general Information relating to project.	Project Manager SRO Head of Planning	Property Asset Management Issues Facilities Management Issues	As appropriate dependant on issue to be communicated. Representative of asset and estate management involved Delivery and task groups
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	Land transaction Participant and partner agreements OBC, FBC	As appropriate dependant on issue to be communicated.
CHCP Senior Management Team	Project Updates, general information relating to project.	SRO Head of Strategy	Regular updates on developing plans – discussion re operational implications of service delivery and agile working	As appropriate dependant on issue to be communicated.
GPs	Updates, general Information relating to Project	SRO/Head of Strategy Primary Care Development Manager	Regular reports on progress Update on progress as required - 6monthly or annually	GP representative on Delivery Group Presentation to GP Forum by Director/Head of Strategy (to keep other GPs in area informed)
CHP/CHCP staff	Updates, general information relating to Project Any changes to staff working conditions/practices arising from new developments Staff teams who will be working in new centres	SRO/Head of Strategy to	As per required. Team briefs Staff newsletter Staff Partnership forum representatives are members of Delivery Group and Project Board	SRO/Head of Strategy to provide information to Communications officers who will draft material Head of Strategy to report Staff Partnership forum As appropriate dependant on issue to be communicated Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments
East Renfrewshire Access Panel	Design Updates, general Information relating to respect of disability access/ease of use by patients with different disabilities.	SRO/Head of Strategy	As required at key design stages	As appropriate dependant on issue to be communicated. Primarily individual meetings

Community and Voluntary Organisations	Design Updates, general Information relating to project	Head of Strategy	As required at key design stages	Meetings with Voluntary Action ER – Third Sector Interface Presentations to third sector forum New letters Use of CHCP Providers networks
Community Councils	Updates, general Information relating to Project	Head of Strategy	At Key planning stages	Group meetings and 1-1 meetings as requested
Residents	Design proposals, general Information relating to Project stages	Head of Strategy Hubco	At key planning , design and preconstruction stages	Letters Residents meetings Local publicity
General public /patients	Regular updates on initial plans and then progress	Head of Strategy Communication Officer(s)	As required	NHS and Council Newsletters SOLUS screens Articles in PPF and partner newsletters