Inverclyde Health and Social Care Partnership

Full Business Case

Greenock Health and Care Centre

August 2018

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1. Executive Summary

This document is presented on behalf of NHS Greater Glasgow and Clyde (NHS GGC) who seek approval for funding to provide a new Greenock Health and Care Centre. The new centre will support the further development of primary care services and continue the integration of health and social care along with GGC and third sector partners, in line with the national policy.

1.1 Full Business Case for Greenock Health and Care Centre

NHS Greater Glasgow & Clyde presented an Outline Business Case document to the Scottish Government Capital Investment Group (CIG). It received approval 16th October 2017. A copy of the approval letter is enclosed at Appendix A. The final stage of the process is presenting a Full Business Case (FBC) outlining the preferred option in detail for approval by CIG.

The planning application was submitted to Inverclyde Council planning department on 16th February 2018 and received approval on 6th June 2018 (Appendix B).

The purpose of this report is to present the Full Business Case for the project. This will justify and demonstrate the proposals for the development of the new Greenock 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, February 2017.

1.2 The Purpose

Greenock is the largest town within Inverclyde, and like much of the West of Scotland, is characterised by persistent socio-economic deprivation and poor health outcomes. The development of the Inverclyde Health and Social Care Partnership (HSCP) builds on established joint working that was fostered under the previous CHCP arrangements, but the new HSCP also affords an opportunity for us to take stock of progress to date and our priorities for the future.

Over the past four years work has been ongoing to develop health and social care services with a view to improving outcomes and mitigating the health inequalities that stubbornly exist, through service reconfiguration.

The purpose of the project is much more than the simple replacement of the existing facilities. This is an opportunity to enable and facilitate fundamental change in the way in which health is delivered to the people of Greenock and those surrounding areas that will access the health and care centre. The underlying aim is to reshape services from a patient's point of view.

The current Greenock Health Centre is the base for four GP practices serving a population of 29,000 as well as providing a range of other services, and was designed almost 40 years ago. The population and expectations have changed significantly since it was built, and the centre is no longer fit for purpose. It is of poor fabric, is functionally unsuitable and does not have the space to deliver services that can and should be expected from a modernised National Health Service.

A Full Business Case has been developed, and this document details our thinking in terms of the most important issues that shape our strategic priorities. Health inequalities are central, and some of the most notable negative consequences of these are highlighted. We know that many of the people who need health or social care support are often disinclined to approach or engage with our services, and only accept support when their condition(s) are quite advanced. This means that opportunities for supported self-management or health improvement at an earlier stage of disease progression can often be missed.

1.3 Changes since OBC

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

- Total Gross Internal Floor Area confirmed 5828m2 based on agreed schedule of accommodation (5846m2 OBC Stage)
- Staff from The Centre for Independent Living are no longer coming to the new facility and the space will be utilised with the wider multi-disciplinary Primary Care Team.

1.4 Current Facilities

The current facilities at Greenock Health and Care Centre are of poor quality and are seen as unwelcoming. Staff inform us that the current building is not able to accommodate the new ways of working afforded by multidisciplinary team approaches, in terms of layout, spatial relationships and general fabric. We also know that patients attending Greenock Health and Care Centre will often be expected to attend other locations to access services that are part of their overall care package or approach. If patients choose not to attend another location, then their treatment plan is at risk of being compromised. If we are to make a real difference to improving lives in Greenock and Inverclyde, we need to radically re-think our approach to how we organise and deliver health and social care services in a way that maximises our impact, nurtures and supports self-management, makes the patient journey as straightforward as possible,

and recognises carers and third sector contributors as equal partners. We also need to ensure that we refine our relationship with Acute Sector services in ways that optimise effectiveness and efficiency, and support care and treatment being delivered from primary care settings whenever appropriate. This is in the best interests of patients and staff alike.

We have considered the negative points of the current building alongside the positive joint working that has steadily grown over the years within the Greenock Health and Care Centre. There is much to celebrate and any future change should aim to preserve the positives as well as address the negatives. Recognising this, we have considered various options including refurbishing, upgrading or expanding the existing facilities. For various reasons that are noted, once all of our options had been reviewed, we concluded that the best option for Greenock is a new-build Health Centre that enables bringing together the key supports from a range of professions to tackle health inequalities, improve health and contribute to social regeneration.

1.5 Financial Case

Output	Option 4 – New Build Wellington Street
Capital Expenditure (capex & development costs	£20,790,475
Annual Service Payment	[redacted]

The overall cost position has reduced from £21,196,240 at OBC stage to £20,790,475. There has been a minimal decrease in the building area of 18m2 since OBC. The main reason for the decrease in cost is the introduction of savings associated with the project being as part of the bundle with Stobhill and Clydebank. There has also been a decrease in the unitary charge since OBC due to improved funding terms being provided.

The overall costs have been examined by the Board's technical advisers who have confirmed that the costs represent value for money.

There has already been significant rationalisation of public sector buildings in Inverclyde to modernise delivery options and streamline the citizen's journey. The next logical step is to modernise health and social care premises and create opportunities to further improve access to services, integrating the wider Community Planning Partnership aspirations of improved outcomes, won through social and economic regeneration that increases the life opportunities and outcomes of those most vulnerable to experiencing inequalities of all kinds.

This paper sets out a proposal and outline costs for the development of a health and social care facility for Greenock and the wider community of Inverclyde. The development will be led by the Health and Social Care Partnership, which

is responsible for the provision of all community health and social care services in Inverclyde.

Transforming Care in Greenock

Strategic Case

August 2018

2. Strategic Case - Setting the Context

The main purpose of the Strategic Case at Full Business Case stage is to confirm that the background for selecting the preferred strategic / service solution(s) at OBC stage has not changed. It will do this by revisiting the Strategic Case set out in the OBC; and responding to the fundamental question:

2.1 Has the Strategic Case for investment altered?

Fundamentally, there have been no material changes to the strategic case since the Initial Agreement and subsequent OBC was prepared and approved. There has been no change in terms of the existing sites that were originally proposed at OBC stage as being rationalised through this project.

However there are two other subsequent policy and planning changes that have emerged which reinforce the strategic case for this project. These are the Scottish Government's New Contract for General Practice (2018) and NHSGGC's Strategic Service Strategy: Moving Forward Together. Both developments cement the commitment to locally available extended primary care teams, working seamlessly with social care and the third and independent sector, and supporting people more effectively to live well at home, or in a homely setting.

There has been a service change since OBC stage where the Centre for Independent Living Team will no longer be located within the new facility. We will now be accommodating new staff who will form part of the wider multi-disciplinary team in primary care such as Pharmacists, Advance Nurse Practitioners, Physiotherapists and Phlebotomists who will support in delivering the new GP contract.

Greenock Health and Care Centre is a two storey building of clasp framed construction with a flat roof, which opened in 1978. The accommodation is now nearing the end of its useful life in terms of suitability for service provision.

Our Vision for the future

NHS Greater Glasgow & Clyde (NHSGGC) is the largest NHS Board in Scotland and covers a population of 1.2 million people. The Board's annual budget is £3.1 billion and it employs over 40,000 staff. Services are planned and provided through the Acute Division and six Health and Social Care Partnerships, working with six partner Local Authorities.

NHSGGC provides strategic leadership and direction for all NHS services in the Inverclyde area and works with partners to improve the health of local people and the services they receive. This partnership approach recognises that good health outcomes are achieved through much more than just clinical services, important thought these are.

NHSGGC's purpose, as set out in the Board's Corporate Plan 2013 – 16 (which was relevant at the time of the development of this proposal) is to "*Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.*" This is entirely in line with NHSScotland's strategic priorities, particularly in relation to the 2020 Vision and the Quality Strategy. From the HSCP perspective, our planning is underpinned by the five strategic themes.

- Employability and meaningful activity;
- Recovery and support to live independently;
- Early intervention, preventions and reablement;
- Support for families
- Inclusion and empowerment

Inverclyde HSCP is responsible for the planning and delivery of all community health and social care services within the local authority area based on these five themes. The scope of HSCP services includes the delivery of services to children, adult community care groups, mental health, addictions, criminal justice, homelessness, public health responsibilities and health improvement activity. Having responsibility for this full range of provision presents real opportunities to address the issues relating to the five strategic themes.

There is a service change since OBC. The Centre of Independent Living staff will no longer be coming to the new facility. The centre will now see a number of additional wider primary care staff who will work closely with the GP practices delivering the new primary care contract.

Demographic Profile

The 2016 population for Inverclyde is estimated at 79,160 based on NRS data accounting for 1.5 per cent of the total population of Scotland. **52%** are Female and **48%** are Male.

In Inverclyde, 16.23% of the population are aged 0-15 years, and 16.39% are aged 16 to 29 years (which is smaller than Scotland where 18.16% are aged 16 to 29 years). People aged 60 and over make up 26% of the Inverclyde population compared to the Scotland figure of 24%. Table 1 below shows that Inverclyde's population overall is skewed more towards older age groups than the Scottish averages. This means a potentially smaller proportion of working aged people against a higher proportion of older people who are likely to have greater health and social care needs given the health inequalities experienced in Inverclyde.

National Register for Scotland (NRS) Data

	0-15	16-29	30-44	45-59	60-74	75+	**Totals**
Scotland Total	915,917	981,312	1,094,093	1,092,974	878,095	442,309	**5,404,700**

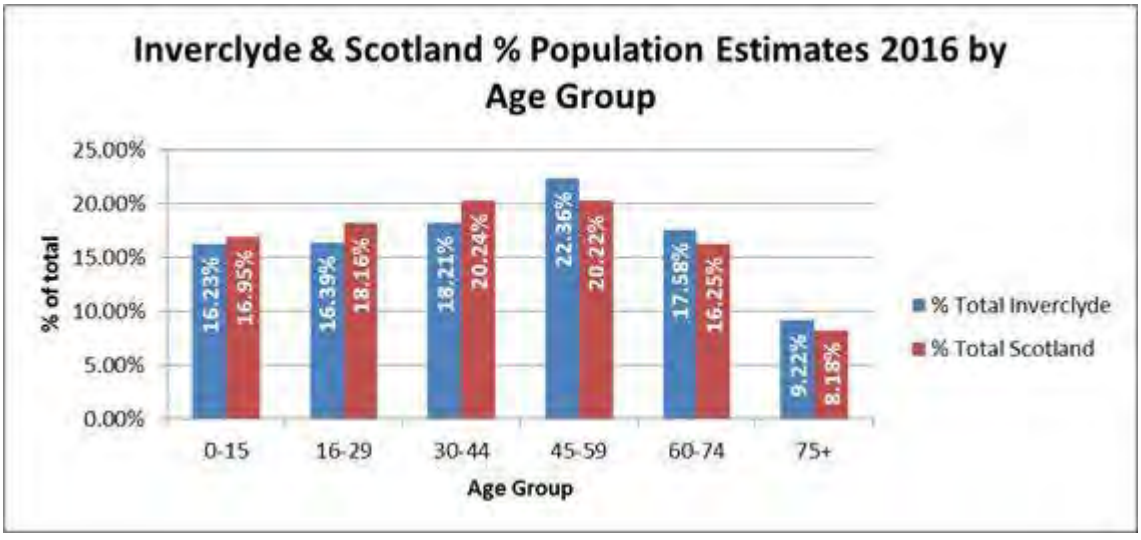
Inverclyde Total	12,851	12,977	14,414	17,703	13,917	7,298	**79,160**
Males Scotland Total	468,396	492,255	535,386	530,704	421,742	179,020	**2,627,503**
Males Inverclyde Total	6,650	6,582	6,829	8,441	6,581	2,753	**37,836**
Females Scotland Total	447,521	489,057	558,707	562,270	456,353	263,289	**2,777,197**
Females Inverclyde Total	6,201	6,395	7,585	9,262	7,336	4,545	**41,324**

	0-15	16-29	30-44	45-59	60-74	75+	
% Total Inverclyde	16.23%	16.39%	18.21%	22.36%	17.58%	9.22%	100.00%
% Total Scotland	16.95%	18.16%	20.24%	20.22%	16.25%	8.18%	100.00%

Greenock Health and Care Centre currently serves 28,509 patients, which is just over 36% of the Inverclyde population.

GP Practices	Practice Populations
86040	5907
86228	2873
86355	9295
86360	10434
Total	**28509**

Table 1: Estimated Population of Inverclyde and Scotland, by age group, 2014



Source: Mid-Year Population Estimates, NRS Scotland, 2016

Current Arrangements

The current Health Centre building is no longer fit for purpose and cannot serve the population to best effect due to constraints of space, poor condition of the estate and lack of flexibility in how the existing building is able to be used. In assessing our options we have considered refurbishment and expansion, but the location, design and land footprint mean that this is not a feasible option. In considering improved ways of working to deliver better outcomes, the premises from which we operate are an important factor. The current arrangements do not support the changes we aim to make, and the most economical and sustainable option to emerge from the assessment is for a new-build facility.

This document therefore goes on to articulate the investment and design quality objectives; the risk management strategy and the benefits realisation plan.

Transforming Care in Greenock

Economic Case

August 2018

3. Economic Case –

The main purpose of the Economic Case at FBC stage is to review the costs, benefits and risks of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the Outline Business Case.

In scoping the options, the Project Board has considered that the future model of service provision needs to be delivered from premises that are fit for purpose. The premises need to support the level of integrated working required to make a more positive impact on reducing unequal health outcomes and supporting self-management, particularly in regard to multi-morbidities. The current facilities have been assessed as not meeting the basic needs, so the "Do Nothing" option is not viable. The poor repair and ongoing maintenance of the building mean that from a repairs perspective it is expensive to maintain. There is a current maintenance backlog of £888k which will only grow in the future. The asbestos that is integral to the building's structure means that even relatively simple repairs become extremely costly as measures need to be put in place to protect staff and the public from the dangers of displaced asbestos fibres or dust. The preferred solution is therefore a new-build facility, to be delivered within an overall funding envelope of £20,790,475.

3.1 Commercial, Financial & Management Cases

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

A high level time line has been produced, see below:

OBC Consideration\Approval	October 2017
FBC Consideration\Approval	November 2018
Financial Close	November 2018
Completion date	July 2020
Services Commencement	August 2020

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

3.2 Financial Case

As there has been very small change in cost the detailed analysis in the OBC still stands. The overall cost position has reduced from £21,196,240 at OBC

stage to £20,790,475. There has been a minimal decrease in the building area of 18m2 since OBC. The main reason for the decrease in cost is the introduction of savings associated with the project being as part of the bundle with Stobhill and Greenock. There has also been a decrease in the unitary charge since OBC due to improved funding terms being provided.

The overall costs have been examined by the Board's technical advisers who have confirmed that the costs represent value for money.

Discussions took place with Scottish Government in September 2016, when the requirement for additional site was identified. Following upon this, confirmation was provided by Scottish Government that the Board should proceed with the submission of an OBC on this basis.

3.3 Summary of Objectives

The proposal for a new Greenock Health and Care Centre is therefore vitally important in terms of tackling health inequalities, promoting supported self-management, fostering the principles of multi-disciplinary anticipatory approaches and maximising effectiveness in how we work with colleagues in the Acute Sector. It will also contribute to local economic generation and the wider Council and Community Planning Partnership objectives of improving population health and valuing citizens by providing modern, well-equipped public spaces and buildings.

Workshops undertaken with staff and patients over the past two years have helped us to define some specific objectives that we would like to achieve by changing how and where we work if we are to meaningfully tackle the health inequalities that have characterised Inverclyde for so long. Further local information sessions were held towards the end of 2017 at the new Broomhill Gardens Hub, Inverclyde Association Mental Health which is located close by the new site. The events were well attended by members of the public, Councillors, MSPs as well as staff who were able to discuss the new facility with the Design Team. HSCP staff were also representing their services providing information about how to access services and information on what services will be located within the new facility

Some points that were raised at the above sessions:-

- Interagency and interdisciplinary working is central, and we have already shown with some of our social care premises that this is supported through co-location. The current health centre is not big enough to support the extent of our ambition, therefore our first investment objective is to **increase accommodation capacity**.
- In Inverclyde, related services are sometimes delivered out of different buildings meaning bus, car or taxi journeys for patients between these services. This can be costly and time-consuming, therefore our second investment objective is to **improve access for public and service users.**
- Our local partnership working has highlighted that improved patient outcomes can be achieved through welcoming non-traditional health

service partners onto the care pathway. Supporting the full integration of Third Sector and Community Planning Partners will help improve holistic care, preventative approaches and more appropriate referrals. Our third objective is therefore to **enable speedy access to modernised services**.

- Although co-location is helpful in supporting joint working, we recognise that this needs to be about more than just being in the same building. We also need to support continuous learning and development of clinical and non-clinical staff if we are to recruit high-quality expertise into Inverclyde in the future, so replacement premises must have physical capacity for this, but in a way whereby the spatial arrangement of development space is logical in terms of the teams and relationships that need to be supported. Our fourth objective is to have **better integrated teams and additional services.**
- As we look to the future, we are keen to reduce our carbon footprint in line with the Government's 2020 target. We also see the cost benefits of reducing energy bills, thereby freeing up resources towards clinical or support services. Our fifth objective is to **improve the safety and effectiveness of our accommodation**.

3.4 Strategic Background

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

We are confident that the anticipated benefits described above and throughout the Full Business Case will be realised, and that this will deliver genuinely improved outcomes for the people of Greenock and Inverclyde.

NHS
Greater Glasgow and Clyde

Transforming Care in Greenock

Commercial Case

August 2018

4. Commercial Case

4.1 How was the preferred commercial offer(s) suppliers selected

The replacement of Greenock Health and Care Centre will be delivered using the hub procurement initiative, as procurement of NHS projects are mandated to be delivered through this Partnership arrangement . The project which is revenue funded accordingly will be delivered via a Design Build, Finance Maintain. (DBFM) contract.

4.2 Procurement Plan

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.

Greenock 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 (Hws), local public sector Participants (which includes NHS GGC and WDC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The New Greenock Health and Care Centre project will be bundled with the New Clydebank Health & Care Centre, and the Stobhill Mental Health Wards – the purpose of this approach and the benefits are outlined in the stand-alone paper which accompanies this and the Clydebank & Stobhill FBCs.

The TPA prescribes the stages of the procurement process including:
New Project Request;
Stage 1 (submission and approval process);
Stage 2 (submission and approval process); and
conclude DBFM Agreement (financial close)

Since this project includes design, construction and hard Facilities Management services, the TPA requires that DBFMco (a special purpose company) enters into SFT's standard form Design, Build, Finance and Maintain Agreement for hub projects.
The main Contractor appointed for this project by Hws is BAM Construction, this contractor is also appointed on the Clydebank and Stobhill projects.

Stage 2 has been completed, and reviewed and challenged from an NHS perspective. The FBC is based upon the Stage 2.

The Stage 2 has been reviewed by the Board's external advisers who have confirmed its compliance with the TPA. The reports can be provided if required.

4.3 External Advisers

The External Advisers to support the HSCP/NHS GGC Capital Planning team for this project and the two other projects which are part of this bundled group i.e. Clydebank Health & Care Centre and Stobhill Hospital Mental Health

Projects, have been appointed, utilising the Public Contracts Scotland for procurement, and where applicable the OJEU process.

The Advisers appointed are:
Technical Advisers – Currie & Brown
Legal Advisers – CMS
Financial Advisers – Caledonian Economics

Awareness of the need to clearly manage quality control during the construction phase of projects has been heightened by the recent publication of the Cole Report (Edinburgh Schools). In addition to the quality management responsibilities of DBFCo, a Building Monitor is being appointed by NHS GGC to provide an independent opinion of the quality of construction.

4.4 What are the Commercial Arrangements of the recommended offer

Proposed scope and services

4.5 Existing Arrangements

Greenock Health and Care Centre is a Clasp Building constructed in the 1970's and is located on Duncan St, some half a mile from the Wellington St site. The Health Centre accommodates:

Four GP Practices, Community Dental, Podiatry, Physiotherapy, Sexual Health Clinic, Treatment Rooms, District Nursing, Health Visiting, School Nursing. Rehabilitation, Home Care Teams,

CAMHS, Speech and Language Therapy. Out –Patient Clinics outreach Acute Clinics, Continence Clinics, Community Psychiatric Nurse Service Community Mental Health Teams, Diabetes Nurse Led Clinic, Sphere bowel and bladder service pre assessment. Anticoagulant clinic, Dietician service and Blue Badge clinics

4.6 The Site

The preferred site is located within the Broomhill area of Greenock, close to the existing Greenock Health Centre. The site was formerly the location of Wellington Academy which was demolished in 2012. At this time the site has a number of contaminants which will require to be cleared or remediated, prior to construction commencing in Winter 2018 .

A further site for additional car parking spaces (Former Football pitch for Wellington Academy) adjacent to the main site and also in the ownership of Inverclyde Council is required to meet parking requirements identified in discussions with Inverclyde Council, Roads Department.

The site is being acquired from Inverclyde Council for nil consideration. Both NHS GGC and Inverclyde Council have approval to the transfer. Respective solicitors are engaged to document the transfer, with an Offer to Sell drafted by Inverclyde Council.

It is anticipated that missives will be agreed in the next few months, with the projected date for site transfer of October 2018.

A Schedule of Accommodation (SOA) has been arrived at following a number of meetings with the users and project team and totals a floor area of 5,828m2. A copy of the SOA is included as Appendix D which details all the services to located within the new facility. These include General Practitioners, Community Dental, CAMHS, Physiotherapy, Podiatry, Sandyford Sexual Health, Social Work etc.

4.7 Site Access, Constraints and Orientation

It is not anticipated that there will be any access issues on to the site. To support the proposed design, site investigations and topographical surveys have been undertaken by hub West to determine the full extent of the ground conditions and any possible contaminants on the site. As pockets of Asbestos have been identified on the Wellington St site a Remediation Plan has been developed, and agreed with the Pollution Officer

4.8 Design Development

The design has been developed by using the Eastwood Health and Care Centre as the reference point. The objective of the reference project was to develop and test two different creative responses to the integrated services agenda and to demonstrate that "Excellent design is achievable within good value Affordability Caps."

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

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

4.9 NHS Scotland Design Assessment Process (NDAP)

During Stage 2, design review meetings have been held with Health Facilities Scotland (HFS) and Architecture & Design Scotland (A&DS) as part of the NDAP process and their comments have been addressed as part of the Stage 2 design development. The response to the design has been positive and it is anticipated the design will be endorsed (through the NDAP process) as part of the Stage 2 approval process. These reviews have also incorporated reviews of the Thermal Model developed and M&E strategy.

4.10 BREEAM

A target of BREEAM 'Very Good' at a score of 65% is set to be achieved within the current assessment undertaken by the BREEAM Assessor. This has been agreed with HFS through the design reviews that have been held through the Stage 2 Process.

4.11 HAI-Scribe

An HAI-Scribe Development Stage 2 infection control assessment of the preferred option site was carried out on 20th July 2018 with NHS GGC Infection Control, HSCP and the Architect. The HAI-Scribe Development Stage 2 Strategy and Risk Assessment was completed at this meeting and is included in Appendix E.

4.12 Clinical and Design Brief

The Health Planner for the project has attended the Delivery Group meetings and met with various stakeholders to look at the operational policy documents provided by NHS GGC and to review the accommodation requested. A full report was produced by the Health Care Planner and presented to the Project Board on August 2016.

4.13 Staff to be accommodated in the new facility

The number of staff (including Social Care) to be accommodated in the new facility is summarised in the table below:

Staff numbers

Services	Estimated No of Staff
GP Practices	70
Sandyford Sexual Health	11
Health Visiting\School Nursing	35
Immunisation Team	4
District Nursing	40
Dieticians	6
Physiotherapy	6
Community Dental	10
Podiatry	20
CAMHS	26
Speech & Language Therapy	13
Pharmacy	14
Health Community Care Management	4
HSCP Staff – Business Support	33
Social Work – Assessment & Care	13
Primary Care Team	35
Social Work – Homecare	30

4.14 Surplus Estate

The OBC is predicated on the basis that the existing Greenock Health Centre, Cathcart Centre, Boglestone Clinic and Larkfield Child & Family Centre CAMHS Building (NHS GGC owned) and the ICIL (Inverclyde Council owned), and which are not fit for purpose, will be disposed of once the new facility becomes available. The properties owned by NHS GGC are currently on the Board's Property Disposal Programme to which Scottish Futures Trust are actively involved in. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010). Boglestone Clinic has already been disposed of.

4.15 Commercial Arrangements

GP Practices

In respect of GP Practices costs they have been calculated using the NHSGG&C agreed methodology for GP Charges, Inverclyde HSCP has provided each of the Practices with an estimate of their Accommodation cost for their area within the New Facility based on the approved Schedule of Accommodation these will be reviewed and re issued by the end of September 2108. These costs will again be confirmed/adjusted and agreed prior to completion of the building.

Historically, NHS GG&C does not hold formal leases with GPs in its Health Centres. However the new programme of development has allowed all of the new centres to be occupied by GPs under the same terms and conditions and proportionate sharing of costs for all common and shared areas.

4.16 Risk Allocation

Transferred Risks

Inherent construction and operational risks are to be transferred to the Sub-hubco. These can be summarised as follows:

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

	Risk Category	Potential Allocation		
		Public	Private	Shared
8	Technology and obsolescence risks			Yes
9	Control risks	Yes		
10	Residual value risks	Yes		
11	Financing risks		Yes	
12	Legislative risks			Yes

Shared Risks

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

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

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

4.17 Payment Structure

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

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

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

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

4.18 What are the Contractual Arrangements of the recommended offer?

The hub initiative in the West Territory is provided through a joint venture company bringing together local public sector participants, Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).
The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To increase the value for money for this project it is intended that the Greenock Health and Care Centre will be bundled with the similarly timed new Clydebank Health Centre, and the Stobhill Mental Health Project. This will be achieved under a single Project Agreement utilising SFT's standard "Design Build Finance and Maintain (DBFM) Agreement".

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

Senior debt will be provided by Nord LB. hubco has held a funding competition, the outcome of which is that the senior debt will be provided by Nord LB . Nord has already lent into the Scottish market and has:

- knowledge and experience in the health sector
- appetite for long term lending to match the project term
- a lower overall finance cost in terms of margins,fees and covenants
- proven lending documentation and due diligence requirements that have successfully closed other hub DBFM projects.

DBFMco (Design, Build, Finance and Maintain) will be responsible for providing all aspects of design, construction, ongoing facilities management and finance through the course of the project term with the only service exceptions being wall decoration, floor and ceiling finishes.

4.19 Soft facilities

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

4.20 Equipment

Group 1 items of equipment, which are generally large items of permanent plant or equipment will be supplied, installed and maintained by DBFMco throughout the project term. Group 2 items of equipment, which are items of equipment having implications in respect of space, construction and engineering services, will be supplied by NHS GGC, installed by DBFMco and maintained by NHS GGC. Group 3 items of equipment are supplied, installed, maintained and replaced by NHS GGC.

The agreement for New Greenock Health and Care Centre will be based on the SFT's hub standard form (DBFM) contract (the Project Agreement). The

Project Agreement is signed at Financial Close. Any derogations from the standard form position must be agreed with SFT.

4.21 DBFM

DBFMco will delegate the design and construction delivery obligations of the Project Agreement to its building contractor under a building contract. A collateral warranty will be provided in terms of other sub-contractors having a design liability. DBFMCo will also enter into a separate agreement with a FM service (FES) provider to provide hard FM service provision. The term will be for 25 years. Termination of Contract – as the NHS will own the site; the building will remain in ownership of the NHS throughout the term, but be contracted to DBFMco. On expiry of the contract the asset remains with NHS GGC.

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

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

Not less than 2 years prior to the expiry date an inspection will be carried out to identify the works required to bring the facilities into line with the hand-back requirements which are set out in the Project Agreement.
DBFMCo will be entitled to an extension of time on the occurrence of a Delay Event and to an extension of time and compensation on the occurrence of Compensation Events.

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

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

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

NHS GGC will work closely with DBFMco to ensure that the detailed design is completed prior to financial close. Any areas that do remain outstanding will, where relevant, be dealt with under the Reviewable Design Data and procedures as set out in the Review Procedure.
The Project Agreement details the respective responsibilities towards malicious damage or vandalism to the facilities during the operational terms. NHS GGC has an option to carry out a repair itself or instruct DBFCco to carry out rectification.
Compensation on termination and refinancing provisions will follow the standard contract positions.

4.22 Personnel Implications

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

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

Transforming Care in Greenock

Financial Case

August 2018

5. Financial Case: Introduction

5.1 Overview

It is proposed that the Greenock Health and Care Centre project will be one of three schemes contained within the Greenock, Clydebank & Stobhill Design, Build, Finance and Maintain (DBFM) bundle being procured through hub West Scotland by NHS Greater Glasgow & Clyde (NHSGGC)

The financial case for the preferred option, option 4 New Build Greenock Health and Care Centre at Wellington Street Site sets out the following key features:

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

The overall cost position has reduced from £21,196,240 at OBC stage to £20,790,475. There has been a minimal decrease in the building area of 18m2 since OBC. The main reason for the decrease in cost is the introduction of savings associated with the project being as part of the bundle with Stobhill and Greenock.

5.2 Revenue Costs & Funding

Revenue Costs and Associated Funding for the Project

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

In addition to the recurring revenue funding required for the project, non-recurring revenue and capital investment will also be required for demolition of existing Health Centre (£891.4k) equipment (£1,271.8k) and subordinated debt investment (£173.4) Details of all the revenue and capital elements of the project together with sources of funding are presented below:

5.3 Recurring Revenue Costs

First full year of operation	2021/22
Additional Recurring Costs	**£'000**
Unitary Charge	[redacted]

Depreciation on Equipment	127.2
IFRS – Depreciation	831.6
Heat, Light &Power, Rates & Domestics services	486.1
Client Facilities Management (FM) Costs	31.0
Total Additional Recurring Costs	[redacted]

5.4 Unitary Charge

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 2 submission dated 2nd August 2018 and the Financial Model Health Bundle 20180712 and represents Predicted Maximum Unitary Charge of [redacted] pa based on a price base date of April 2016 and Capex figure of [redacted]

The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% pa in the financial model. The current financial model includes a level of partial indexation [redacted] and this will be optimised prior to financial close.

5.5 Depreciation

Depreciation of £127.2k relates to a 6% allowance assumed for capital equipment equating to £1,271.8k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

5.6 Heat, Light & Power, Rates & Soft FM Costs

Heat, Light & Power costs are derived from existing new Health Centre's costs and a rate of £27.00/m2 has been used.

Rates figures have been provided by external advisors and an allowance for water rates of £19.00/m2 has also been included.

Soft FM costs are derived from existing new Health Centre's costs and a rate of £28.00/m2 has been used.

5.7 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.

5.8 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.

5.9 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 £1,786.6k which represents 91.5% of the total UC, leaving NHSGGC to fund the remaining £152.1k (8.5%). This split is tabled below:

5.10 Unitary Charge split

UNITARY CHARGE	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000
Capex inc group1 equipment (Net)	[redacted]	[redacted]	[redacted]	[redacted]
Life cycle Costs	[redacted]	[redacted]	[redacted]	[redacted]
Hard FM	[redacted]	[redacted]	[redacted]	[redacted]
Total Unitary Charge including Risk	[redacted]		[redacted]	[redacted]
			91.5%	**8.5%**

5.11 Sources of NHSGGC recurring revenue funding

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

Sources of revenue funding

NHSGGC Income & Reinvestment	£'000
Existing Revenue Funding	[redacted]

IFRS – Depreciation	[redacted]
Additional Revenue Funding –GPs & Pharmacy	[redacted]
Council Revenue Contribution	0
Total Recurring Revenue Funding	[redacted]

5.12 Depreciation

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

5.13 Heat, Light & Power, Rates & Soft FM 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 NHSGGC contribution.

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

5.14 Additional Revenue Funding

This relates to indicative additional annual revenue contributions from GPs and Pharmacy within the new facility.

5.15 Summary of revenue position (Summary of conventional capital costs and funding requirements)

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

Recurring Revenue Funding	**£'000**
SGHD Unitary Charge support	[redacted]
NHSGGC recurring funding per above	[redacted]
Total Recurring Revenue Funding	[redacted]
Recurring Revenue Costs	**£'000**
Total Unitary charge(service payments)	[redacted]
Depreciation on Equipment	[redacted]
Facility running costs	[redacted]
IFRS – Depreciation	[redacted]

Total Recurring Revenue Costs	[redacted]
Net surplus at FBC stage	**0**

Summary revenue position

The above table highlights that at FBC and Stage 2 Submission stage, the project revenue funding is cost neutral.

5.16 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:

Capital costs and associated funding for the project

Capital Costs	£'000
Land purchase & Fees	0.0
Group 2 & 3 equipment Including VAT	1,271.8
Sub debt Investment	192.2
Total Capital cost	**1,464.0**
Sources of Funding	
NHSGGC Formula Capital	1,464.0
Total Sources of Funding	**1,464.0**

Land Purchase

The land is currently under the ownership of Inverclyde Council, and is being transferred to the NHS at no cost.

Group 2 & 3 Equipment

An allowance of £1,271.8k including IT equipment and VAT has been assumed for the Greenock Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance will reduce.

5.17 Sub Debt Investment

Sub Debt was reviewed after ESA10 and at this stage of the project it is assumed that the Board will be required to provide the full 10% investment. Confirmation will be requested from the other participants during the FC process (the PSDP, SFTi and HCF). The value of

investment assumed at FBC stage is £173.4k for which NHSGGC has made provision in its capital programme.

Non Recurring Revenue Costs

There will be non-recurring revenue costs estimated below:

Non Recurring Revenue Costs	£'000
Advisors Fees	103.5
Demolition	891.4
Decommissioning incl IT & Telecoms	112.4
Commissioning	30.0
Security (6months)	90.0
Total Non-Recurring Revenue Costs	**1,227.3**

These non-recurring revenue expenses will be recognised in the Board's financial plans.

5.18 Disposal of Current Health Centre and Clinics

The FBC is predicated on the basis that the existing Greenock Health Centre, Cathcart Centre, Boglestone Clinic and Larkfield Child & Family Centre CAMHS Building (NHS GGC owned) and which are not fit for purpose, will be disposed of once the new facility becomes available. The net book value's as at August 2018 is, Greenock HC £877k and Cathcart Centre £1,355k. The properties owned by NHS GGC are currently on the Board's Property Disposal Programme to which Scottish Futures Trust are actively involved in. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010). Boglestone Clinic has already been disposed of.

5.19 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. There should be no changes between FBC and Financial Close apart from any change in swap rates.

5.20 Financing & Subordinated Debt

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 DBFMCo special purpose vehicle that will be set-up for the three projects.

The senior debt facility will be provided by Nord LB, an experienced lender in the Scottish DBFM market. They will provide up to 92% 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 DBFMco directly by the relevant Member.

Current finance assumptions

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

Current finance assumptions

	Greenock
Senior Debt (£000)	19,960
Sub debt (inc rolled up interest) (£000)	1,734
Equity (£000)	0.01
Total Funding	21,694

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

Subordinated debt (Summary of revenue financed capital costs and funding requirements)

Our expectation is that subordinated debt will be provided in the following proportions: [redacted]
10% NHS Greater Glasgow & Clyde and [redacted]
The value of the required sub debt investment is as follows:

Subordinated debt

	NHS GG&C	[redacted]	[redacted]	[redacted]	Total
Proportion of sub debt	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

£ sub debt	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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.

Senior Debt

hubco has held a funding competition, the outcome of which is that the senior debt will be provided by Nord LB . Nord has already lent into the Scottish market and has:

- knowledge and experience in the health sector
- appetite for long term lending to match the project term
- a lower overall finance cost in terms of margins, fees and covenants
- proven lending documentation and due diligence requirements that have successfully closed other hub DBFM projects.

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

Senior debt

Metric	Terms
Margin during construction	[redacted]
Margin during operations	[redacted]
Arrangement fee	[redacted]
Commitment fee	[redacted]
Maximum gearing	[redacted]

A NORD term sheet been received from hubco, though NHS GG&C's financial advisors confirm that these terms modelled are in line with NORD's approach in the market currently.

5.21 Financial Model

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

Financial model key inputs and outputs

Output	Greenock

Total Annual Service Payment (NPV)	[redacted]
Nominal project return (Post Tax)	[redacted]
Nominal blended equity return	[redacted]
Gearing	[redacted]
All-in cost of debt (including 0.5% buffer)	[redacted]
Minimum ADSCR[1]	[redacted]
Minimum LLCR[2]	[redacted]

The all-in cost of senior debt includes an estimated swap rate of 1.63% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close.

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

5.22 Financial efficiencies through project bundling

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

5.23 Risks

The key scheme specific risks are set out in the Greenock Health and Care Centre Risk Register, which is held at Appendix C to this FBC. This has been developed by joint risk workshops with hub West Scotland and totals zero. The risk register risks according to their likely impact (red, amber, green). All risks have been fully mitigated, or mitigated to manageable levels in the period prior to financial close.

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

[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

Funding Report). This will incorporate review of the preferred lender's commitment to the project as well. This will allow any remedial action to be taken as early in the process as possible, should this be required. Hubco's financial model currently includes a small buffer in terms of the interest rate which also helps mitigate against this price risk adversely impacting on the affordability position.

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

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

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

5.24 Accounting Treatment and ESA10

This section sets out the following:

- the accounting treatment for the Greenock 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 2010, which sets out the rules for accounting applying to national statistics.

Accounting treatment

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

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment" [3] states:

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

The DBFM contract is defined as a service concession arrangement under the International Financial Reporting Interpretation Committee Interpretation 12, which is the relevant standard for assessing PPP contracts. This position will be confirmed by NHS GGC's auditors before the Financial Close. As such, the

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

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 NHSGGC’s balance sheet, and as such, the building asset less service concession liability will incur annual capital charges. NHSGGC 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.

5.25 ESA10 (European System of Accounts 2010)

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

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

5.26 Value for Money

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

The costs have been compared against other similar comparators with adjustment to reflect specific circumstances and industry benchmarks, compliance with method statements and individual cost rates where appropriate. The Health care scorecard as contained within the SCIG manual has been completed and this demonstrates that the project as designed and costed is meeting the required value for money metrics

5.27 Composite Tax Treatment

In line with other hub DBFM projects, composite trade tax treatment has been applied in the financial model, where a combined trade of the development, construction, financing and maintenance of the asset is undertaken. This is accepted practice by HMRC and will not require an advanced clearance.

As with other DBFM projects, the Financial Model assumes Hws will charge VAT on the Service Payment and will reclaim VAT incurred in its own development and operational costs.

Transforming Care in Greenock

Management Case

August 2018

6. Management Case: Overview

The NHS Greater Glasgow & Clyde Capital Planning Group has established governance and reporting structures which will be implemented to deliver this project which forms part of a bundle with Clydebank and Stobhill. The Greenock, Clydebank and Stobhill Project Boards report and approve through to the Capital Planning Group and then to the Finance and Planning Group.

The Inverclyde Project Board reports to the Capital Planning Group which oversees the delivery of all NHSGGC hub projects. The Group is chaired by Mary-Anne Kane, Acting Director of Facilities for the Board and includes representatives from other Project Boards within NHSGGC, Facilities, Finance and Hubco. Louise Long, Chief Officer chairs the Greenock Health and Care Centre Project Board for Inverclyde.

This section summarises the planned management approach setting out key personnel, the organisation structure and the tools and processes that will be adopted to deliver and monitor the project In particular, it summarises the approach to the project to date, as well as looking forward to the management arrangements during the delivery and operation of the new facility.

6.1 Confirm the Project Management Arrangements

Reporting structure and governance arrangements

Table 6.1.1

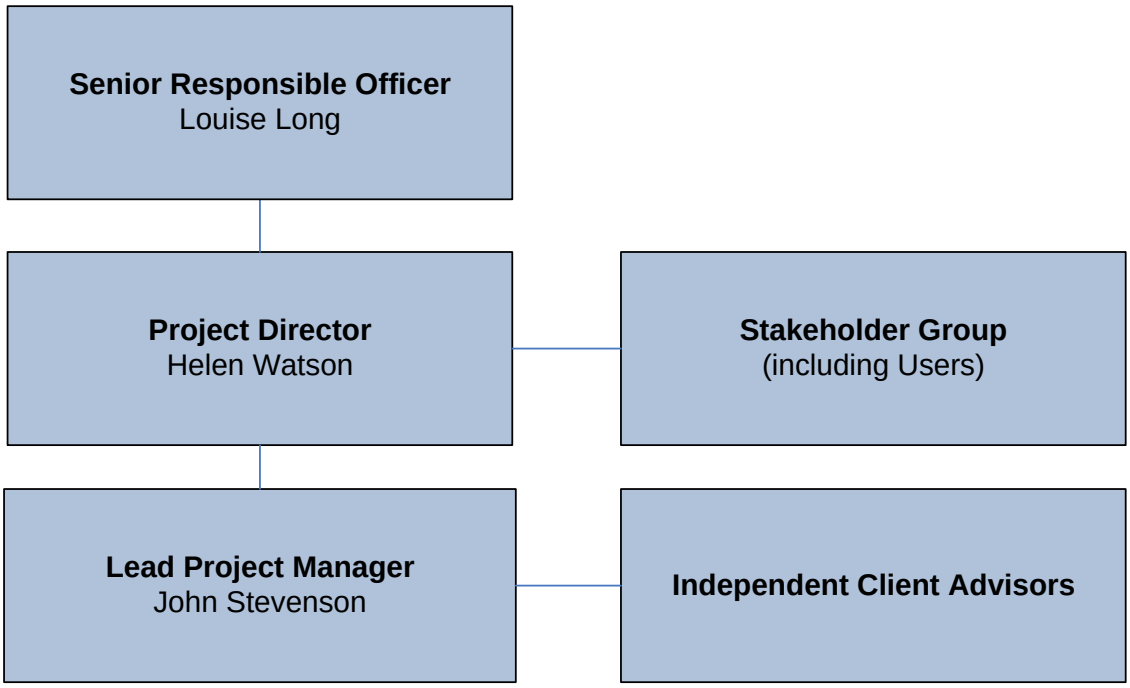
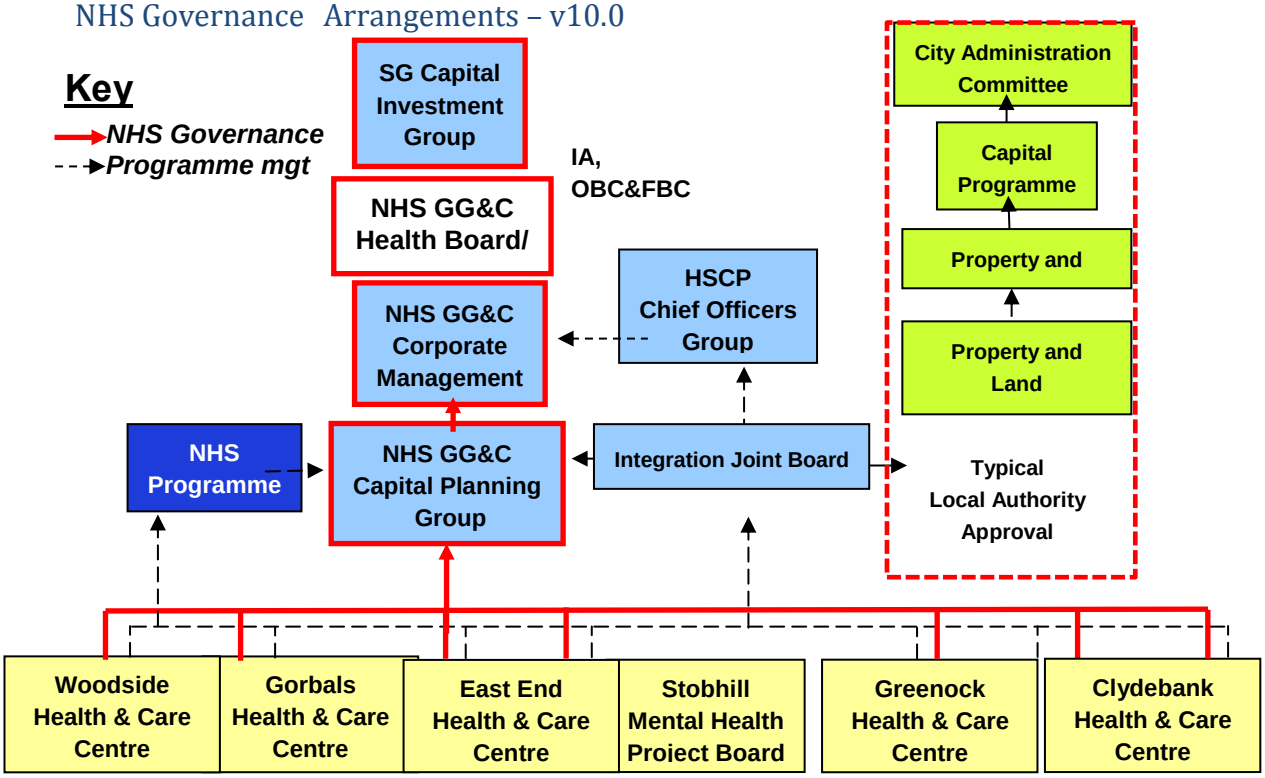


Table 6.1.2



A Project Board has been established and is chaired by the Chief Officer of Inverclyde HSCP.

The Project Board comprises representatives from the

- Senior Management Team of Inverclyde HSCP
- Service leads, including links to user and carer representation group
- HSCP Advisory Group
- NHSGGC Capital Planning team.
- Hub West

The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal. The Project Board reports to a range of governance arrangements, including the NHSGGC Programme Delivery Group, which oversees the delivery of all NHSGC hub projects. This Group is chaired by the Senior General Manager Projects and Property and includes representatives from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco.

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

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

Table 6.1.3

Project	Greenock Health and Care Centre	NHS GGC Inverclyde HSCP Hubco
Parties	NHS Greater Glasgow & Clyde Inverclyde HSCP Hub West Scotland	NHS GGC Inverclyde HSCP Hubco
Project Sponsor	Louise Long	Inverclyde HSCP
Project Director	Helen Watson	Inverclyde HSCP
Project Manager	John Stevenson	NHS GG&C
Finance Manager	Marion Speirs	NHS GG&C
Business Support Manager	Jeanette Hawthorn	Inverclyde HSCP
Private Sector Development Partner – Project Manager	Gary Smithston	hubco
Legal	CMS	CMS
Financial	Caledonian Economics	Caledonian Economics
Technical	Currie & Brown	Currie & Brown

6.1.4 Named Persons for each Key Role identified

Named Persons

Project / Programme Board Members:		
Project role & main responsibilities:	**Named person:**	**Experience of similar project roles:**
Senior Responsible Owner	Louise Long	Louise is the Chief Officer of the Health and Social Care Partnership in Inverclyde and will chair the project board and lead on communication with those groups forming part of the governance process. Communication with those groups forming part of the full governance process: Senior Management Group, Capital Planning, NHS Board and Corporate Management Team. Louise has extensive and direct experience of leading projects and overseeing works to

		improve the health of local people and the service they receive. Through this experience Louise is able to provide expertise related to the projects development management, governance and stakeholder management.
Organisation's senior business / finance representative - Representing the organisation's business & financial interests.	Helen Watson, Head of Strategy and Support Services, Inverclyde HSCP Marion Speirs, Hub Accountant Lesley Aird Chief Finance Officer Inverclyde HSCP	Helen has responsibilities for a number of major primary care and capital planning projects. Helen has prepared business cases and secured funding for Inverclyde Council/ Inverclyde HSCP. Marion has acted as Financial Lead on all NHSGGC hub projects to date. These have included completed projects (Maryhill H&CC, Eastwood H&CC and Orchard View Mental Health Wards), projects currently on site (Woodside H&CC and Gorbals H&CC) and projects currently in development (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards. Lesley has had responsibility for Estate development and capital planning in a number of her previous roles. Most recently she was Project Board member representing Finance for the £50M North Ayrshire SFT/HUB development of a new Largs schools campus.
Senior service representative - Representing the end user interests.	Jeanette Hawthorn, Head of Business Support	As Head of Business Support Jeanette has been involved a number of projects involving Office Rationalisation and leads on elements of the HSCP Property Asset Management Plan assisting the Chief Officer. Jeanette will ensure that the project produces the

		required products, will liaise and negotiate with all services and stakeholders and manage the day to day managements of the project and dedicated project resources.
Senior Technical / Estates / Facilities representative - Representing the technical aspects of the project	John Donnelly, General Manager Capital Planning	John has acted as Technical Lead on all NHSGGC hub projects to date. These have included completed projects (Shields Centre, Maryhill H&CC, Eastwood H&CC), projects currently on site (Orchard View Mental Health Wards, Woodside H&CC and Gorbals H&CC) and projects currently in development (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards
Capital planning Project Manager	John Stevenson	John is a project manager within the Capital Planning & Property Department forming part of Capital Procurement team tasked with delivering the board's capital plan. In this role John is directly involved in the project management of several projects forming part of the capital plan with varying complexity and value at any one time.
Commissioning Manager	Heather Griffin	Heather is a Senior General Manager within the Capital Planning & Property Department and it is her role to lead on all of the board's commissioning, decommissioning, accommodation and migration projects as well as post project evaluations. In this role Heather has led on numerous commissioning projects, including secure mental health facilities. It is her experience in project commissioning and existing relationships that will be utilised for this project.
Project Monitoring Manager	Frances Wrath	Frances is the designated Post Project Evaluation Manager within the Capital

		Planning & Property Department. For this project Frances has assisted on developing the Benefits Realisation and Evaluation Plan and the Post Project Review Plan; ensuring his complies with SCIM guidelines. Frances will lead on all aspects of the post project review process. As full time Post Project Review Manager, Frances has undertaken this role on a number of projects of various sizes over the last two years and is familiar with all SCIM requirements in relation to post project evaluation.
Stakeholder representative(s) - Representing stakeholders' interests:	Dr Hector MacDonald	Hector is the HSCP's clinical director and has been a General Practitioner in Inverclyde for 17 years. He will champion the needs of stakeholders in the process and ensure productive communication takes place between stakeholders and the project board

Jeanette Hawthorn and John Stevenson meet regularly to review progress, agree next steps and ensure key decision points are considered by the Project Board, with input from Hub and Inverclyde Council.

Similarly, Frances has an existing relationship with Jeanette Hawthorn and John Stevenson and has developed a good awareness of the project through the FBC process. Through this engagement there is a sound basis of planning for project monitoring criteria including and ensuring time for resource planning to undertake the monitoring required.

6.2 Project Recruitment Needs

NHSGGC has extensive experience managing Hub Projects. The Greenock Health and Care Centre will be NHS GGC Property, Procurement and Facilities directorate seventh such development. As noted above for key project personnel, NHSGGC has the required resource and individual capacity to fill the

key roles identified within the project structure. Additional support will be provided within NHSGGC and from those confirmed as client advisors. It is not envisaged that further recruitment will be required to deliver the project. Individuals identified in the above table have become been involved and engaged in the project and have been selected for the necessary skills and capabilities they possess to assist the successful delivery of the project. Should any replacement of those individuals be required, NHSGGC recognise that demonstrable knowledge and capability requires to be provided to instil confidence that no gap in resource ability will be evident.

Should there become resource gaps within the Project Structure; these will be reported to the Project Board and immediate action will be taken to fill roles which would have an impact on the Project, Programme or both.

Should any gaps be identified, the opportunity to work and share resources with other NHS Boards will be explored, in the first instance, thereafter, the normal recruitment process will be followed, with any interim requirements being covered, where appropriate by the Property & Capital Planning Department.

In forming the wider sub-groups for the project, attention was taken to represent the numerous stakeholder groups associated with the development. NHS and hWS have undertaken an iterative process of refinement of hub projects and carried over lessons learned from each. This has included:

- Early issue of Authority Construction Requirements (ACRs) with original new project request
- Ongoing review and revision of Authority Construction Requirements (ACRs) during Stage 1, reflecting issues and derogations on previous projects (currently v12).
- Careful selection of Tier 1 contractor, taking account of past performance
- Early engagement of Tier 1 Contractor (BAM)
- Early engagement of FM provider (FES)
- Early engagement with CLO re land matters
- Joint Legal/Financial/Technical adviser meetings together with CLO.
- Early development of Schedule Part 5 information
- Early identification of any Ancillary Rights issues
- Interim engagement with HFS and A+DS on emerging design proposals
- Improved processes to provide underwrite and payment of fees in accordance with SFT guidance note.

Key roles and responsibilities

Table 6.1.5

Independent Client Advisors:	
Project role:	**Organisation & Named lead:**
Technical advisor:	Currie and Brown
Financial advisor	Caledonian Economics
Legal advisor	CMS
IM&T advisor	David Daly, IT Manager NHSGGC, David Murphy, IT NHSGGC
Medical equipment advisor	n/a
Commissioning advisor	Tbc
Other advisors:	Hoskins Architects
Site Monitor role	tbc

6.3 Project plan and key milestones - See Appendix F

OBC Consideration\Approval	October 2017
FBC Consideration\Approval	November 2018
Financial Close	November 2018
Completion date	July 2020
Services Commencement	September 2020

6.4 Change Management Arrangements - Appendix M

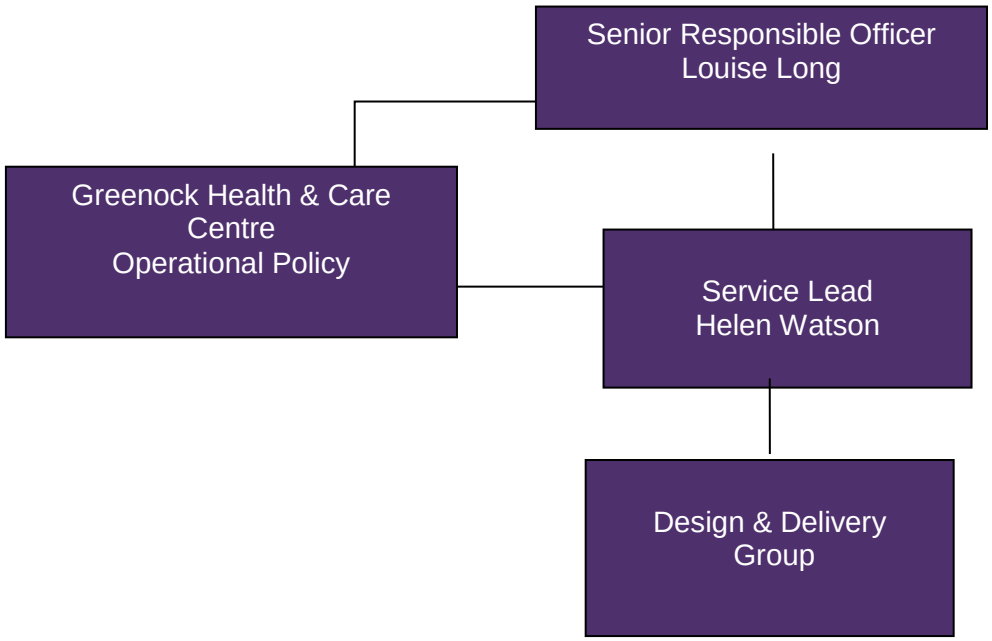
To achieve successful change management outcomes key staff will continue to be involved in a process of developing detailed operational policies and service commissioning plans that will be incorporated into the benefits realisation plan.

Service and Operational Delivery:

Change associated with service delivery at project level is governed through the following relationship:

Service Delivery Relationship

Table 6.1.6



As described in the Strategic Case, the project has been developed to provide a new Health and Care Centre in Greenock to meet the changing needs of the population and future proof integrated services across community health and care.

The new General Medical Services Contract will change how the service will operate. We are recruiting enhanced multi-disciplinary teams such as Physiotherapists, Pharmacists and Advanced Nurse Practioners that will support General Practice in line with the new General Medical Services Contract. Helen Watson, Service Lead and Project Director is involved in the development of the local Primary Care Improvement Plan, ensuring these expanding teams are planned with cognisance of the opportunities offered by

the new Health and Care Centre. The plans developed in the OBC took account of and included the emerging policy towards expanded MDT working in primary care, ensuring the new centre is well placed to deliver the requirements of the Primary Care Improvement Plan.

Alongside this, the focus continues to be on ensuring that Inverclyde HSCP has available the appropriate number of staff with the right skills, working in a multi-disciplinary and multi- agency way to ensure the right culture is fostered and patient centred care is at the foundation of the service delivery.
Should there be any change in service delivery the above diagram shows that a structure is in place to ensure those key people are aware of the change and are in a position to take appropriate action accordingly. Helen Watson is the key person associated with ensuring correct management of any service delivery and operational change.

6.5 Further Resources and Training/ Development Needs Necessary to Successfully Implement These Arrangements.

There is no identified need to recruit additional staff to implement these arrangements. What has been identified is the training and development needs of existing staff, to ensure effective working in the new facility.

- There are two commissioning phases for these DBFM projects. Building technical commissioning is undertaken by the DBFM provider prior to building handover. Operational commissioning is undertaken by GG&C after handover, albeit that the planning process will have commenced prior to this point.
- Many of the changes for agile working should have been implemented as transitional change prior to any move to the new H&CC.
- Both Greenock and Clydebank follow a series of H&CC`s that have been developed over the last few years. We seek to learn and develop from project to project by having a core Capital Planning, IT and Procurement Team taking these projects forward.
- Induction and training forms a key element of the operational commissioning phase of the project.
- General building systems training is captured on video in order that this can be rolled out as required for staff and is held as a learning tool for new staff. Technical building systems are managed solely by the FM provider.

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

6.6 Stakeholder engagement and communication plan – Appendix H

With the integration of Health and Social Care services, the new centre will provide the opportunity to provide high quality integrated primary and community health and social care services to people living in Greenock and beyond. In addition, the Centre will provide a community resource to be shared and used by the wider community and third sector organisations. The Project development should help to address some of the economic regeneration in the area.

Regular service meetings have taken place with all teams and GP practices moving into the new development, principally through the project's Design and Delivery Group. Initiated in 2015, the Design and Delivery Group has brought representatives of service users together on a regular basis, providing a forum within which such issues as their accommodation requirements and agile working have been discussed, clarified and refined at length. Patient / service user and carers groups have participated in meetings and workshops, with their input similarly informing the project's ambitions and shape.

6.7 Arts Strategy – Appendix L

The Arts Strategy Group was established in May 2016, with that group providing strategic direction to enable a co-ordinated and inclusive approach to the integration of therapeutic design, art and ongoing creative and performing arts activity influencing health and wellbeing at the new Health and Care Centre, and local area. The outputs and insights from all of this engagement is reported to and considered by the Project Board; and reflects the co-production approach the Project Board is committed to.

6.8 Background and aims

NHS Boards have a statutory duty to involve patients and the public in the planning and development of health services. Scottish Government guidance sets out how this should be done CEL 4(2010) Informing, Engaging, and Consulting People in developing Health and Community Care. With a major service change, such as the development of the new Health and Care Centre, extensive consultation with the community is required around issues such as sites, service delivery and design to name but a few areas.

<u>Aims of the Consultation Process</u>:-

- We will continue to involve patient and carer representatives as well as community councillors and community representatives in the planning process throughout all stages of the development.
- We will also engage with third sector partners in the planning and consultation stages.

- Our People Involvement Network, is supported by staff at 'Your Voice'. This is the local organisation which consults with patients, carers and service users, as well as the wider community, about issues relating to health and social care. The organisation then feeds these issues into the HSCP through our People Involvement Framework.

6.9 Finalise the benefits realisation plan (See Appendix J)

Post Project Evaluation will be undertaken in line with the SCIM guidelines to determine the project's success and identify lessons to be learnt.

In more detail there will be an evaluation during the Construction Phase in the form of monitoring the project with regards to time, cost, the procurement process contractors performance, and any initial lessons learnt.

Six to twelve months after commissioning of the facility a more wide ranging evaluation (Stage 3) will take place. This will assess, amongst other factors: how well the project objectives were achieved; was the project completed on time, within budget and according to specification; whether the project delivered value for money; How satisfied patients, staff and other stakeholders are with the project results and the lessons learnt about the way the project was developed, organised and implemented. The Post Project Report will also provide information on key performance indicators.

A key focus will be sharing the information gathered so that the lessons to be learned is made available to others.

Longer term outcomes (Stage 4) will be evaluated 2 to 5 years post migration to the new facility as by this stage the full effects of the project will have materialised. The evaluation will be undertaken by the in-house Post Project Evaluation team and both quantitative and qualitative data will be collected during stages 3 and 4 evaluation through the use of questionnaires and workshops.

6.10 Risk Management - See Appendix C

The main project risks and mitigation factors are identified at a high level at the OBC stage. As the project has developed through the FBC stages a more detailed and quantified risk register has been prepared. The main risks at this stage are highlighted in Appendix C. The Risk Register will be continually reviewed and discussed at the Project Board.

6.11 Confirm the Commissioning Process Arrangements

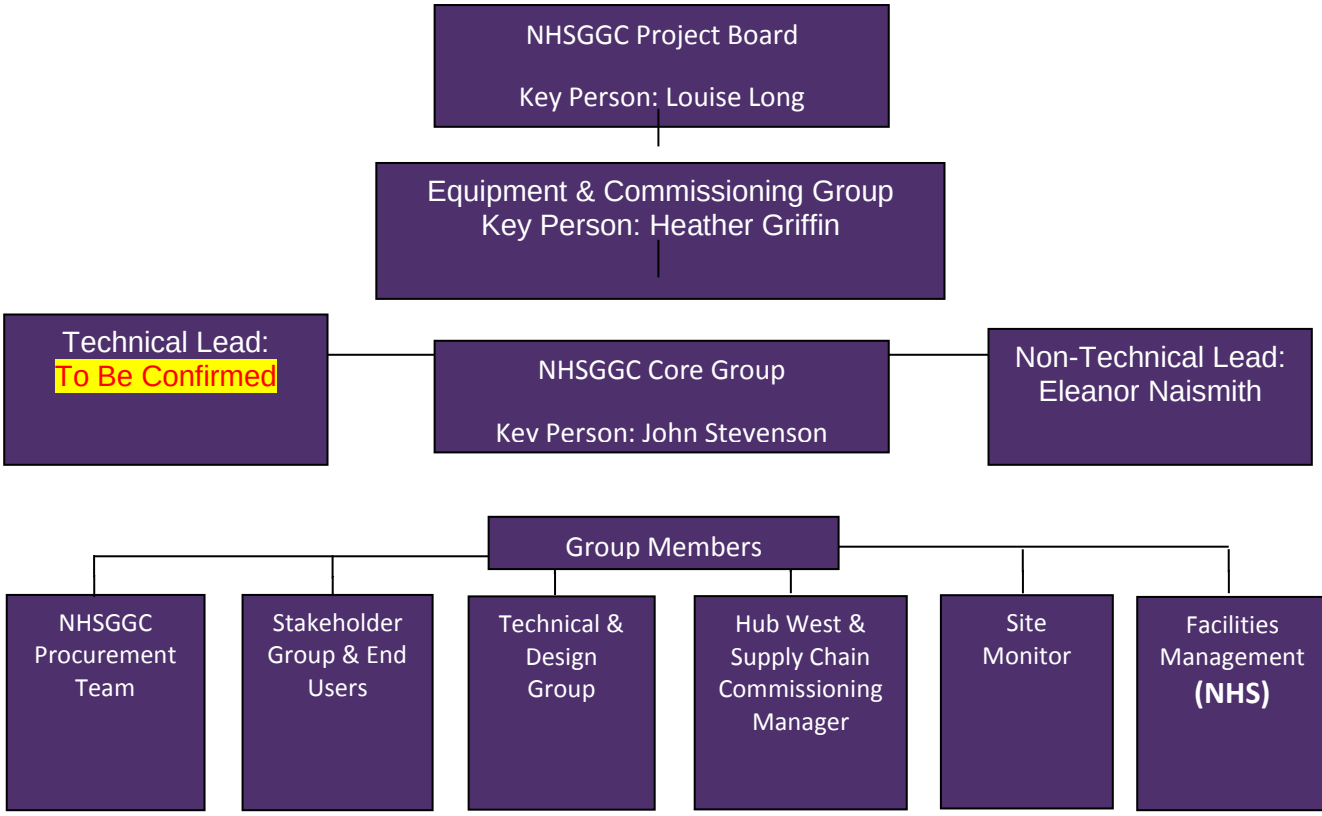
Commissioning Governance Structure

The NHSGG&C Property & Capital Planning Project Manager will be

responsible in overseeing the final stages of the project including all training needs for the new building and final commissioning certificates. They will liaise with the Main Contractor and other specialist contractors, along with the Commissioning Group to ensure a smooth transition to the New Facility.

Commissioning Governance Structure

Diagram: Commissioning Governance Arrangements



Senior General Manager Planning and Resources, identified as the key NHSGGC person for commissioning in section 6.1.2 will lead and chair the Equipment & Commissioning Group. Commissioning for the project will include both Technical and Non- Technical elements and, as noted in the structure above has a lead named person identified for each element. Project Manager Commissioning is identified as the Non- Technical lead. Eleanor works as part of the non-technical commissioning team and has experience of both leading and assisting on the non-technical elements of project commissioning. Both the Senior General Manager and Project Manager have confirmed resource ensuring suitability and availability to perform the roles.

Identified in the governance structure above is that the Equipment & Commissioning group lead and technical and non-technical leads all link with the Capital Planning Project Manager. Through their involvement in the project from the outset the Project Manager has been noted in the above structure as he will be able to support all commissioning leads through his

established relationships with identified group members, working with the existing communications strategy and sharing of live project information. Working in this way, with the Project Manager's involvement, key stages of the commissioning process have been established to ensure the design and construction process is managed in such a way to reach all required milestones.

Examples of milestones reached relating to project commissioning, through the design process include:

- Design freeze
- Signed- off Fixtures, Furniture & Equipment (FF&E) schedule including grouping
- Establishing procurement streams
- Surveys for design and construction interfaces
- Establishing areas for closure during construction & duration of closures
- Access protocols
- Engagement protocols
- Construction completion date
- Technical testing and commissioning programme

These key stages and associated future activities are reflected in the current Commissioning Master Plan (CMP) and Commissioning Requirements Brief (CRB) provided in Appendix F.a

The approach described for both Technical & Non- Technical commissioning below has provided input to the CMP and CRB and also a basis for the governance and reporting structure.

Technical Commissioning (BAM) will lead on the technical commissioning, and the Independent Tester appointed will sign off prior to NHS taking possession of the building.

Non-Technical Commissioning

Through development of the FBC, Heather Griffin was identified as Commissioning Manager for NHSGGC as well as the lead for the Non-Technical commissioning element. Led by the project manager, the project has

seen completion of room data and component sheets and the full schedule of FF&E components. Completion of this process has meant all components have been identified; their procurement route has been established and identified as either DBFMco or direct by NHSGGC.

Within the governance structure, a stakeholder and end user group is identified. This group comprises all parties impacted through and beyond the commissioning process: staff, clinical and non- clinical staff members, and patient representation as well as services representing IT, infection control and telecoms. It has also been agreed that through the process further members may be identified and included as required.

Through identification of the non-technical items for commissioning the following has been established and has been used for the development of the Commissioning Master Plan and Commissioning Requirements Brief:

- Agreed procurement routes for items including understanding if existing routes and supply chains exist or if new routes are required.
- Implementing routes to tendering carried out in accordance with NHSGGC standing financial instructions.
- Established protocols for stakeholder engagement and review periods to finalise items for procurement and commissioning.
- Established timescales for item commissioning reviewed and agreed in line with overall project programme. Timescales now include engagement and review periods, lead in, install and testing, commissioning and training required.
- Established if item commissioning requires Contractor input regarding any preparatory or install works. Contractor works have taken cognisance of such work identified which now forms part of the construction and installation works.
- Overall works and commissioning programme and construction contract agreed in such a way to provide beneficial access agreed through the construction contract.

6.12 Finalise the Project Monitoring and Service Benefits Evaluation Plan

See Appendix J & N

This section will provide firm details of the Project Monitoring and Service Benefits Evaluation Plan previously outlined at OBC stage.

Project Monitoring plans and methodologies have been developing throughout the OBC and FBC process. This has been achieved through engagement and collaboration with Frances Wrath, John Stevenson, the appointed DBFM Co and the core user and stakeholder groups to ensure plans, methods, timescales and means of engagement forming part of the monitoring and evaluation process have been agreed by all parties.

The following provides an explanation of monitoring undertaken for the various components of the project. Evident here is how key the function of the core group is. Reporting carried out through the core group is not only related to output required for project monitoring but is also a requirement within the contractual arrangements in place with the appointed DBFM Co.

As described in the current Project Execution Plan see Appendix G, a variety of meeting types are in place to ensure appropriate monitoring and compliance with the contractual arrangements. A summary of the approach, including the key core group, is presented below and further described in the Monitoring and Evaluation Plan:

- Project Board meetings will be held every 4 weeks with key elements of monitoring forming part of the agenda.

- Affordability Assessment: Monitoring overall project affordability will be carried out through the joint cost advisor role with representation and input by costs advisors. Assessment will be against baseline costs presented in the FBC.

- Works Delivery Costs: A project spend profile has been developed to include the Target Price and all project related costs. The joint cost

advisors will review and report spend against the profile highlighting any issues.

- Project Programme: Monitoring will be in accordance with the requirements of the DBFM contract. An updated programme will therefore be provided every 4 weeks or as required / requested through the contract allowing ongoing up to date monitoring.

- Project Scope Changes: Changes, either through client or DBFMco requirements, will be discussed and follow the established Change Control and Governance Procedures.

- Health & Safety Performance: All have a role in monitoring performance. Formal reporting will be provided by the DBFMco with input and review from the appointed CDM Advisor.

- Risk Management Issues: Full review of current project Risk Register by Project Board/

- Design & Technical: Update from designers will be provided along with any request for stakeholder engagement in line with agreed contract protocols.

- Construction Quality: Achieving required quality is the responsibility of the DBFM Co. Quality monitored and reported on at Project Board by Site Monitor through site visits, both planned and ad- hoc.

- Design & technical meetings will be held as DBFMCo feels appropriate, alternating frequency with the core group, or as required. Discussions requiring stakeholder engagement will be arranged in accordance with the engagement protocols in place to ensure required representation.

- Stakeholder Engagement. Stakeholders will be represented at the Project Board meeting and be engaged for design and technical discussion and any elements of change. Stakeholders are identified in the PEP, with the

most appropriate representatives forming part of the monitoring and evaluation process. Further detail on how stakeholders will be kept engaged is provided in the communication plan provided see Appendix H

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

T: 0131-244 2790
E: dghsc@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Jane Grant
Chief Executive
J B Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

16 October 2017

Dear Jane

Greenock and Clydebank Health and Social Care Centres – Outline Business Cases

The two Outline Business Cases above have been considered by the Health Directorates' Capital Investment Group (CIG) on 17 August and 19 September 2017. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit a Full Business Case for both projects.

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

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

As always, CIG members will be happy to engage with your team during the development of the Full Business Case and to discuss any concerns which may arise. In the meantime, if you have any queries regarding the above please contact Alan Morrison on 0131 244 2363 or e-mail Alan.Morrison@gov.scot.

Yours sincerely

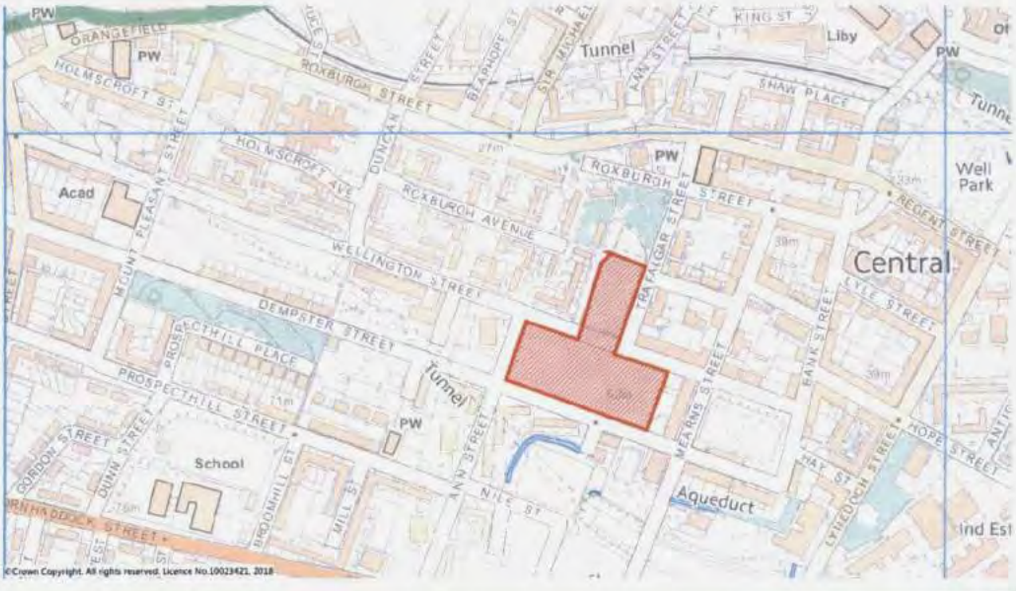
Paul Gray

Paul Gray

Inverclyde council

		Agenda Item No.	
Report To:	**The Planning Board**	**Date:**	**6th June 2018**
Report By:	**Head of Regeneration and Planning**	**Report No:**	**18/0043/IC** **Local Application Development**
Contact Officer:	**David Ashman**	**Contact No:**	**01475 712416**

Subject: **Construction of a 4 storey health and care centre and formation of an associated car park at**
Former Wellington Academy, Wellington Street, Greenock



SUMMARY

- The proposal accords with the Inverclyde Development Plan and the Proposed Inverclyde Local Development Plan.
- Consultation responses present no impediment to development, subject to conditions.
- Three representations, including 2 objections have been received commenting on traffic and impacts on sunlight, daylight and overlooking.
- The recommendation is to GRANT PLANNING PERMISSION.

Drawings may be viewed at:
https://planning.inverclyde.gov.uk/Online/applicationDetails.do?activeTab=documents&keyVal=P48SB1IMG6700

SITE DESCRIPTION

Formerly the Wellington Academy, located between Wellington Street and Dempster Street in Greenock, the application site currently lies vacant with the school buildings having been demolished and cleared, with only the boundary walls, railings and gates remaining.

The site is located within a mainly residential area; 4½ storey tenements and 3-4 storey flats and a disused blaze football pitch are sited on the north of the site on Wellington Street; 3 storey tenements front onto Mearns Street to the east; 3 storey tenements and 4 storey flats are to the south on Dempster Street; and a multi-storey flatted block is to the west on Ann Street. The streets serving the site are quite steeply sloping in places. Sited on a north facing down slope, the site has levelled platforms with steeper sections confined largely to the southern boundary.

PROPOSAL

It is proposed to erect a Health and Care Centre for National Health Service Greater Glasgow & Clyde to bring together on one site a range of services covering both clinical and office facilities. The site will facilitate an outpatient consulting suite of bookable rooms; general practice accommodation; treatment room suite; physiotherapy; podiatry; children's department; public dental services; health visitors and school nursing; district nursing; social work; community health partnership administration team; a commercial pharmacy and a social enterprise café.

The proposed 4 storey building is located on the western part of the former school building site and is rectangular in shape, measuring approximately 61 metres by 45 metres by 16 metres high at its highest point (the north-westernmost corner at the Ann Street/Wellington Street junction). It will have a flat roof profile and an enclosed central courtyard area. The finishing materials are to be dominated by brick, with a darker grey brick finish used to define the ground floor level and the parapet and a red based brick for the remaining floors. Glazed curtain walling will be used at the north-eastern corner to help identify the entrance to the building. Other incidental facing materials include timber louvres in association with some windows.

Two car parks are to be provided. A 129 space car park is located within the eastern part of the former school building site, and a 93 space car park is proposed across Wellington Street on the former football pitch. The car parks include a soft landscaping framework, as does the proposed health centre building, most notably to its southern, western and northern boundaries.

The application is supported by a design and access statement, drainage and flood risk assessments, a traffic impact assessment, an ecology report and landscaping information.

DEVELOPMENT PLAN POLICIES

Policy SDS3 - Place Making

High-quality place making in all new development will be promoted by having regard to Inverclyde's historic urban fabric, built cultural heritage and natural environment, including its setting on the coast and upland moors. This heritage and environment will inform the protection and enhancement of Inverclyde by having regard to the Scottish Government's placemaking policies, in particular through the application of 'Designing Places' and 'Designing Streets' and through embedding Green Network principles in all new development.

Policy SDS5 Development within the Urban Area

There will be a preference for all appropriate new development to be located on previously used (brownfield) land within the urban settlements, as identified on the Proposals Map.

Policy SDS7 Regeneration and Renewal Priorities

Appropriate new investment and development will be directed to the Waterfront and to the Council's partnership renewal areas - 'Major Areas of Change' and 'Areas of Potential Change' - as identified on the Proposals Map and in accordance with the Plan's Supplementary Guidance on Local Development Frameworks.

Policy APC1-2 - Areas of Potential Change

The Council will support the redevelopment of the areas designated 'Areas of Potential Change' on the Proposals Map by having regard, where applicable, to the potential planning framework, draft planning strategies and land use / development options outlined under each of the respective Areas, APC1 and APC2, and progress for each Local Development Frameworks in Supplementary Guidance, where necessary and appropriate.

Policy RES1 - Safeguarding the Character and Amenity of Residential Areas

The character and amenity of residential areas, identified on the Proposals Map, will be safeguarded and where practicable, enhanced. Proposals for new residential development will be assessed against and have to satisfy the following criteria:

(a) compatibility with the character and amenity of the area;
(b) details of proposals for landscaping;
(c) proposals for the retention of existing landscape or townscape features of value on the site;
(d) accordance with the Council's adopted roads guidance and Designing Streets, the Scottish Government's policy statement;
(e) provision of adequate services; and
(f) having regard to Supplementary Guidance on Planning Application Advice Notes.

Policy RES3 - Residential Development Opportunities

Residential development will be encouraged and supported on the sites and indicative locations included in Schedule 6.1 and indicated on the Proposals Map. An annual audit of the housing land supply will monitor and review, and where necessary, augment the Effective Land Supply, to maintain a minimum five year's supply in accordance with the GCV SDP and SPP guidance.

Policy RES6 - Non-Residential Development within Residential Areas

Proposals for uses other than residential development in residential areas, including schools, recreational and other community facilities will be acceptable subject to satisfying where appropriate, the following criteria:

(a) compatibility with the character and amenity of the area
(b) impact on designated and locally valued open space;
(c) impact of the volume, frequency and type of traffic likely to be generated;
(d) infrastructure availability;
(e) social and economic benefits; and
(f) the cumulative impact of such a use or facilities on an area.

Policy TRA2 - Sustainable Access

New major trip-generating developments will be directed to locations accessible by walking, cycling and public transport, and developers will be required to submit a transport assessment and a travel plan, if appropriate. Such developments will be required to recognise the needs of cyclists and pedestrians as well as access to public transport routes and hubs, and have regard to the Council's Core Paths Plan, where appropriate. Where development occurs which makes it necessary to close Core Paths and other safeguarded routes, provision of an alternative route will be required.

The Council will also support and seek to complete the Inverclyde Coastal Route with developers required to make appropriate provision when submitting planning applications. National Routes 75 and 753 of the National Cycle Network will also be protected.

Policy INF4 - Reducing Flood Risk

Development will not be acceptable where it is at risk of flooding, or increases flood risk elsewhere. There may be exceptions for infrastructure if a specific location is essential for operational reasons and the development is designed to operate in flood conditions and to have minimal impact on water flow and retention.

All developments at risk of flooding will require to be accompanied by a Flood Risk Assessment (FRA) and should include a freeboard allowance, use water resistant materials where appropriate and include suitable management measures and mitigation for any loss of flood storage capacity.

Policy INF5 - Sustainable Urban Drainage Systems

Proposed new development should be drained by appropriate Sustainable Urban Drainage Systems (SUDS) designed in accordance with the CIRIA SUDS Manual (C697) and, where the scheme is to be adopted by Scottish Water, the Sewers for Scotland Manual Second Edition. Where the scheme is not to be adopted by Scottish Water, the developer should indicate how the scheme will be maintained in the long term.

Where more than one development drains into the same catchment a co-ordinated approach to SUDS provision should be taken where practicable.

Supplementary Guidance on "Local Development Frameworks" applies.

PROPOSED DEVELOPMENT PLAN POLICIES

Policy 1 - Creating Successful Places

Inverclyde Council requires all development to have regard to the six qualities of successful places. In preparing development proposals, consideration must be given to the factors set out in Figure 3. Where relevant, applications will also be assessed against the Planning Application Advice Notes Supplementary Guidance.

Policy 3 - Priority Places

The Council will support comprehensive redevelopment proposals for the Priority Places where these are in line with the preferred strategy set out in Schedule 2 and the development frameworks set out in the Priority Places Supplementary Guidance.

Policy 8 - Managing Flood Risk

Development proposals will be assessed against the Flood Risk Framework set out in Scottish Planning Policy. Proposals must demonstrate that they will not:

- be at significant risk of flooding;
- increase the level of flood risk elsewhere; and
- reduce the water conveyance and storage capacity of a functional flood plain.

The Council will support, in principle, the flood protection schemes set out in the Clyde and Loch Lomond Local Flood Risk Management Plan 2016, subject to assessment of the impacts on the amenity and operations of existing and adjacent uses, the green network, historic buildings and places, and the transport network.

Policy 9 - Surface and Waste Water Drainage

New build development proposals which require surface water to be drained should demonstrate that this will be achieved through a Sustainable Drainage System (SuDS), unless the proposal is for a single dwelling or the discharge is directly to coastal waters.

The provision of SuDS should be compliant with the principles set out in the SuDS Manual C753 and Sewers for Scotland 3rd edition, or any successor documents.

Where waste water drainage is required, it must be demonstrated that the development can connect to the existing public sewerage system. Where a public connection is not feasible at present, a temporary waste water drainage system can be supported if:

i) a public connection will be available in future, either through committed sewerage infrastructure or pro-rata developer contributions; and
ii) the design of, and maintenance arrangements for, the temporary system meet the requirements of SEPA, Scottish Water and Inverclyde Council, as appropriate.

Private sustainable sewerage systems within the countryside can be supported if it is demonstrated that they pose no amenity, health or environmental risks, either individually or cumulatively.

Developments including SuDS are required to have an acceptable maintenance plan in place.

Policy 10 - Promoting Sustainable and Active Travel

Development proposals, proportionate to their scale and proposed use, are required to:

- provide safe and convenient opportunities for walking and cycling access within the site and, where practicable, include links to the wider walking and cycling network; and
- include electric vehicle charging infrastructure, having regard to the Energy Supplementary Guidance.

Proposals for development, which the Council considers will generate significant travel demand, are required to be accompanied by a travel plan demonstrating how travel to and from the site by means other than private car will be achieved and encouraged. Such development should also demonstrate that it can be accessed by public transport.
The Council will support the implementation of transport and active travel schemes as set out in Council-approved strategies, subject to adequate mitigation of the impact of the scheme on: development opportunities; the amenity and operations of existing and adjacent uses; the green network; and historic buildings and places.

Policy 11 - Managing Impact of Development on the Transport Network

Development proposals should not have an adverse impact on the efficient operation of the transport network. Development should comply with the Council's roads development guidelines and parking standards. Developers are required to provide or contribute to improvements to the transport network that are necessary as a result of the proposed development.

Policy 20 - Residential Areas

Proposals for development within residential areas will be assessed with regard to their impact on the amenity, character and appearance of the area. Where relevant, assessment will include reference to the Council's Planning Application Advice Notes Supplementary Guidance.

Policy 21 - Community Facilities

Proposals for the new community facilities identified in Schedule 5 will be supported. Community facilities in other locations will be supported where the location is appropriate in terms of avoiding adverse impact on the amenity and operation of existing and surrounding uses, and where it can be reached conveniently by walking, cycling or public transport by its proposed users.
Proposals that would result in the loss of a community facility will need to demonstrate that the facility is no longer required for the existing or an alternative community use.

Proposed Supplementary Guidance on "Priority Places" applies.

CONSULTATIONS

Strathclyde Partnership For Transport - The proposed building is not in a very accessible location to public transport and the steepness of footways in the vicinity do not provide a satisfactory environment for people with mobility difficulties. It is the view of SPT that the applicant over-states the accessibility of the site and potential for a significant sustainable travel mode share. Bus services on Wellington Street are limited to a daytime service and the steepness of the footways will deter use of services on Regent Street.

Funding should be identified by the applicant to support the rerouting and/or bespoke provision of bus services. The existing bus stop on Wellington Street should be improved. Infrastructure should include a shelter with power, a bus stop flag and raised kerbs.

To promote active travel and the use of existing public transport services, public information screens highlighting active travel routes and live public transport departures (including Greenock Central rail station, Regent Street and Wellington Street bus stops) should be provided at key locations in the centre as well as way-finding signage within and outwith the building. These provisions should be a condition of any planning consent.

SPT is concerned by the seeming lack of analysis that has been undertaken in relation to existing patient travel patterns and requests that a condition is attached to any planning permission requiring provision of sustainable travel information to patients prior to the relocation and on the opening of the new facility.

Architecture and Design Scotland - Given the complexity and challenges of the site, ADS is encouraged by the response. The design proposals are well considered, and the quality and material aspirations for the façade treatment are encouraging. The level of design detail within the planning application is reassuring and assuming the project is well executed it will provide a positive addition to the built environment of Greenock.

ADS recommends Inverclyde Council works together with the developer to ensure the public realm at the road crossing is a considered and integral part of the design scheme, providing a pedestrian friendly space to connect the parking and the entrance, and that landscape materials and planting across the site are delivered to a high quality.

Head of Environmental and Commercial Services – There is a shortage in car parking provision of 38 spaces, although it is acknowledged that the applicant has identified on-street parking opportunities on streets surrounding the site. Whilst this is not ideal it is a significant improvement on the existing nearby health centre.

Only 1 bus service directly passes the site and public transport is therefore a less attractive option, making it difficult for some visitors to access the facilities. Although other bus services on Regent Street and Roxburgh Street are nearby the topography could be difficult for some patients. A full size bus cannot operate on the surrounding streets. The applicant should provide a free shuttle bus service to and from the new development from rail and bus stations. This will also help address concerns over the lowered parking provision. If it is not achievable the applicant should work with the existing bus operator to try to secure an increase in bus frequency of the existing service.

It is recommended that the bus stop on Wellington Street be subject to an upgrade, including a shelter and raised kerbs.

Proposed improvements to junctions and the installation of a speed table will require a Section 56 Agreement.

Prior to occupancy a Travel Plan shall be submitted which should consider (but not be limited to) how people will travel to the site, existing public transport provision (including as assessment of spare capacity on existing services), identify if additional services are required and whether a bus shuttle service is required to the bus station or if the existing bus service can be accommodated. Cycle provision details are also to be sought.

Conditions should be impose regarding the containing of all surface waters within the site, confirmation of connection to Scottish Water's Network, and all road drainage details.

Head of Safer and Inclusive Communities – No objection subject to conditions in respect of site contamination, waste containers, external lighting and noise disruption. Advisory notes are requested in respect of the Construction (Design & Management) Regulations 2015, gull control, and food safety & health and safety at work legislation.

Scottish Power - No objection although there are cables in the area.

Scottish Environment Protection Agency West - No objection.

SportScotland - No objection.

Scottish Gas Networks – There is existing plant in the area.

PUBLICITY

The application was advertised in the Greenock Telegraph on 9th March 2018 as there are no premises on neighbouring land.

SITE NOTICES

The nature of the proposal did not require a site notice.

PUBLIC PARTICIPATION

Three representations have been received, two of which are objections with one "neutral" representation. The points of objection may be summarised as follows:

- Wellington Street and other roads in the vicinity will be less useable due to the extra traffic and on-street parking the proposal would bring.
- The building should be located elsewhere.
- Concerns over loss of sunlight and daylight to neighbouring properties.
- Concerns about overlooking of adjacent gardens.

The neutral representation asked questions over refurbishment of a boundary wall. These have been addressed through correspondence during the processing of the application.

ASSESSMENT

The material considerations in determination of this application are the adopted and proposed Inverclyde Local Development Plans, adopted supplementary guidance on "Local Development Frameworks", proposed supplementary guidance on "Priority Places", Circular 4/1998, the consultation responses, the representations and the applicant's supporting information.

Section 25 of The Town and Country Planning (Scotland) Act 1997 requires that planning applications be determined in accordance with the Development Plan unless material considerations indicate otherwise. It rests, therefore, to consider these matters with reference to the key determining issues:

- Is the principle of using the site for a health centre acceptable?
- If so, are the details of the proposal with reference to building design, impact on neighbours and roads and transportation issues, infrastructure and social and economic benefit acceptable?
- Are there any other matters raised in consultation or public representation that require to be taken into consideration, and if so have these been appropriately addressed by the proposal?

As the proposal involves the redevelopment of a brownfield site within an "Area of Potential Change", as identified by the adopted Local Development Plan, it accords in principle with Policies SDS5 and 7. Policy APC1 indicates that the Council will support redevelopment of these areas by having regard to the appropriate framework identified in the associated supplementary guidance on "Local Development Frameworks." When the Framework was drawn up it was anticipated that the application site would most appropriately be redeveloped as a residential site, hence its inclusion in Schedule 6.1 to Policy RES3. Housing stock re-provisioning has been progressed nearby within the Broomhill area and, in meeting housing land supply obligations, there is no longer any need for the site to be specifically reserved for residential development.

This is reflected in the proposed Local Development Plan, through Policy 3 and its associated Schedule 2 and "Priority Places" supplementary guidance. The site is now specifically allocated for a new health centre together with the associated car parking. Policy 3 indicates that proposals will be supported where they are in accord with the Schedule and the supplementary guidance. Added emphasis is given to this via Policy 21 of the proposed Plan as the proposed health centre is identified as an opportunity in Schedule 5 to the Policy. The Policy indicates that proposals for new community facilities in the Schedule will be supported. I therefore give greater weight to the proposed Plan's vision of development of the site whilst noting a slight tension with the allocation in the adopted Plan.

Compatibility with the character and amenity of the area relates to the built form and the activity associated with it. The form of the building is determined in part by its function as a health care centre. The applicant has sought to relate the external appearance of the building to the existing built context. The architect considers the scale of the building reflects the nearby tenements and those building which previously stood on the site. The design, it is suggested, references the walls of the town, respecting the long runs of tenements and warehouses. Individual elements, such as the taller corner elements are intended to be seen in the context of the gables of nearby tenements. Overall, I am persuaded by the arguments put forward to consider that the design of the proposed building is sufficiently contextual as to merit support.

In noting the comments of ADS on the public realm at the road crossing point, the submitted drawings show that attention has been paid to soft landscaping in this area and there is a proposed change to the road surface which will be addressed under the Road Construction Consent stage.

The issue of building design has raised concerns from neighbours over loss of daylight and sunlight. The proposed building is approximately 32 metres from the windows of the nearest

dwellings on the north side of Wellington Street and approximately 37 metres from those on Dempster Street (the latter properties are at a higher level). The equivalent distance from windows in the high rise block on Ann Street is approximately 30 metres and over 100 metres to the dwellings to the east on Mearns Street. Primary concern therefore relates to the properties on Wellington Street to the north. Having carried out daylight and sunlight tests using the "Site Layout Planning for Daylight and Sunlight" guidance from the BRE Trust, there will be some loss of daylight to the ground floor windows of dwellings to the north across Wellington Street. As this would take daylight levels slightly below one of the guideline figures provided by the BRE Trust the loss of daylight may be noticed by the residents affected. However a further test informs that sufficient diffuse daylight will still be received by the windows. I conclude that the level of daylight which will be received is not so restricted that the refusal of planning permission would be justified. Sunlight availability has also been tested and although some direct sun would be lost during the middle part of the day in the late autumn to early spring months of the year, it remains the case that the proposal passes the sunlight availability minimum guidelines.

Overlooking has also been raised as a concern. Noting the relative distances from neighbouring garden ground and buildings above, sufficient distance will remain so as not to adversely impact on privacy. In this respect I note that, with regard to the nearest properties the overlooking would be of front gardens which are currently in the public domain.

Much like the previous school use, the proposal will bring a level of activity to the area not typical of residential areas, with long term parking for workers and visitor activity. In this instance activity will be spread over the day and not limited to more intensive bursts of activity as would have been the case with the former school. Activity will focus during the daytime, much like the school, and on balance recognising that some non-residential activity has been characteristic of this area until recently I conclude that the proposal will be compatible with the area (Policy RES1 criterion (a)).

The proposal will generate a higher volume and frequency of traffic than is experienced at present. The Head of Environmental and Commercial Services has indicated no concerns in this respect and is comforted by the on-street parking opportunities in the vicinity. On this basis I consider that the proposal accords with Policy RES1 criterion (d).

The issues of roads and transportation are also addressed by Policy TRA2 of the adopted Plan and Policy 10 of the proposed Plan, both of which consider the issue of sustainable access, requiring that new major trip-generating developments be directed to locations accessible by walking, cycling

and public transport, all subject to a transport assessment and a travel plan. Additionally, Policy 10 refers to the provision of electric vehicle charging infrastructure. The Head of Environmental and Commercial Services has expressed reservations over the public transport provision to the site and the gradient of surrounding footways is a matter of concern to less mobile users who may not alight immediately adjacent to the proposed building. It is also noted that only one small bus passes immediately adjacent to the site. In order to address this issue it is requested that the applicant provide a shuttle bus service to key transport nodes or that the applicant seeks an improvement to the existing services with the bus operator. Upgrading of the bus stop on Wellington Street is also sought. Strathclyde Partnership for Transport (SPT) has expressed similar concerns.

Circular 4/1998 advises on the use of conditions, indicating that they need to be employed in a manner which is fair, reasonable and practicable and do not place unreasonable or unjustified burdens on applicants. Conditions should only be used where they are necessary, relevant to planning, relevant to the development to be permitted, enforceable, precise, and reasonable in all other respects. Whilst I appreciate the concerns behind their requests, I consider that the Head of Environmental and Commercial Services' and SPT's requests that conditions be used to secure alterations to bus stops and other infrastructure which are remote from the application site and on land not within the applicant's control, and to re-direct or upgrade public transport, or to provide a bespoke bus service, are neither be reasonable nor enforceable. I also note the request for a condition in respect of the provision of information of sustainable travel information to patients but again have concerns over the enforceability of such a condition. I am satisfied that patients will be fully aware of the relocation of their health services through their own GP's or dentist's advice and therefore also question the necessity of such a condition. I also recognise that an ambulance pick up service, the use of taxis and the possibilities of less mobile patients being accompanied and dropped off by others. Ultimately a balance has to be made between this and the benefits to the wider population offered by the proposed new facility. In view of the overall social and economic benefits of the proposal it is my overall conclusion on this particular matter that whilst noting the concerns over sustainable access, these do not merit refusal of the proposal. The provision of electric vehicle charging points and the remaining points raised by the Head of Environmental and Commercial Services are matters I am content to address by condition or advisory note.

The submissions by the applicant have identified infrastructure in the vicinity and it will be the responsibility of the applicant to ensure that connections can be made and the capacities absorbed (Policy RES1 criterion (d)). With specific reference to flood risk and drainage, the applicant has submitted the necessary documentation required to allow assessment of the proposal against Policies INF4 and INF5 of the adopted Plan and Policies 8 and 9 of the proposed Plan. This has been assessed by both the Scottish Environment Protection Agency and the Head of Environmental and Commercial Services and it is accepted that the site is not at risk of flooding nor that, following construction, will it create a flooding risk elsewhere. The supporting documentation

has therefore been found to be acceptable, subject to conditions to ensure the recommendations are met.

The proposal will undoubtedly provide social and economic benefits through the nature of the proposed use and job creation in construction and longer term opportunities within the health centre (Policy RES1 criterion (e)).

Overall, I am satisfied that the proposal is acceptable with reference to building design, impact on neighbours and roads and transportation issues, infrastructure and social and economic benefit, and consequently is in compliance with policies RES1, RES6, TRA2, INF1 and INF2 of the Inverclyde Local Development Plan and policies 8,9,10 and 20 of the proposed Inverclyde Local Development Plan.

Drawing all of the above together and considering the site layout as proposed I am further satisfied that the proposal accords with the requirements of Policy SDS 3 of the adopted Plan and Policy 1 of the proposed Plan in creating a successful place. Furthermore, noting that the proposed use of the site for residential purposes, as envisaged in the adopted supplementary guidance on "Local Development Frameworks", is close to being superseded by the proposed supplementary guidance on "Priority Places", I consider that the proposal can also be supported by the most recent supplementary guidance.

I am therefore satisfied that the proposal can be justified with respect to the adopted and proposed Local Development Plans. It remains to be considered, however, if there are any material considerations raised in consultation or from public representation which suggest that planning permission should not be granted.

Other than matters relating to waste container provision, external lighting and possible noise disruption, which are more appropriately addressed under separate legislation and not via planning conditions, there are no outstanding matters raised. I therefore conclude that there are no material considerations suggesting that planning permission should not be granted.

RECOMMENDATION

That the application be granted, subject to the following conditions:

1. That prior to their use, samples of all facing materials to be used in the construction of the building hereby permitted and the surrounding hard landscaping shall be submitted to and approved in writing by the Planning Authority. Development shall proceed thereafter using the approved materials unless a variation is agreed in writing with the Planning Authority.

2. That the approved landscaping scheme shall be implemented in full prior to the building hereby permitted being brought into use. Any of the planting which is damaged, is removed, becomes diseased or dies within the first 5 years of planting shall be replaced within the following planting season with plants of a similar size and species.

3. That prior to the commencement of development, details shall be provided of a management and maintenance scheme for the approved landscaping.

4. That the building hereby permitted shall not be brought into use until all hard landscaping, including the car parking spaces and manoeuvring areas are finished to final sealed wearing course.

5. That all surface water originating within the site shall be intercepted within the site.

6. That prior to the commencement of development, confirmation of connection to the Scottish Water Network shall be submitted for approval.

7. That all surface water drainage from the site shall be treated in accordance with the principles of the Sustainable Urban Drainage Systems Manual (C697) (CIRIA 2007). Before development commences, details shall be submitted to and approved in writing by the Planning Authority of the maintenance regime for the water detention areas.

8. That the development shall not commence until an Environmental Investigation and Risk Assessment, including any necessary Remediation Scheme with timescale for implementation, of all pollutant linkages has been submitted to and approved, in writing by the Planning Authority. The investigations and assessment shall be site-specific and completed in accordance with current codes of practice. The submission shall also include a Verification Plan. Any subsequent modifications to the Remediation Scheme and Verification Plan must be approved in writing by the Planning Authority prior to implementation.

9. That before the development hereby permitted is occupied the applicant shall submit a report for approval, in writing by the Planning Authority, confirming that the works have been completed in accordance with the agreed Remediation Scheme and supply information as agreed in the Verification Plan. This report shall demonstrate that no pollutant linkages remain or are likely to occur and include (but not limited to) a collation of verification/validation certificates, analysis information, remediation lifespan, maintenance/aftercare information and details of all materials imported onto the site as fill or landscaping material. The details of such materials shall include information of the material source, volume, intended use and chemical quality with plans delineating placement and thickness.

10. That the presence of any previously unrecorded contamination or variation to anticipated ground conditions that becomes evident during site works shall be brought to the attention of the Planning Authority and the Remediation Scheme shall not be implemented unless it has been submitted to and approved, in writing by the Planning Authority.

11. That the approved boundary fences and walls shall be erected prior to the building hereby permitted being brought into use.

12. That existing trees both within the development site and in the vicinity of the boundary of the site which are not to be felled or lopped as part of the proposals are to be protected in accordance with British Standards Recommendations for trees in Relation to Construction, currently BS 5837:2012.

13. That prior to the commencement of development, the applicant shall submit to and receive approval in writing from the Planning Authority of a scheme for electric vehicle charging points within the site.

14. That prior to the building hereby permitted being brought into use, the applicant shall submit a Travel Plan for approval in writing by the Planning Authority and that, for the avoidance of doubt, it shall address (but not be limited to) how people will travel to the site, existing public transport provision (including as assessment of spare capacity on existing services), identify if additional services are required and whether a bus shuttle service is required to the bus station or if the existing bus service can be accommodated. Cycle demand also requires to be addressed.

15. That road drainage details shall be submitted to and approved in writing by the Planning Authority prior to the commencement of the development.

Reasons

1. In the interests of visual amenity.
2. To ensure retention of the approved landscaping scheme.
3. To ensure retention of the approved landscaping scheme.
4. To ensure the provision of adequate parking facilities.
5. To control runoff from the site to reduce the risk of flooding.
6. To ensure adequate service connections can be achieved.
7. To control runoff from the site to reduce the risk of flooding.
8. To satisfactorily address potential contamination issues in the interests of human health and environmental safety.
9. To ensure contamination is not imported to the site and confirm successful completion of remediation measures in the interest of human health and environmental safety.
10. To ensure that all contamination issues are recorded and dealt with appropriately.
11. In the interests of visual amenity.
12. To ensure preservations of the trees not to be removed.
13. In the interests of sustainability.
14. To ensure the issues of travel accessibility and sustainability are addressed.
15. In the interests of flood prevention.

Stuart Jamieson
Head of Regeneration and Planning

Local Government (Access to Information) Act 1985 – Background Papers. For further information please contact David Ashman on 01475 712416.

DECISION NOTICE

Inverclyde council

Conditional Planning Permission

Regeneration and Planning
Municipal Buildings
Clyde Square
Greenock PA15 1LY

Planning Ref: 18/0043/IC

Online Ref: 100081813-001

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997
TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND) REGULATIONS 2013

NHS Greater Glasgow And Clyde
Gartnavel General Hospital
1053 Great Western Road
GLASGOW
G12 0YN

Hoskins Architects
South Block
Studio 401
60 Osborne Street
GLASGOW
G1 5QH

With reference to your application dated 16.02.2018 for planning permission under the abovementioned Act and Regulation for the following development:-

Construction of a 4 storey health and care centre and formation of an associated car park at

Former Wellington Academy, Wellington Street, Greenock

Category of Application: Local Application Development

The INVERCLYDE COUNCIL in exercise of their powers under the abovementioned Act and Regulation hereby grant planning permission for the said development in accordance with the plan(s) docquetted as relative hereto and the particulars given in the application.

In compliance with Section 58 of the Town and Country Planning (Scotland) Act,1997 this permission is granted subject to the condition that the development to which it relates must be begun not later than the expiration of 3 years beginning with the date of this permission.

Permission is issued subject to the following condition(s):

1. That prior to their use, samples of all facing materials to be used in the construction of the building hereby permitted and the surrounding hard landscaping shall be submitted to and approved in writing by the Planning Authority. Development shall proceed thereafter using the approved materials unless a variation is agreed in writing with the Planning Authority.

2. That the approved landscaping scheme shall be implemented in full prior to the building hereby permitted being brought into use. Any of the planting which is damaged, is removed, becomes diseased or dies within the first 5 years of planting shall be replaced within the following planting season with plants of a similar size and species.

3. That prior to the commencement of development, details shall be provided of a management and maintenance scheme for the approved landscaping.

4. That the building hereby permitted shall not be brought into use until all hard landscaping, including the car parking spaces and manoeuvring areas are finished to final sealed wearing course.

5. That all surface water originating within the site shall be intercepted within the site.

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6. That prior to the commencement of development, confirmation of connection to the Scottish Water Network shall be submitted for approval.

7. That all surface water drainage from the site shall be treated in accordance with the principles of the Sustainable Urban Drainage Systems Manual (C697) (CIRIA 2007). Before development commences, details shall be submitted to and approved in writing by the Planning Authority of the maintenance regime for the water detention areas.

8. That the development shall not commence until an Environmental Investigation and Risk Assessment, including any necessary Remediation Scheme with timescale for implementation, of all pollutant linkages has been submitted to and approved, in writing by the Planning Authority. The investigations and assessment shall be site-specific and completed in accordance with current codes of practice. The submission shall also include a Verification Plan. Any subsequent modifications to the Remediation Scheme and Verification Plan must be approved in writing by the Planning Authority prior to implementation.

9. That before the development hereby permitted is occupied the applicant shall submit a report for approval, in writing by the Planning Authority, confirming that the works have been completed in accordance with the agreed Remediation Scheme and supply information as agreed in the Verification Plan. This report shall demonstrate that no pollutant linkages remain or are likely to occur and include (but not limited to) a collation of verification/validation certificates, analysis information, remediation lifespan, maintenance/aftercare information and details of all materials imported onto the site as fill or landscaping material. The details of such materials shall include information of the material source, volume, intended use and chemical quality with plans delineating placement and thickness.

10. That the presence of any previously unrecorded contamination or variation to anticipated ground conditions that becomes evident during site works shall be brought to the attention of the Planning Authority and the Remediation Scheme shall not be implemented unless it has been submitted to and approved, in writing by the Planning Authority.

11. That the approved boundary fences and walls shall be erected prior to the building hereby permitted being brought into use.

12. That existing trees both within the development site and in the vicinity of the boundary of the site which are not to be felled or lopped as part of the proposals are to be protected in accordance with British Standards Recommendations for trees in Relation to Construction, currently BS 5837:2012.

13. That prior to the commencement of development, the applicant shall submit to and receive approval in writing from the Planning Authority of a scheme for electric vehicle charging points within the site.

14. That prior to the building hereby permitted being brought into use, the applicant shall submit a Travel Plan for approval in writing by the Planning Authority and that, for the avoidance of doubt, it shall address (but not be limited to) how people will travel to the site, existing public transport provision (including as assessment of spare capacity on existing services), identify if additional services are required and whether a bus shuttle service is required to the bus station or if the existing bus service can be accommodated. Cycle demand also requires to be addressed.

15. That road drainage details shall be submitted to and approved in writing by the Planning Authority prior to the commencement of the development.

The foregoing condition(s) are imposed by the Council for the following reason(s):-

1. In the interests of visual amenity.

2. To ensure retention of the approved landscaping scheme.

3. To ensure retention of the approved landscaping scheme.

4. To ensure the provision of adequate parking facilities.

5. To control runoff from the site to reduce the risk of flooding.

6. To ensure adequate service connections can be achieved.

7. To control runoff from the site to reduce the risk of flooding.

8. To satisfactorily address potential contamination issues in the interests of human health and environmental safety.

9. To ensure contamination is not imported to the site and confirm successful completion of remediation measures in the interest of human health and environmental safety.

10. To ensure that all contamination issues are recorded and dealt with appropriately.

11. In the interests of visual amenity.

12. To ensure preservations of the trees not to be removed.

13. In the interests of sustainability.

14. To ensure the issues of travel accessibility and sustainability are addressed.

15. In the interests of flood prevention.

The reason why the Council made this decision is as follows:

The development is considered to comply with Development Plan policies.

Dated this 7th day of June 2018

Stuart Jamieson

Head of Regeneration and Planning

1 If the applicant is aggrieved by the decision of the Planning Authority to refuse permission for or approval required by condition in respect of the proposed development, or to grant permission or approval subject to conditions, he may appeal to the Scottish Government under Section 47 of the Town and Country Planning (Scotland) Act 1997 within three months beginning with the date of this notice. The appeal should be addressed to The Scottish Government, Directorate for Planning and Environmental Appeals, Unit 4 The Courtyard, Callendar Business Park, Callendar Road, Falkirk FK1 1XR.

2 If permission to develop land is refused or granted subject to conditions, whether by the Planning Authority or by the Scottish Government, and the owner of the land claims that the land has become incapable of reasonably beneficial use in its existing state and cannot be rendered capable of reasonably beneficial use by the carrying out of any development which has been or would be permitted, he may serve on the planning authority a purchase notice requiring the purchase of his interest in the land in accordance with Part 5 of the Town and Country Planning (Scotland) Act 1997

3. In certain circumstances, a claim may be made against the planning authority for compensation, where permission is refused or granted subject to conditions by the Scottish Government on appeal or on a reference of an application to him. The circumstances in which such compensation is payable are set out in Scottish Executive Circular 6/1990

Additional Notes

1. A Section 56 permit, under the Roads (Scotland) Act 1984, is required for all works in the public road

2. a. The applicant should submit to the Planning Authority a detailed specification of the containers to be used to store waste materials and recyclable materials produced on the premises as well as specific details of the areas where such containers are to be located. The use of the development shall not commence until the above details are approved in writing by the Planning Authority and the equipment and any structural changes are in place.

b. All external lighting on the application site should comply with the Scottish Government Guidance Note "Controlling Light Pollution and Reducing Lighting Energy Consumption".

c. The applicant must consult or arrange for their main contractor to consult with either Sharon Lindsay or Emilie Smith at Inverclyde Council, Safer Communities (01475 714200), prior to the commencement of works to agree times and methods to minimise noise disruption from the site.

d. The applicant should be fully aware of the Construction (Design & Management) Regulations 2015 (CDM 2015) and it's implications on client duties etc.

e. Design and Construction of Buildings - Seagulls: It is very strongly recommended that appropriate measures be taken in the design of all buildings and their construction, to inhibit the roosting and nesting of seagulls. Such measures are intended to reduce nuisance to, and intimidation of, persons living, working and visiting the development.

f. Consultation on Proposed Use: It is strongly recommended that prior to the commencement of any works the applicant consults with Officers of Safer and Inclusive Communities to ensure structural compliance with legislation relating to;

a) Food Safety Legislation,
b) Health and Safety at Work etc. Act 1974,

3. SP Energy Networks have plant in the area. Please check requestforplansscotland@spenergynetworks.co.uk.

4. There should be no mechanical excavations taking place above or within 0.5m of a low/medium pressure system or above or within 3.0m of an intermediate pressure system. You should, where required confirm the position using hand dug trial holes.

Safe digging practices, in accordance with HSE publication HSG47 "Avoiding Danger from Underground Services" must be used to verify and establish the actual position of mains, pipes, services and other apparatus on site before any mechanical plant is used. It is your responsibility to ensure that this information is provided to all relevant people (direct labour or contractors) working for you on or near gas plant.

Damage to our pipes can be extremely dangerous for your employees and the general public. The cost to repair our pipelines following direct or consequential damage will be charged to your organisation. Please ensure we are able to gain access to our pipeline throughout the duration of your operations.

5. Contact should be made with Scottish Water regarding capacities and connections prior to the commencement of development.

Inverclyde council

Approved Plans: Can be viewed Online at http://planning.inverclyde.gov.uk/Online/

Drawing No:	Version:	Dated:
AL(PL)000		14.02.2018
AL(PL)001		14.02.2018
AL(EX)001	Rev A	14.02.2018
AL(PL)109		14.02.2018
AL(PL)110		14.02.2018
AL(PL)111		14.02.2018
AL(PL)112		14.02.2018
AL(PL)113		14.02.2018
AL(PL)114		14.02.2018
16021_L_400	Rev D04	14.02.2018
16021_L_401	Rev D02	23.01.2018
16021_L_402	Rev D02	23.01.2018
16021_L_403	Rev D02	23.01.2018
16021_L_404	Rev D02	23.01.2018
AL(PL)211		14.02.2018
AL(PL)212		14.02.2018
AL(PL)311		14.02.2018
AL(PL)312		14.02.2018

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16021_LB_206	Rev D06	14.02.2018
16021_LB_207	Rev D06	14.02.2018
16021_L_100	Rev D04	14.02.2018
16021_L_101	Rev D06	14.02.2018
16021_L_102	Rev D06	14.02.2018
16021_LG_204	Rev D04	14.02.2018
16021_LG_205	Rev D04	14.02.2018
16021_SW_202	Rev D04	14.02.2018
16021_SW_203	Rev D04	14.02.2018
16021_HW_200	Rev D05	14.02.2018
16021_HW_201	Rev D05	14.02.2018
16021_SF_208	Rev D05	13.02.2018
16021_SF_209	Rev D05	14.02.2018
IDV-4200	Rev P3	22.11.2017
IDV-4201	Rev P2	22.11.2017
IDV-4251	Rev P3	17.01.2018
16021_L_001	Rev D04	14.02.2018
16021_L_002	Rev D02	14.02.2018
16021_L_010	Rev D03	23.01.2018
AV(PL)400		14.02.2018
AV(PL)401		14.02.2018

Appended to this decision notice are two forms: a "commencement of development form" and a "completion of development form". You are required to submit the former notice before starting work. Failure to do so is a breach of planning control under Section 123(1) of the Town and Country Planning (Scotland) Act 1997. You

are required to submit the latter notice as soon as practicable after completion of the development. If a third form has been appended, a "form of notice to be displayed while development is in progress" you are required to display this in a prominent place at or in the vicinity of the site of the development; it must be readily visible to the public, and it must be printed on durable material. It is a breach of planning control not to display such a notice if required.

P40 Greenock Health and Care Centre - Risk Register

Version 23/08/18

	Ref	Date Raised	Summary of Risk		Stage	Likelihood	Impact -Time	Cost (£)	Risk Score	Costed Risk Allowances (Prime Cost)	Impacts (Time & cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 Status
			Risk Title	Risk Description													
APPROVALS	A1	23.08.2017	Approval of OBC/FBC at SCIG	Delay or rejecting of OBC/FBC at SCIG Meeting	1&2	3	4	1	12		Overall programme shift due to delayed approval/resubmission of OBC/FBC	Ongoing dialogue with SCIG during the Stage 1 and Stage 2 process to keep the Group appraised of any significant changes	NHS (JD)	NHS (JD)	23.08.17 - dialogue with SCIG has taken place between NHS and SCIG prior to release of the OBC. 29.09.17 - OBC reviewed at SCIG on the 19.09.2017 with further clarification requested 26.10.17 - OBC Approval received 16.5.18 - monitor bundling strategy with Clydebank programme. Sub structure and super structure packages to be issued by BH by	FBC currently being drafted by NHS/HSCP - Stage " due to be submitted 12th July - some docs to be provided early to allow NHS to progress with FBC. - Governance dates to be advised.	Ongoing
	A2	23.08.2017	NHS approval process for OBC and FBC	Delay or rejecting of OBC/FBC at NHS Boards	1&2	3	4	1	12		Overall programme shift due to delayed approval/resubmission of OBC/FBC	Ongoing dialogue with NH during the Stage 1 and Stage 2 process to keep the boards appraised of any significant changes	NHS (JD)	NHS (JD)	08.01.18 - NHS to confirm approvals process to allow this to be programmed 08.02.18 - NHS revised approval process now programmed - FC now scheduled November 2018	NHS targetting 11 October 2018 SCIG meeting	Ongoing
	A3	23.08.2017	Agreement/Approval of non standard room layout	Delays in approvals of these from stakeholders	2	2	2	1	4		Delay in programme as a result in rooms not design signed off. Cost impact if drawings changed after approves	Early engagement with stakeholders and issue of Activity Schedules by NHS. Checking of drawings prior to issue to NHS to ensure all items captured	hWS (HS) & NHS(JS)	NHS(JS)	28.09.17 - NHS to issue remainder of schedules too allow design to progress - note currently in delay and programme to be reviewed once they are issued 26.10.17 - programme currently delayed by circa 2 weeks. First issue of RL due 27.10.17 23.11.17 - room layout reviews ongoing - NHS to issue remainder of activity schedules 08.01.18 - feedback received and revised room layouts issued for sign off. 16/05.18 Schedule of remaining room layout relaease be issued ny HA to be avilable for end.	Room layouts now issued - NHS to confirm final sign off.	Closed
	A4	23.08.2017	Approval/Agreement of scheme from HFS/AD&S	Scheme not supported and not allowed to proceed to FBC	2	2	3	1	6		Delay and changes in design may be required to satisfy NDAP process	Early and ongoing engagement with HFS/AD&S and ensure Stage 1 NDAP recommendation are implemented	hWS	NHS (JD)	23.08.17 - Stage 1 NDAP supported. Stage 2 programme now includes specific review dates with HFS/AD&S to provide ongoing updates 26.10.17 - Fist meeting held with HFS & ADS to review Architectural issues 03.04.2018 - meeting held on 05/03/2018 to discuss Services and Fire Strategy with no adverse comments received.	Energy strategy (increased PV over and above Section 6 compliance) to be justified to HFS during Stage E review. NHS GGC strategy is to maximise PV. NHS to set up meeting to review Stage E.	Closed
	A5	03.04.2018	De Coupling of Projects	Clydebank and/or Stobhill removed from bundle	2	4	2	3	12		Increased fees as bundled saving now incorporated in to current project	Continuous review of all programmes and endure Project is still targeting Stage 1 Cost Plan	NHS (JD)	NHS (JD)	03.04.18 - current proposal is for all three Projects to be in same bundle 16.5.18. Stage D hWS overall cost includes for savings associated with bundling.	Monitor overall programme ahead of Stage 2 Submission Ongoing - discussion on Clydebank Variation to be concluded.	Closed

SITE ISSUES	S1	15.03.16	Restrictive title conditions and reserved rights	Title conditions or access rights prejudice design scope or construction logistics	1&2	2	2	2	4		Overall programme shift and associated impact on inflation allowances	1. hWS to obtain land title conditions at NPR stage and assess for design impact 2. tie up in acquisition agreement	NHS (GL)	NHS (GL)	10.7.17 - Draft Schedule Part 5 issued and currently under review. 12.01.18 - Further comments issued by NHS - hWS to feedback comments. 08.02.18 - Meeting to be schedule end of feb to review. 03.04.18 - meeting held 08.03.18 - revised drawings issued and queries raised on red line to football pitch	1. hWS to provide comments to NHS on the Schedule part 5 2. hWS to issue comments on Schedule Part 5 to NHS - ongoing 3 - further meeting scheduled 24.5.18 4. BAM to confirm survey requirement to accept current Sch Pt 5 drafting regarding undisclosed rights 5. hWS reviewing insurance requirements	Closed
	S2	15.03.16	Land purchase delay	Land purchase - potential for delay in transfer of site between NHS and IC	2	2	3	2	6		Overall programme shift and associated impact on inflation allowances	land requires to be in NHS ownership by final business case stage. Strategy for land purchase to be set at Stage 1	NHS (GL)	NHS (GL)	29.8.16 - NHS progressing land transfer agreement discussions with IC. 12.2.17 - hWS land issues highlighted to NHS CLO on 7.2.17. 28.09.17 - NHS to confirm timescales of concluding agreements	1. Land Transaction to be arranged prior to FBC submission	Closed
	S4	08.09.16	Residual contamination from invasive weeds	Horsetail identified during SI / invasive weed survey - risk that scoped treatment does not sufficiently decontaminate arising's	1&2	1	2	1	2	spray treatment incl in overall hWS stage 1 costs	Costs of additional treatment OR higher costs than assumed for disposal of arising's	Carry out specified treatment	BAM	hWS	8.9.16 - findings identified to NHS. 15.2.17 - Spray treatment proposed to commence end Stage 1/start Stage 2 under strategic service 10.7.17 - Spray Treatment undertaken - 29.07.17 - ongoing 01.03.18 - Final spray due in early spring with final report expected thereafter.	1. BAM to confirm if additional visit required due to start on site now Nov 18	Closed
	S8	15.2.17	Existing boundary wall repairs, including walls to existing sub station	Potential for additional works beyond cost allowances made	2	2	2	2	4	Allowances included within Stage 1 cost plan	Any additional costs identified (specifically for underground works) subject to change control during Stage 2	BAM to carry out further survey work and confirm scope during Stage 2	BAM	NHS (JD)	15.2.17 - allowance agreed based on MSPS dilapidation survey of Jan17 28.09.17 - Survey to be undertaken to review condition. Ownership to be conformed 23.11.17 - survey instructed 08.01.18 - survey completed which recommends repairs - confirmation of ownership required 08.02.18 - 10k allowance included ion Stage D Cost Plan 03.04.18 - NHS have confirmed ownership of walls. 16/05.18 BW survey recieved and contents under review.	1. BAM to propose survey works for Strategic services 2. NHS to confirm ownership of boundary wall 3. Bam to liaise with Scottish power on reports. NHS to confirm reserved rights required to Mearns Street wall 4. B&W survey to be reviewed against current design scope 5. Scottish Power currently reviwing - they have noted acceptnace - cost allowance still included in Stage 2 Price.	Closed
UTILITY ISSUES	U2	15.03.16	Scottish Water Approvals	Scottish Water approval timescales for approval and confirmation of works required in excess of budgets.	1,2	2	3	2	6	Removed	Cost allowance for potential works within the red line and or design assessment only. No allowance for offsite works included.	Purify during Stage 2 design and results of Drainage Impact Assessment (DIA)	BAM	hWS	15.2.17 - PDE submitted to Scottish Water. It is noted that discharge is to a combined sewer on Wellington Street. 28.09.17 - DIA to be commissioned 27.10.17 - now instructed 08.02.18 - risk allowance removed due to receipt of SW approval. 16.05.18 SW technical approvals to be sought.	1. BAM to confirm approach to obtaining SW approvals (use of Water Plus?)	Closed
	U3	15.03.16	Insufficient water mains pressure	Mains upgrade works, or water mains pumping within building required.	2	3	2	1	6	Removed	Allowance for testing	Purify during Stage 2 design	BAM	hWS	29.09.17 - flow and pressure test needs to be undertaken. 16.05.18 Cost agreed and test instructed to proceed under SSPS.	1. Costs to be issued by BAM to undertake flow and pressure test - ongoing	Closed

THIRD PARTY ISSUES	TP1	15.03.16	NHS fire officer Building Control sign off - risk of new requirements		1,2	3	2	1	6	£0	Change to design may be necessary	Purify during Stage 2 design	BAM	hWS	12.2.17 - fire strategy agreed with NHS and HFS. To be closed out with building control. 15.2.17 - risk of being unable to achieve free openable area on ground floor level 29.09.17 - NDAP process confirmed agreement of Stage 1 proposals 23.11.17 - Fire strategy report issued and comments from design term being addressed 08.02.18 - risk reduced as Stage C design has been approved - meeting to be scheduled to review Stage D. 03.04.18 - review meeting with HFS	1. Meeting to be arranged for end of Stage D based on further developed strategy - HA 2. Thereafter meeting with Building control/SF&R to be arranged - HA 3. Preliminary warrant pack to be issued to IC BCO. 4. Comments reveved from Building Contorl and are being adressed.	Closed
	TP2	15.03.16	NHS infection control sign off		1,2	3	2	1	6		Change to design may be necessary	Engagement during Stage 1 and also Stage 2. Project Alert process by NHS can be used to start engagement. Typical 2 week turn around.	hWS	NHS (JD)	29/8/16 - no engagement to date 2.12.16 - to be engaged by NHS during Stage 1 Submission design review process and room layout review 28.09.17 Meeting held through HAI_SCRIBE during Stage 1 16.5.18 - NHS to review draft CPs / work package content 21.8.18 - meeting took place 20th July	1. NHS to review draft Stage E material during June 18 2. NHS to complete HAI_SCRIBE. meeting took place 20th July 2018.	Closed
	TP3	15.03.16	Planning feedback/comments mean changes to design/delay to planning submission		1,2	2	3	2	6	£0	Increase in costs resulting in higher specification of material than cost plan assumptions	Purify during Stage 2 through Planning process with proposals to be put forward to planning in keeping with current cost model allowances.	HA	hWS	10.07.17 - further dialogue held and no issues presented on current design proposal 28.09.17 - ongoing dialogue 23.11.17 - meeting held and comments/feedback awaited 08.01.18 - meeting held pre Christmas and comments currently being addressed 08.02.18 - risk now included in Cost Plan due to elevation changes requested by Planning Department 03.04.18 - Planning Application submitted 15.02.18	1. HA to engage with Planning dept. further during stage 2 2. Revised elevations to be issued for review to allow planning application to be submitted. 3. Planning conditions to be reviewed upon receipt. 4. Condtions reviewed - no issues present	Closed
	TP7	29.09.17	Car parking numbers not satisfying the staff levels and Roads Department requirements		2	2	2	3	6		Requirement for change to design/landscaping to accommodate additional spaces which is not currently possible	Early engagement with roads on numbers available and current staffing levels	hWS/BAM	HSCP (LL)	29.9.17 - Risk identified due to flux in staff numbers and requirement to firm up transport assessment 27.10.17 - NHS to confirm staff numbers after footfall survey completed 08.01.18 - revised TA issued and reviewed noting shortfall of 18 spaces	Updated TA issued noting shortfall of 18 spaces which can be accommodated on street. 26.02.18 Updated TA now issued to roads and submitted with planning application 01.08.18 - NHS to submit travel plan for approval 21.8.18. Hoskins Architects submitted Final Version to Planning Dept 17th August 2018. This will be considered at the October planning board.	Closed
	TP8	26.10.17	Fire Strategy	Fire Strategy approval from Building Control requiring independent sign off	2	4	2	3	12		Delay to programme due to Building Control being unable to sign off Warrant at required time.	Discussion with JGA to discuss impact/issue and confirmation of the actual process required	hWS/BAM	HSCP (LL)	27.10.17 -risk raised - comments requested from JGA to confirm issue 03.04.18 - fire strategy to be reviewed with building control	Await comments from JGA. JGA are updating reports then meeting to be held to review. Possible requirement for third party sign off. 1. As above, initial pre warrant pack to be submitted to IC BCO. 2. PV panel fire certification requirements to be verified.	Closed
DESIGN ISSUES	D4	6.12.16	Interior design proposals results in additional costs		2	3	2	2	6	Removed	Change in hWS costs	Cost budget to be set with consultant at start of design period	hWS	NHS (JD)	2.12.16 - allowance provided for until designer appointed and scope agreed. Scope of work and list sent to NHS 08.02.18 - reduced as cost plan now includes extra over for reception wall enhancement 6.5.18. Graven working to cost plan allowances.	Graven proposals in development and to be cost checked during Stage E. CLOSED - cost now included in Stage 2 Price. Coordinated design sign off still to be achieved.	Active

Operational Utilities	OP1	05.05.2017	Delay in identifying network provider.	The network provider is not identified at a sufficiently early stage in the procurement process, resulting in abortive works.	3	3	1	1	3		Potential delay to contract due to rectifying abortive works. Change Order required to cover these works	Alternative approach to installation being trialled at Gorbals H&CC using sleeved ducts.	NHS (DD)	NHS (DD)	16.05.18 at IT/TELECOMS Group meeting -score remainas the same.	1.Continuing to monitor trial at Gorbals H&CC.	Active
	OP3	05.05.2017	Voice / Comms network incompatibility	Inverclyde Council and GG&C voice / comms networks do not have the ability to be merged.	3	2	2	2	4		Delay in commissioning and additional construction, equipment and revenue costs.	Systems being trialled by other Authorities. Feedback with inform IT approach going forward.Inverclyde Council agree to use NHS Telecoms systems.	NHS (DD)	NHS (DD)	16.05.18 Reviewed at IT/TELECOMS Group meeting - reduced likelyhood. Inverclyde Council IT dept. can't extend IC Jabber on to any NHS phones. Inverclyde Council conceded that Jabber was not crucial to operations.	1.Continuing to monitor ~~system trial by other Authorities.~~ requirements. 2.NHS will soon be trialling Equinox on the Avaya platform. This may be an alternative to Cisco Jabber.	Active
Operational Service / Business	OP4	05.05.2017	Change of services-new occupants	Requirement to make adjustments to layouts to suit service needs.	2 to 4	2	4	3	8		Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Room template offers a high degree of flexibility.	Head of Service HSCP	Head of Service HSCP	8/5/18 -No change	Continuing dialogue with services	Active
	OP5	05.05.2017	Changes to services-service development	Requirement to make adjustments to layouts to accommodate changed service needs.	2 to 4	3	3	3	9		Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Room template offers a high degree of flexibility.	Head of Service HSCP	Head of Service HSCP	8/5/18 - Updated likelihood score	Continuing dialogue with services	Active
	OP6	05.05.2017	Changes to services-changed personnel / differing expectations of the projects outcome.	Requirement to make adjustments to layouts / services due to change in Service Lead.	2 to 4	2	3	3	6		Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Room template offers a high degree of flexibility. Consultations have taken place to gain consensus on the project brief at IA and OBC stages. Stage D approval and Stage E sign off process.	Head of Service HSCP	Head of Service HSCP	8/5/18 - Updated mitigation notes	Continuing dialogue with services	Active
	OP7	05.05.2017	No commitment to tenancy.	Independent Contractor do not commit to move to new centre / refuse lease terms ie Pharmacist.	2 to 4	3	4	0	12		Impact in revenue stream.	Early discussion with Contractors detailing estimated lease / running costs. Confirmation required from Independent Contractor.	Head of Service HSCP	Head of Service HSCP	8/5/18 - Info to be fwded to Independent Contractor	Moving towards contractual tie in. 8/05 - Information on anticipated rental charges to be forwarded to Lead Pharmacist by end May 2018	Active
	OP8	05.05.2017	Reduction in area uptake.	Independent Contractors seek to reduce their footprint at a late stage of project.	2 to 4	1	4	0	4		Impact in revenue stream.	Early dialogue regarding costs. Contract to be developed.	Head of Service HSCP	Head of Service HSCP	8/5/18 - Info to be fwded to Independent Contractor	Moving towards contractual tie in. 8/05 - Information on anticipated rental charges to be forwarded to Lead Pharmacist by end May 2018	Active
	OP9	05.05.2017	Changes to Practices	Independent Contractors seek to merge and require adjustment of layout.	2 to 4	2	2	2	4		Delay to programme and additional costs. Magnitude of both dictated by service change and timing.	Room template offers a high degree of flexibility.	Head of Service HSCP	Head of Service HSCP	8/5/18 - further change to design not anticipated	Continuing dialogue with Independent Contractors	Active
	OP10	05.05.2017	Delay in IT commissioning	Lack of IT resource prevents commissioning of two Health centres simultaneously.	4	3	4	2	12		Delay in completing commissioning programs.	Individual programs may be delayed for a variety of different reasons that separate handover. Regular tie in with IT Group	Head of Service HSCP	Head of Service HSCP	8/5/18 - Updated mitigation notes and impact score	Individual programs may be delayed for a variety of different reasons that separate handover.	Active
	OP11 A	05.05.2017	Delay in Operational commissioning	Lack of Capital Planning resource requires procurement of external commissioning team	4	3	1	2	6		Additional Professional fees.	Implemented for Eastwood and Maryhill H&CC.	Head of Service HSCP	Head of Service HSCP	8/5/18 -No change	Implemented for Eastwood and Maryhill H&CC.	Active
	OP11 B	05.05.2017	Delay in Operational commissioning	Lack of manufacture resource affects deliveries and installation of agile furniture.	2	2	5	3	10		Delay in completing commissioning installation and occupancy of building.	Procurement to enter into dialogue with RNIB Capital Planning working with Procurement Team	Head of Service HSCP	Head of Service HSCP	8/5/18 - Capital Planning have updated Procurement on Project Timescales	Procurement to enter into dialogue with RNIB	Active
	OP12	05.05.2017	Delay in Operational commissioning	Delay to Practical Completion causes a knock on effect for Operational; Commissioning .	2	2	5	3	10		Delay in completing commissioning installation and occupancy of building.	Regular updates on site progress. Occupancy dates kept flexible.	Head of Service HSCP	Head of Service HSCP	8/5/18 -No change	Regular updates on site progress. Occupancy dates kept flexible.	Active
	OP13	05.05.2017	Reputational risk	Adverse publicity occurs due to operational issues.	2	2	2	0	4		Reputation od organisation and persons involved with the project.	Review of ongoing operational arrangements associated with the project and ensure that any specific risks are encapsulated into the project register.	Head of Service HSCP	Head of Service HSCP	8/5/18 -No change	Risk Register is reviewed on a regular basis by the Project Board.	Active

Benefits	OP15	05.05.2017	Delivery of Benefit Realisation	Benefits highlighted in OBC are not realised e.g. buildings do not get decommissioned.	4	2	3		6		Impact in revenue stream.	Early dialogue with decommissioning team.	Chief Officer HSCP	Chief Officer HSCP	8/5/18 -No change to be reviewed further with F Wrath	New service models to be communicated with all stakeholders, staff and councillors.	Active
	OP16	05.05.2017	Delivery of Benefit Realisation	Prediction for service demand do not reflect the levels planned, predicted or presumed.	4	2	4		8		Risk to Post Project Evaluation. No time or cost risk.	Carry out sensitivity testing of assumptions behind service demand projections to understand and manage underlying risks.	Chief Officer HSCP	Chief Officer HSCP	8/5/18 -No change to be reviewed further with F Wrath	On going review of needs. Horizon scanning	Active
	OP17	08.05.2017	Delivery of Benefit Realisation	Contracts supporting existing health centre, together with break clauses, have not been identified.	4	1	0	2	2		Impact in revenue stream.	Early dialogue with decommissioning team.	Chief Officer HSCP	Chief Officer HSCP	8/5/18 -No change to be reviewed further with F Wrath	Early dialogue with decommissioning team.	Active
					Sub Total				£0								

Glossary

Organisation	
Participant	NHS GG&C
TPT	Territory Partnering Team
hub	hub West Scotland
CONTRACTOR	Construction Partner

Assessment of Risk Score

Likelihood	Description	Quantification
0	Will not occur	Will not occur under any exceptions
1	Very unlikely to occur	May occur only in exceptional circumstances
2	Unlikely to occur	May occur at some time
3	As likely to occur as not	May occur at some time
4	Likely to occur	Will probably occur at some time
5	Very likely to occur	Is expected to occur in most circumstances

Categories	Categories
Approv	**Project Management**
Legal	**External**
Comm	**Construction**
Design	**Commissioning**
Financ	**Stakeholders**

Cost Impact	Description	Impact Value
0	Nil	0
1	Minor	<£25,000
2	Significant	£25,000 - £100,000
3	Substantial	£100,000 - £250,000
4	Very Substantial	£250,000 - £500,000
5	Exceptional	> £500,000

Risk Level	
1-7	**low risk**
8-15	**medium risk**
16-25	**high risk**

Programme Impact	Description	Quantification
1	Minimal Impact	Little or no delay to FC/PC ≤ 1 week
2	Low Impact	Minor delay to FC/PC of 1-2 weeks
3	Medium Impact	Some delay upon the programme to FC/PC of 2-4 weeks
4	High Impact	Large delay to FC/PC of between 1 - 2 months
5	Very High Impact	Major delay to FC/PC of > 2 months

Space No.	Room Name	Floor Area (m^2)
Facilities		
0/001	Atrium Foyer	121
0/002	Cafe	37
0/003	Cafe Servery	9
0/004	Cafe St.	7
0/008	Changing Places WC	13
0/009	DSR Room	15
1/003	DSR Room	10
1/004	FM Room	11
1/005	Comms Room	15
1/006	Central Store	20
1/011	Domestic Waste	31
1/040	Dirty Utility	8
1/056	Dirty Utility	8
1/094	Atrium Foyer	74
1/096	Breast Feeding	10
1/097	Male WC	12
1/098	Baby Change	5
1/099	Female WC	14
2/052	DSR Room	12
2/060	Comms Room	19
2/066	Dirty Utility	8
2/087	Dirty Utility	9
3/004	Staff Facilities	101
3/007	Staff WC	2
3/008	Staff WC	2
3/009	WC / Shower	5
3/010	Staff WC	2
3/011	Staff WC	2
3/012	WC / Shower	5
3/016	DSR Room	10
	WC Provision Total	209
Area Subtotal		**597**
Physiotherapy & Podiatry		
0/015	Acc. WC	7
0/016	Physio Gym	48
0/017	Physio Store	11
0/018	Physio/Pod Waiting	15
0/019	Podiatry Treatment 4	15
0/020	Podiatry Treatment 3	15
0/021	Podiatry Treatment 2	15
0/022	Podiatry Treatment 1	18
0/023	Acc. WC	6
0/024	Podiatry Store	15
0/026	Podiatry Work	20
0/027	Podiatry Treatment 6	15
0/028	Podiatry Treatment 5	15
0/031	Physio Treatment 4	15

0/032	Physio Treatment 3	15
0/033	Physio Treatment 2	15
0/034	Physio Treatment 1	18
3/025	Store	5
3/026	Podiatry	24
Area Subtotal		**307**
Community		
0/011	Central Reception	14
1/008	Nitrogen Store	8
1/012	Dirty St.	5
1/013	Clean St.	5
1/014	Compressor Room	5
1/015	OPT Room	10
1/016	Back Office	10
1/017	Special Needs Dental Room	18
1/018	Dental Reception	10
1/019	Dental Room	15
1/020	CAMHS Reception	10
1/021	Dental Room	15
1/022	Child Smile Room	11
1/023	Equipment Room	11
1/024	Acc. WC	7
1/026	Acc. WC	7
1/027	Play Therapy Room	15
1/028	Observation Therapy	15
1/029	Consltant Psychiatrist	15
1/030	Family Therapy Room	15
1/031	Treatment / Consultant	15
1/032	Interview Room	12
1/033	CAMHS St	1
1/034	CAMHS St	2
1/035	Interview Room	12
1/036	WC	5
1/037	Interview Room	12
1/038	Interview Room	12
1/039	CAMHS St	1
1/042	Interview Room	12
1/043	Interview Room	12
1/044	CAMHS St	1
1/047	SALT Office	32
1/049	CAMHS Office	47
1/053	SALT Store	15
1/055	Sandyford Agile	15
1/057	Prep Room	10
1/058	Bookable Consulting 8	15
1/059	Bookable Consulting 7	15
1/062	Bookable Consulting 9	15
1/063	Bookable Consulting 10	15
1/064	Bookable Consulting 6	15
1/065	Bookable Consulting 5	15
1/066	WC	4

1/067	Sandyford Waiting	15
1/068	Sandyford Reception	10
1/069	Bookable Consulting 4 (Sandyford)	15
1/070	Bookable Consulting 3 (Sandyford)	15
1/071	Bookable Consulting 2 (Sandyford)	15
1/072	Bariatric Bookable Consulting 1	18
1/073	Acc. WC	7
1/074	WC	5
1/075	Bookable Waiting	21
1/076	Store	5
1/077	Store	13
1/078	WC	5
1/079	Nurse Treatment 4	15
1/080	Nurse Treatment 3	15
1/081	Nurse Treatment 2	15
1/082	Bariatric Treatment 1	18
1/083	Test Room	11
1/084	Clinical Waste	6
1/085	Central Reception	9
1/089	Bookable Waiting	20
1/095	Dental Waiting	15
1/101	SALT Waiting	10
1/102	CAMHS Waiting	21
3/006	Staff Acc WC	6
3/024	Staff Acc WC	6
Area Subtotal		**842**
Pharmacy		
301	Waiting	25
302	Reception	12
303	Dispensary	42
304	Storage	30
305	Supervision Room	6
306	Consulting Room	10
307	Office / Teaprep	14
Area Subtotal		**139**
HSCP Agile		
0/005	Riser / St	10
0/010	Social Work Waiting	19
0/012	Community Admin Office	19
0/013	Meeting Room 1	19
0/014	Interview Room 1	11
1/002	HV Store	5
1/002	District Nurse St.	6
1/002	HV Dressing Store	8
1/007	Mail Room	10
1/009	Clinical Waste	10
1/048	Clinical Waste	6
1/086	Print Room	7
1/087	Meeting Room 3	19
1/088	Meeting Room 2	13

1/090	Interview Room 2	12
1/091	Interview Room 3	12
2/091	Meeting Room 4	20
3/003	District Nurse St.	4
3/005	District Nurse St.	8
3/015	Agile Area Pod 03	10
3/017	Stationary Store	10
3/019	Interview (Spiritual) Room 1	10
3/020	Agile Area Pod 06	38
3/021	Interview Room 2	12
3/022	Community Admin Office	119
3/027	GP Contracted Staff	51
3/030	HV Record Store	11
3/031	Agile Area Pod 02	5
3/032	Agile Area Pod 01	5
3/033	Agile Area	14
3/034	Homecare Office	77
3/035	Agile Area Pod 04	5
3/036	Homecare St	4
3/037	Print Zone	5
3/038	Agile Area Pod 05	5
3/039	Social Work St	4
3/040	Social Work St	10
3/042	Assessment Care Management	35
3/043	Agile Area Pod 07	11
3/046	Health Visitors and School Nursing	76
3/047	Bookable Meeting	12
3/048	Office	9
3/049	HCC MGMT (4)	35
3/050	Agile Area	7
3/051	Agile Area	27
3/052	District Nursing (17+1 Spare)	54
3/053	Agile Area	17
3/054	Agile Area	20
Area Subtotal		**916**
GP1- Regent		
2/018	Reception	12
2/019	Admin Room	29
2/020	Acc. WC	7
2/022	WC	5
2/023	GP Waiting	30
2/024	Consulting 1	15
2/025	Consulting 2	15
2/026	Consulting 3	15
2/027	Consulting 4	15
2/028	Consulting 6	15
2/029	Consulting 5	15
2/030	Consulting 7	15
2/031	Consulting 8 GP Training	15
2/032	New Ways Pharmacy	15

2/033	Consulting / Nurse 1	15
2/034	Consulting / Nurse 2	15
2/035	Consulting / Nurse 3	15
2/036	New Ways Pharmacy	15
2/037	Store	15
2/038	Practice Manager	15
Area Subtotal		**308**
GP2- Lochview		
2/041	Store	6
2/042	Practice Manager	15
2/043	New Ways Pharmacy	15
2/044	Consulting / Nurse 4	15
2/045	Consulting / Nurse 5	15
2/046	Consulting / Nurse 3	15
2/047	Consulting 12 GP Training	15
2/048	Consulting / Nurse 2	15
2/049	Consulting 11	15
2/050	Consulting / Nurse 1	15
2/051	Consulting 10	15
2/053	Consulting 9	15
2/054	Consulting 8	15
2/055	Consulting 7	15
2/056	Acc. WC	7
2/059	Store	14
2/061	Consulting 6	15
2/062	Acc. WC	7
2/063	Consulting 5	15
2/065	Consulting 4	15
2/067	Consulting 3	15
2/068	Consulting 2	15
2/069	Consulting 1	15
2/070	Admin Room Tea Prep	44
2/071	Reception	13
2/072	Acc. WC	7
2/073	GP Waiting	50
Area Subtotal		**433**
GP3- Hussain & Partners		
2/003	WC	6
2/004	New Ways Pharmacy	15
2/005	HCA Room	15
2/006	Consulting / Nurse 1	15
2/007	Consulting 5	15
2/009	Consulting 4	15
2/010	Consulting 3	15
2/011	Consulting 2	15
2/012	Consulting 1	15
2/013	Admin Room Tea Prep	21
2/014	Store	12
2/016	Reception	9
2/017	GP Waiting	20

2/090	Acc. WC	6
Area Subtotal		**194**
GP4- Hogan & Partners		
2/074	Reception	9
2/075	GP Waiting	19
2/076	Practice Manager	15
2/077	Consulting 1	15
2/078	Consulting 2	15
2/079	Consulting 3	15
2/080	Acc. WC	7
2/081	Consulting / Nurse 1	15
2/082	Consulting / Nurse 2	15
2/083	Store	10
2/089	Acc. WC	6
Area Subtotal		**141**
Plant		
0/030	Riser	5
0/025	DB	2
1/103	Riser	2
1/104	DB/Riser	4
1/052	Plant	19
1/051	Server/ Switch Room	19
1/054	Plant	39
1/025	Plant / DB	5
1/041	DB	1
1/050	Life Saftey Panel	3
1/045	Riser	5
1/061	Riser	5
1/111	DB	1
2/008	Riser	2
2/015	DB	2
2/039	Riser	5
2/057	Riser	5
2/086	Riser	3
2/021	Plant / DB	5
2/064	Plant / DB	5
2/088	DB	2
3/018	DB	3
3/044	DB	2
3/045	Riser	2
3/023	DB	1
3/028	Riser	5
3/041	DB/Riser	3
Area Subtotal		**155**
	DSR Rooms	
	Comms Rooms	
Circulation		

0/006	Lift 01	5
0/007	Lift 02	5
0/029	Stair 01	23
0/035	Circulation	50
0/036	Circulation	44
1/001	Stair 02	45
-1/001	Stair 01	20
1/010	Lift 03	6
1/046	Stair 03	23
1/060	Stair 01	23
1/092	Lift 01	5
1/093	Lift 02	5
1/100	Circulation	59
1/103	Circulation	51
1/104	Circulation	66
1/105	Circulation	23
1/106	Circulation	26
1/107	Circulation	70
1/108	Circulation	44
1/109	Circulation	47
1/110	Circulation	34
2/001	Stair 02	26
2/002	Lift 03	6
2/040	Stair 03	23
2/058	Stair 01	23
2/084	Lift 01	5
2/085	Lift 02	5
2/092	Circulation	16
2/093	Circulation	52
2/094	Circulation	21
2/095	Circulation	61
2/096	Circulation	21
2/097	Circulation	51
2/098	Circulation	46
2/099	Circulation	43
2/100	Circulation	151
3/001	Stair 02	30
3/002	Lift 03	6
3/013	Lift 02	5
3/014	Lift 01	5
3/029	Stair 01	23
3/047	Circulation	57
3/048	Circulation	60
3/055	Circulation	75
Area Subtotal		**1485**
Circulation %		**37%**
Total Area		**4032**
Allowances (Internal Walls, Voids, Structure)		**311**
Gross Internal Floor Area		**5828**

NHS
National Services Scotland

Greenock Health & Care Centre
Stage 2

SHFN 30:
HAI-SCRIBE
Questionsets and checklists

Health Facilities Scotland
Engineering and Environment

January 2015

Introduction

Scottish Health Facilities Note (SHFN) 30 in its 2014 published form comprises two parts:

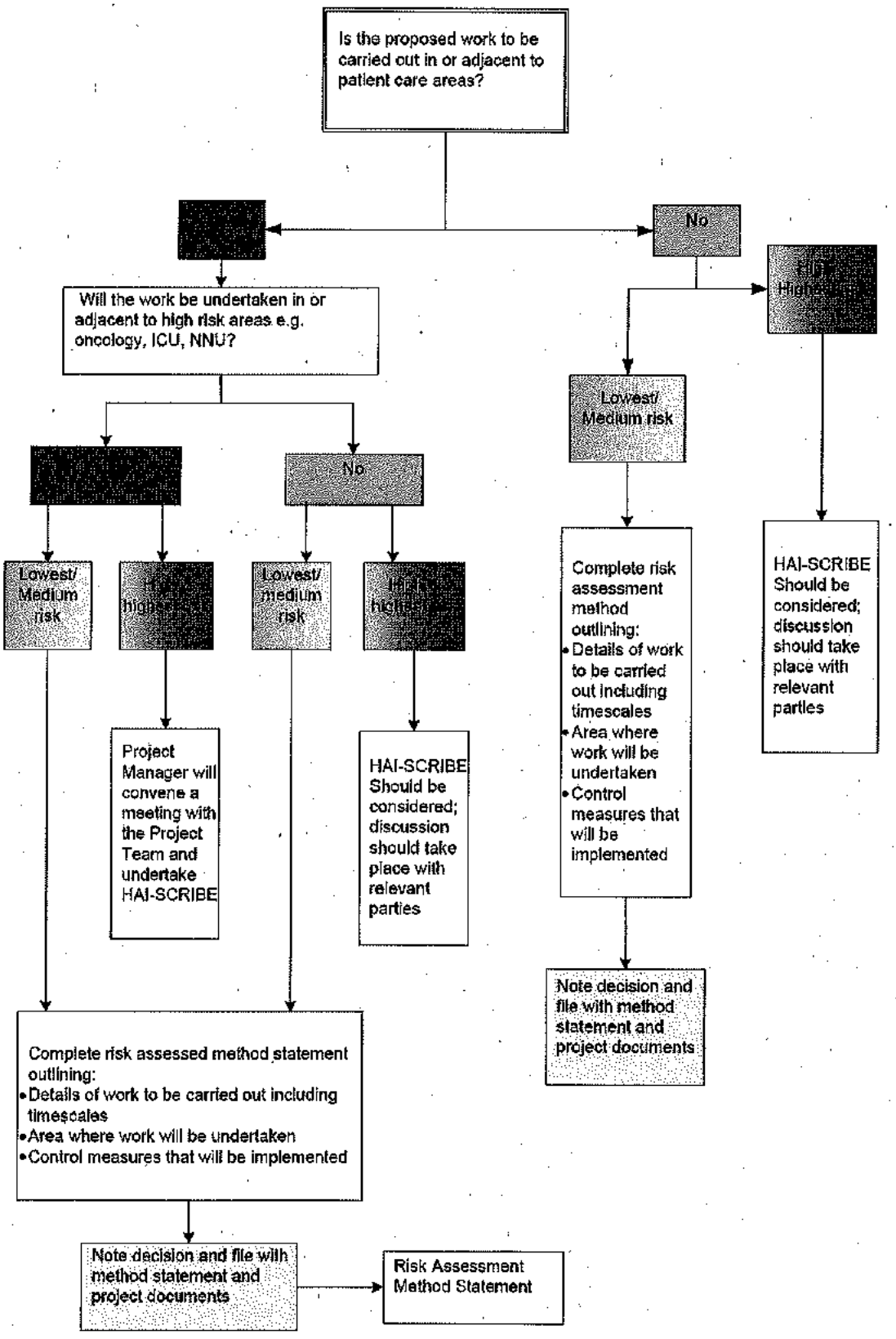
- **Part A**: Manual: Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams.
- **Part B**: HAI-SCRIBE Implementation Strategy and Assessment Process.

Both have been published in book form.

It is appreciated that, as familiarity with the use of the procedures grows there will be progressively less need to rely on printed text, eventually leading to situations where questionsets and checklists will themselves be sufficient. Photocopying from published books is a ponderous and time-consuming process with a tendency to produce distorted images and/or damage binding. To facilitate the process, therefore, questionsets and checklists for each of the four project development stages have been produced in the form of an information pack ready for photocopying and distributing to project teams to assist in the HAI-SCRIBE review procedures as each new Project requires assessment. This pack is only available electronically.

The various proformas, comprising questionsets, checklists and certifications, are provided for the following:

- **Development Stage 1:** Initial briefing and proposed site for development:
- **Development Stage 2:** Design and planning:
- **Development Stage 3:** Construction and refurbishment work:
- **Development Stage 4:** Pre-handover check, ongoing maintenance and feed-back.



Type	Construction/Refurbishment Activity
Type 1	**Inspection and non-invasive activities.** Includes, but is not limited to, removal of ceiling tiles or access hatches for visual inspection, painting which does not include sanding, wall covering, electrical trim work, minor plumbing and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type 2	**Small scale, short duration activities which create minimal dust.** Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.
Type 3	**Any work which generates a moderate to high level of dust, aerosols and other contaminants or requires demolition or removal of any fixed building components or assemblies.** Includes, but is not limited to, sanding of walls for painting or wall covering, removal of floor coverings, ceiling tiles and casework, new wall construction, minor duct work or electrical work above ceilings, major cabling activities, and any activity which cannot be completed within a single work shift.
Type 4	**Major demolition and construction projects.** Includes, but it not limited to, activities which require consecutive work shifts, requires heavy demolition or removal of a complete cabling system, and new construction.

Table 1: Redevelopment and construction activity

Risk to patients of infection from construction work in healthcare premises, by clinical areas	
Risk rating	**Area**
Group 1 Lowest risk	1. Office areas; 2. Unoccupied wards; 3. Public areas/Reception; 4. Custodial facilities; 5. Mental Health facilities.
Group 2 Medium risk	1. All other patient care areas (unless included in Group 3 or Group 4); 2. Outpatient clinics (unless in Group 3 or Group 4); 3. Admission or discharge units; 4. Community/GP facilities; 5. Social Care or Elderly facilities.
Group 3 High risk	1. A & E (Accident and Emergency); 2. Medical wards; 3. Surgical wards (including Day Surgery) and Surgical outpatients; 4. Obstetric wards and neonatal nurseries; 5. Paediatrics; 6. Acute and long-stay care of the elderly; 7. Patient investigation areas, including; • Cardiac catheterisation; • Invasive radiology; • Nuclear medicine; • Endoscopy. Also (indirect risk) 8. Pharmacy preparation areas; 9. Ultra clean room standard laboratories (risk of pseudo-outbreaks and unnecessary treatment); 10. Pharmacy Aseptic suites.
Group 4 Highest Risk	1. Any area caring for immuno-compromised patients*, including: • Transplant units and outpatient clinics for patients who have received bone marrow or solid organ transplants; • Oncology Units and outpatient clinics for patients with cancer; • Haematology units • Burns Units. 2. All Intensive Care Units; 3. All operating theatres; Also (indirect risk) 4. CSSUs (Central Sterile Supply Units).

Table 2: Different areas of health care facility and the risk associated with each area.

	Construction Project Type			
Patient Risk Group	TYPE 1	TYPE 2	TYPE 3	TYPE 4
Lowest Risk	Class I	Class II	Class II	Class III/IV
Medium Risk	Class I	Class II	Class III	
High Risk	Class I	Class II	Class III/IV	
Highest Risk	Class II	Class III/IV	Class III/IV	

Table 3: Estimates the overall risk of infection arising and will indicate the class of precaution that should be implemented

Control measures			
	During Construction Work	After Construction Work	By
Class I	• Execute work by methods to minimise raising dust from construction operations;. • Immediately replace any ceiling tiles displaced during inspection.	• Clean areas by damp dusting with neutral detergent in warm water;. • Vacuum floor and damp mop.	Request via domestic supervisor. Request via domestic supervisor.
Class II	• Provide active means to prevent airborne dust from dispersing into atmosphere; • Water mist work surfaces to control dust while cutting; • Seal unused doors with duct tape; • Block off and seal air vents; • Place dust mat at entrance and exit of work area; • Remove or isolate HVAC system in areas where work is being performed.	• Dampwork surfaces and ledges with neutral detergent solution; • Contain construction waste before transport in tightly covered containers; • Damp mop and/or vacuum with HEPA filtered vacuum before leaving work area; • Remove isolation of HVAC system in areas where work is being performed.	Request via domestic supervisor. Estates staff. Request via domestic supervisor. Estates staff.
Class III	• Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system; • Complete all critical barriers eg plasterboard, plywood, plastic, to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins; • Maintain negative air pressure within work site utilizing HEPA equipped air filtration units; • Contain construction waste before transport in tightly covered containers; • Cover transport receptacles or carts. Tape covering unless solid lid.	• Do not remove barriers from work area until completed project is inspected by the Board's Health & Safety representative and Infection Control Department and thoroughly cleaned by the Board's domestic services staff;. • Remove barrier materials carefully to minimise spreading of dirt and debris associated with construction; • Vacuum work area with HEPA filtered vacuums; • Damp mop area with neutral detergent and warm water; • Remove isolation of HVAC system in areas where work is being performed.	Request by Estates Dept. Contractor/Estates Staff. Request via domestic supervisor. Request via domestic supervisor. Contractor/Estates Staff.

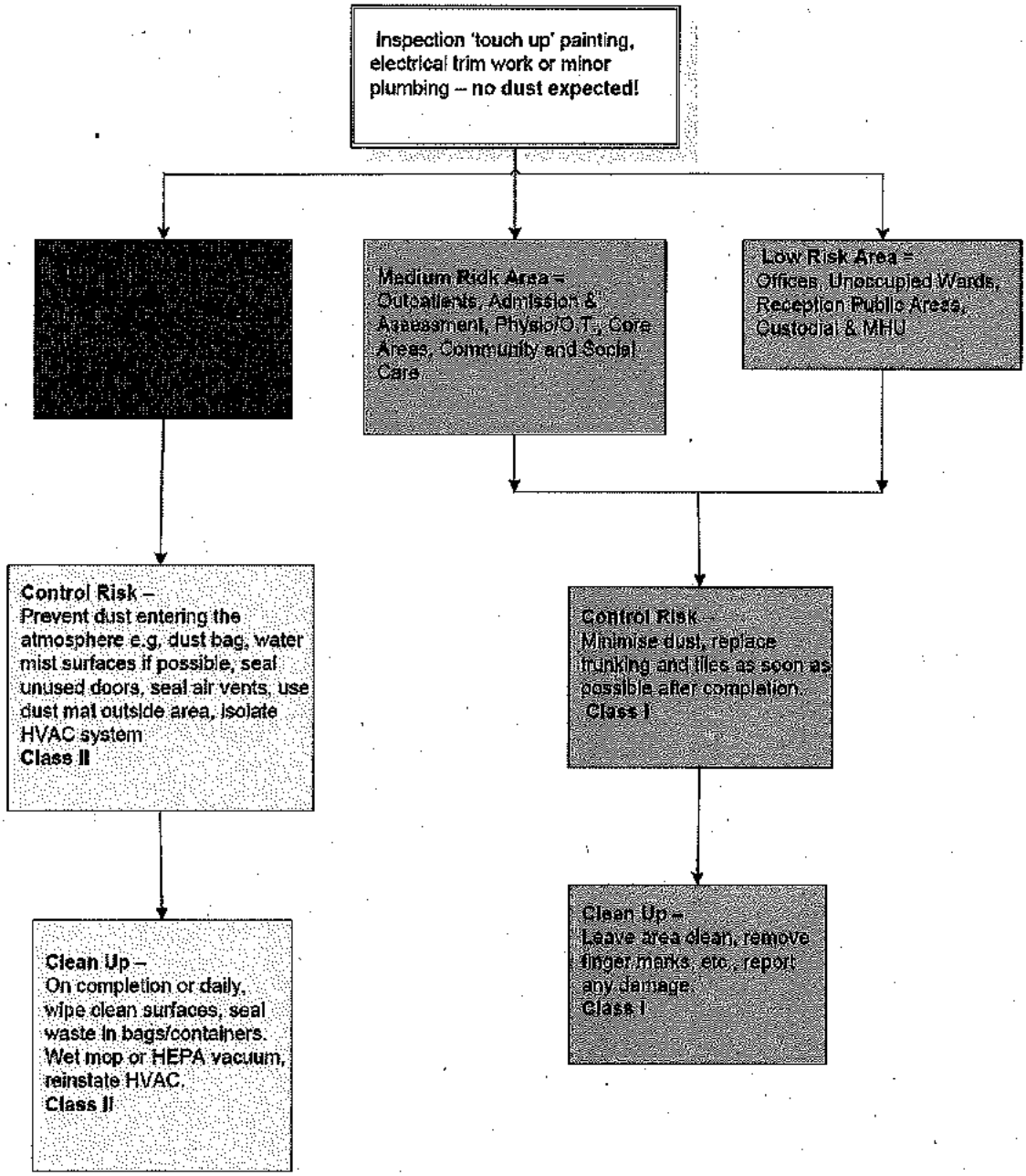
Table 4: Describes the required infection control precautions depending on class of risk

	During Construction Work	After Construction Work	By
Class IV	• Isolate HVAC system in area where work is being done to prevent contamination of duct system; • Complete all critical barriers eg plasterboard, plywood, plastic to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins; • Maintain negative air pressure within work site utilizing HEPA equipped air filtration units; • Seal holes, pipes, conduits, and punctures appropriately; • Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site; • All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area; • Do not remove barriers from work area until completed project is inspected.	• Remove barrier material carefully to minimise spreading of dirt and debris associated with construction; • Contain construction waste before transport in tightly covered containers;. • Cover transport receptacles or carts. Tape covering unless solid lid; • Vacuum work area with HEPA filtered vacuums; • Damp dust area with neutral detergent and warm water; • Scrub floor area with neutral detergent in warm water; • Remove isolation of HVAC system in areas where work is being performed.	Contractor. Contractor. Contractor. Request via domestic supervisor. Request via domestic supervisor. Contractor/Estates Staff.

Table 4 continued: Describes the required infection control precautions depending on class of risk

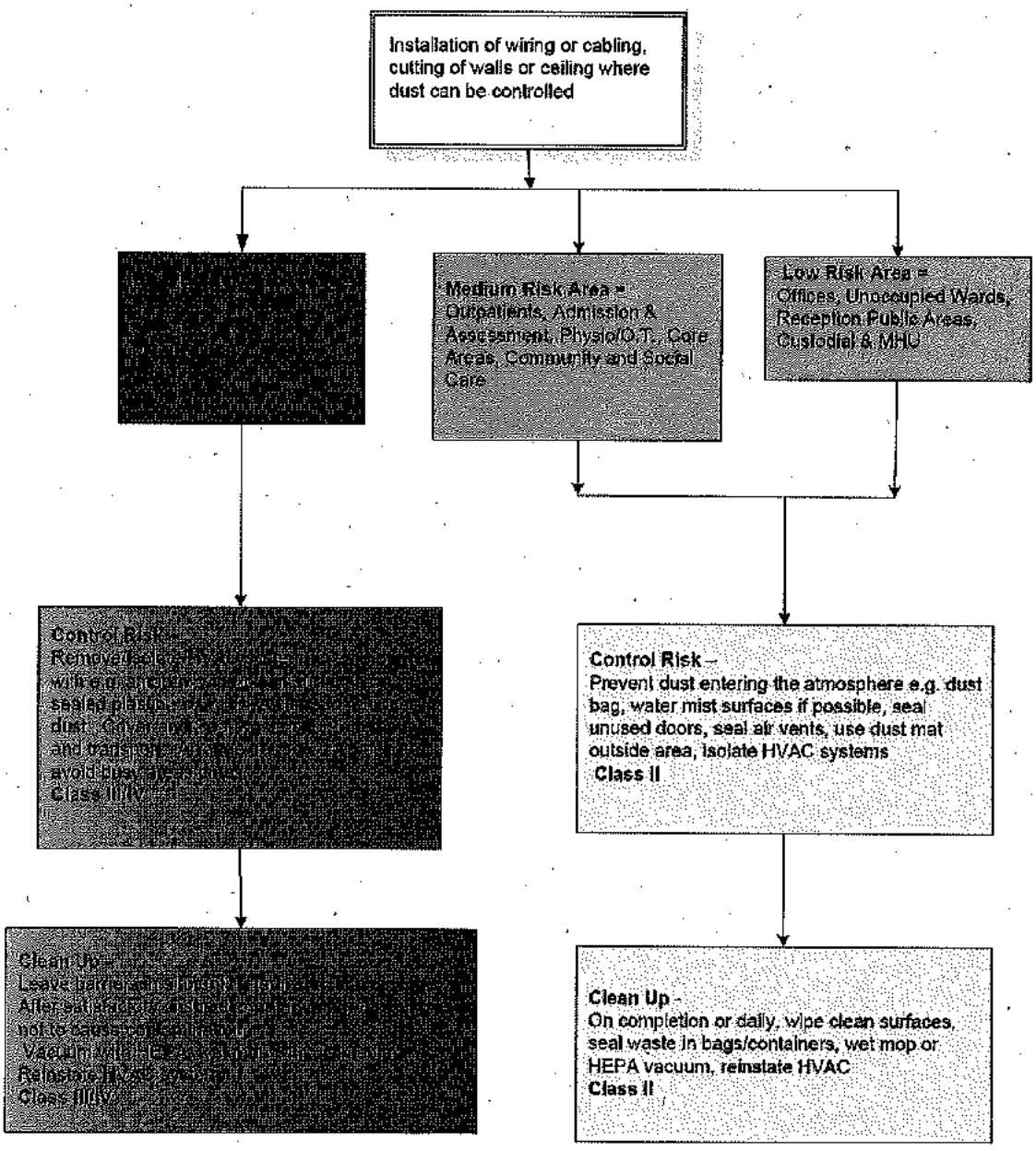
Appendix 4

Minor Works and Small Repairs



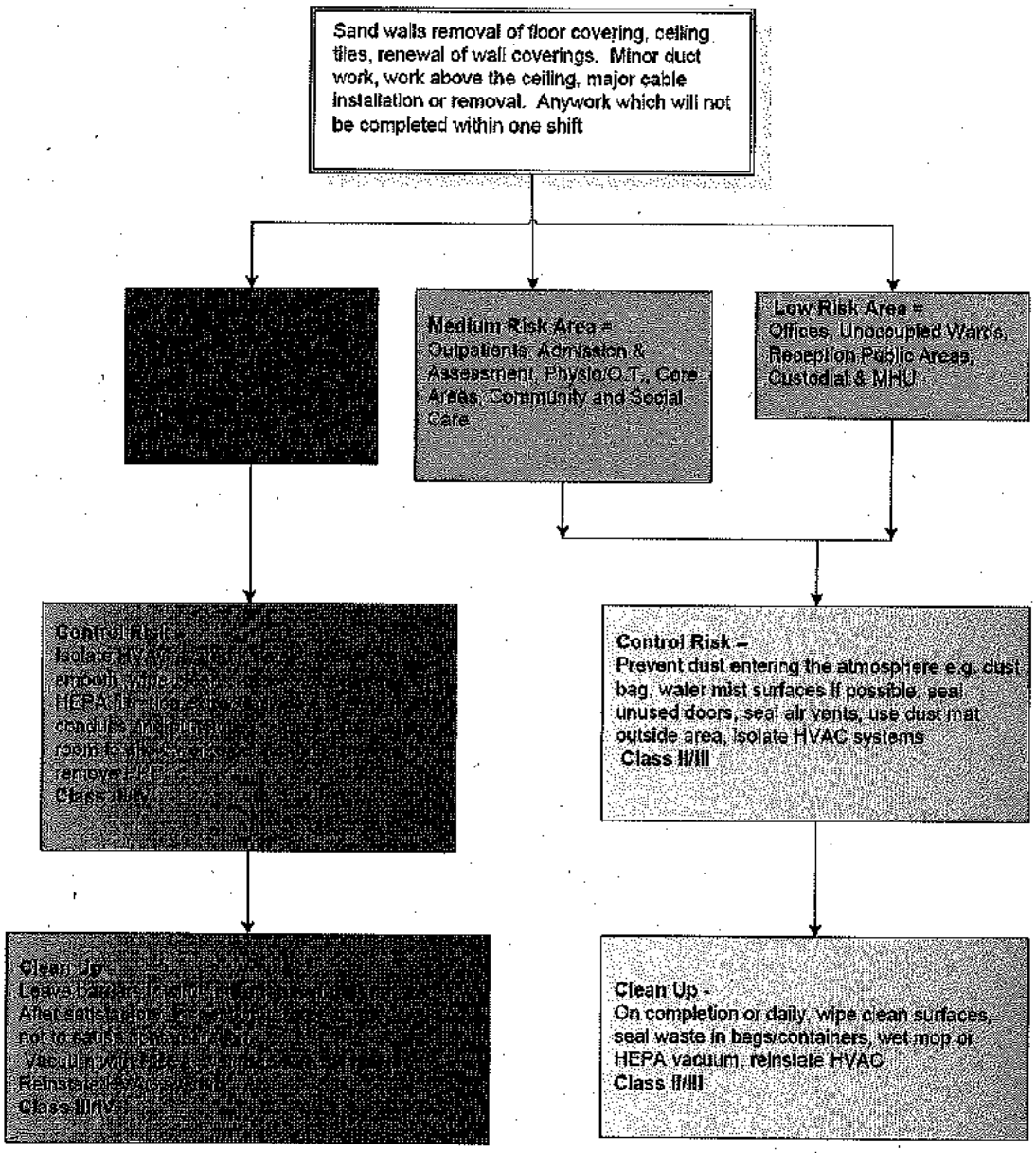
Appendix 5

Small Scale Work



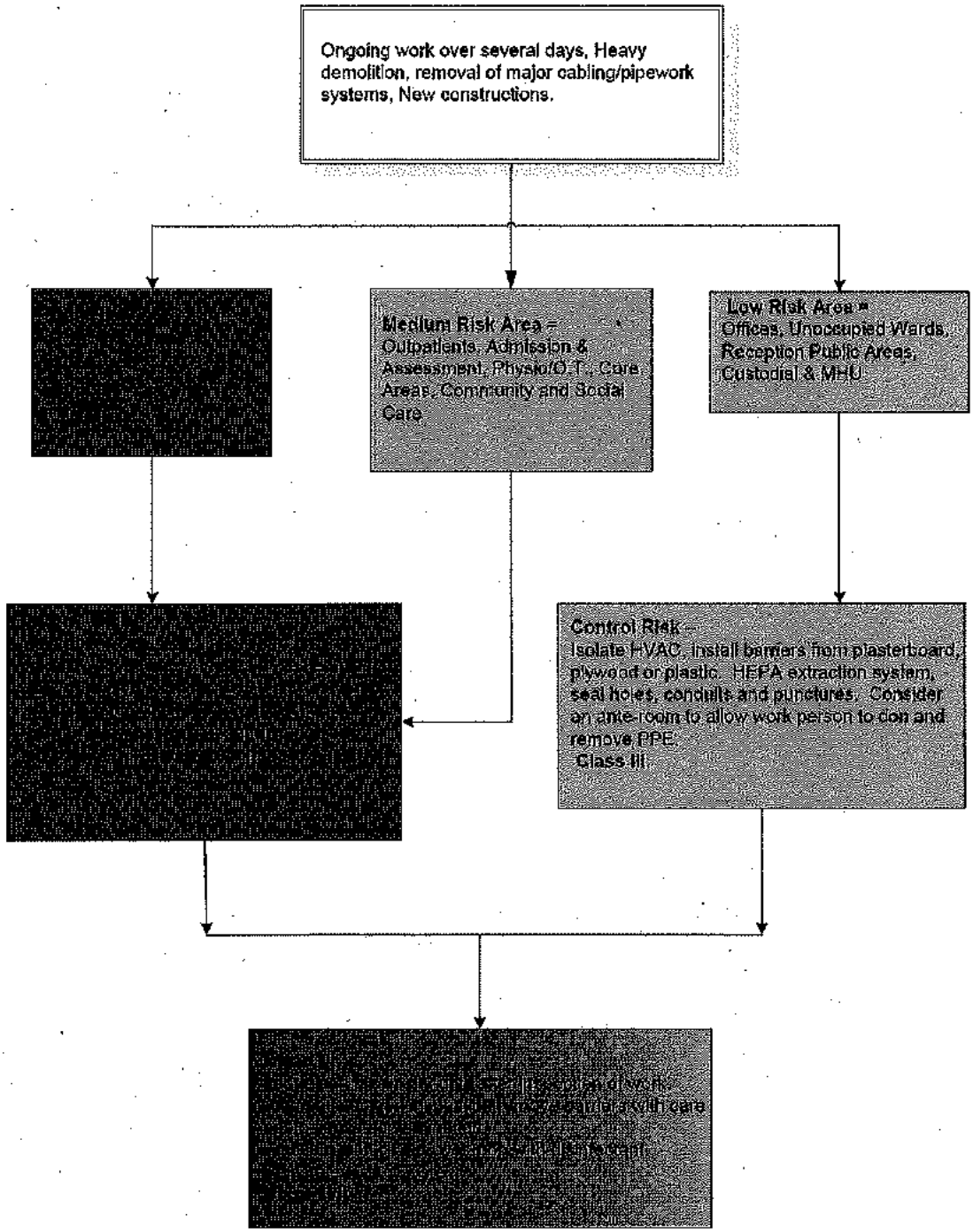
Appendix 6

Demolition work or removal of fixed structures or work where moderate-high level dust expected



Appendix 7

Major demolition work and construction



Initial Briefing Stage

Project particulars and checklists for Development Stage 1

Initial brief and proposed site for development HAI–SCRIBE Sign off		
HAI-SCRIBE Name of Project	**Greenock Health & Care Centre**	
Name of Establishment	**Greenock Health & Care Centre**	National allocated number
HAI-SCRIBE Review Team	**Alison Edwardson** - NHSGGC Infection Control Team **Fiona Gallacher** - NHSGGC Infection Control Team **Jeanette Hawthorn** - Inverclyde HSCP **Sophie Logan** – Hoskins Architects **John Stevenson** – NHSGGC Capital Planning	
Completed By (Print Name) **John Stevenson (NHS GGC)**		Date 29/03/17
Signature(s)		Date 29/03/17

Stage 1:

The site of the new Greenock Health Centre is located a short distance from the existing health centre on Wellington Street in an elevated position overlooking the town and Clyde estuary beyond.

The new facility has been designed to provide clinical and office accommodation for both NHS GGC and Inverclyde Council HSCP and will bring together the following accommodation into one building:

-GP accommodation
-Podiatry
-Treatment Room Suite.
-Children's Department (CAHMS/SALT)
-Podiatry
-Outpatient consulting suite of bookable rooms
-Public Dental Services
-Social Work including ICIL
-District Nursing
-Health Visitors/School Nursing
-Commercial Pharmacy
-Community Health Partnership admin team.

Additional Notes:

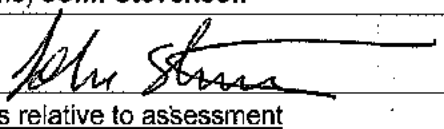
This is a series of several Health & Care Centres that have been delivered over the past 5 years. They follow a standard but not identical model. There are no inpatients.

This is an isolated Health & Care Centre with no other Health Buildings within its boundary/vicinity.

- **Construction/Refurbishment Activity** – Type 4 Major demolition and Construction projects.

Design and Planning Stage

Project particulars and checklists for Development Stage 2

Development stage 2 : Design and planning HAI-SCRIBE Sign-off		
HAI-SCRIBE Name of Project	**Greenock Health & Care Centre**	
Name of Establishment	**Greenock Health & Care Centre**	National allocated number
HAI-SCRIBE Review Team	**Alison Edwardson** - NHSGGC Infection Control Team **Alastair Cassell** – Hoskins Architects **Alison Shields** – Inverclyde HSCP **John Stevenson** – NHSGGC Capital Planning	
HAI – SCRIBE Sign Off		
Completed by (Print name) **John Stevenson**		Date **20/07/2018**
Signature(s) 		Date **20/07/2018**

Stage 2 - General Notes relative to assessment

The Greenock Health & Care Centre is a continuation of a building type developed for Greater Glasgow & Clyde over the recent years. This has been the basis of the following facilities:

Eastwood H&CC Maryhill H&CC Vale of Leven H&CC
Barrhead H&CC Renfrew H&CC

The Building is a 5,828m 2 new build facility located on a self contained site. There are no direct adjacencies with other existing health care facilities. This is an outpatient facility with no overnight bed accommodation. The building is arranged over three floors on a sloped site.

Ground Floor – Podiatry/ Physiotherapy/ Central Reception & Community Admin Office/ Cafe/ Bookable Meeting Room/ Changing Places WC/ Pharmacy (third party)/ access to courtyard.

First Floor – Bookable Community Rooms (treatment & Consulting)/ Bookable Meeting Rooms/ Child & Adolescent Mental Health Serves CAHMS & Speech and Language Therapy (SALT)/ Domestic Waste Hold/ Plant Rooms/ Community Dental/ Cylinder Stores/ Staff Entrance from car-park/ access to Courtyard.

Second Floor – GP Practices/ Bookable meeting.

Third Floor – (Staff Only) Support office accommodation (Agile working) and staff facilities.

With the exception of Physiotherapy and Podiatry that both share an area, all other clinical services have distinct separation into dedicated areas.

There is DSR /Dirty Utility and Clinical Waste holds located within the floor plans, these locations have been reviewed with Infection Control, Facilities and Hotel Services.

The site was once the home to the Wellington Street Academy which was demolition prior to the council offering the site to GG&C. This build procurement is by way of DBFM contract. Due to

the nature of the site and the contract there is no GG&C management responsibility until after building handover. In Advance of this Stage 2 HAI Scribe meeting. The following HAI-scribe Review meetings took place. Comments captured and fed back to Design Team Service Teams. • Infection Control/ Facilities/ HSCP – Review of floor plans and typical/ standard rooms 9th November 2017. Comments captured and fed back to design team/service teams. • Facilities/ HSCP/Infection Control – Further review of floor plans and room layouts due to change in Facilities personnel. 21st June 2018 - No significant concerns were raised. Infection Control provided comments by e-mail 22nd June 2018 which have been fed back to the design team. The following meeting took place after the Stage 2 HAI Scribe meeting. • NHS GGC Hotel Services Review meeting 2nd August 2018 and comments fed back to the design team. All sanitary fittings are subject to review as part of the contracts' Reviewable Design Data' (RDD). A further meeting with Infection Control will be called to complete this process. It is anticipated that the sanitary fittings will be as per Eastwood, the specification for which was successfully signed off by infection control in 2015.
Additional notes • Construction /Refurbishment Activity – Type 4 Major demolition and construction projects.

Development Stage 2: Design and Planning Checklist to ensure all aspects have been addressed		
2.a	Brief description of the work being undertaken.	Read General Notes as Page 20.
2.b	Identify any potential hazards associated with this work.	Any Hazards are general construction hazards which are all the responsibility of the DBFM Contractor. Due to the nature of the building and site, there are no HAI Scribe hazards.
2.c	Identify any risk associated with the hazards identified above	Not Applicable (see note 2b)
2.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Not Applicable (see note 2b)
	Control Measures	
2.e	It has been recognised that control measures identified to address the	Not Applicable (see note 2b)

	project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken	
	Potential Problems	Not Applicable (see note 2b)
	Control Measures	Not Applicable (see note 2b)
2.f	Actions to be addressed	Not Applicable (see note 2b)

By	Deadline

Development Stage 2: Design and Planning General overview		
2.1	In order to minimise the risk of HAI contamination is there separation of dirty areas from clean areas? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments Infection Control and Facilities – Review of dirty/clean areas 9th November 2017 and 21st June 2018. Comments captured and fed back to Service Team and Design Team by way of meeting note. Podiatry - Currently, contaminated instruments are collected in sharps disposal boxes at point of use in each surgery. When these boxes reach their capacity they are removed to our existing podiatry work room and are uplifted weekly by the waste management contractor. This practice will continue in the new Health Centre. Noted that no slop hoppers to be used in Dirty Utility. (Noted Standard Dirty Utility Room Layout used which does not include slop hopper).		
2.2	Are the food preparation areas (including ward kitchens) and distribution systems fit for purpose and complying with current food safety and hygiene standards? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments Noted there are no patient food preparation areas. Staff Facilities Kitchen Top Floor - Noted that separate hand wash basin is provided in Staff Facilities Kitchen to meet Infection Control requirements. Ground Floor Cafe – Noted that hand wash basin will be located in Cafe Servery and dishwasher will be located in Cafe Store.		
2.3	Are waste management facilities and systems robust and fit for purpose and in compliance with the Waste (Scotland) Regulations?	Yes [x] No [ ] N/A [ ]

	Consider: Local and central storage	Yes [x] No [ ] N/A [ ]
	Systems for handling and compaction of waste	Yes [ ] No [ ] N/A [ ]
	Systems for segregation and security of waste (especially waste generated from healthcare requiring specialist treatment / disposal) to avoid mixing with other waste and recyclates.	Yes [x] No [ ] N/A [ ]
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [x] N/A [ ]

Comments

Infection Control & Facilities – review of waste management on 9th November. Comments captured and fed back to Design Team service via meeting note. Waste management systems captured and agreed with Facilities in BREEAM Letter.

Clinical waste holds are located within the building.

There is no waste compaction.

Development Stage 2: Design and Planning General overview (continued)		
2.4	Are there satisfactory arrangements for effective management of laundry facilities? Consider: Local and central storage Systems for movement of laundry to central storage Systems for handling laundry Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x]
Comments There are no laundry management requirements other than privacy curtains. These are on a 6 month rota. Spares are held within general HSCP storage? HSCP confirmed they are laundered when changed and that they are fabric.		
2.5	Are there sufficient facilities and space for the cleaning and storage of equipment used by hotel services staff? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments Infection Control & Facilities review of DSR's and associated stores on 9th November 2017 and 21st June 2018. Also reviewed with GGC Hotel Services 2nd August 2018. Comments captured and fed back to service teams and design teams by way of meeting note. DSR is standard room layout. Dirty Utility is standard layout.		
2.6	Are staff changing and showering facilities suitably sited and readily accessible for use, particularly in the event of contamination incidents? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments Staff Shower facilities are located on the 3rd Floor. These can be accessed of the staff corridor and are nearby the staff lift.		
2.7	Is the space around beds for inpatients, day case and recovery spaces in accordance with current relevant NHSScotland guidance?	Yes [ ] No [ ] N/A [x]
Comments		

Development Stage 2: Design and Planning General overview (continued)		
2.8	Are there sufficient single rooms to accommodate patients known to be an infection or potential infection risk?	Yes ☐ No ☐ N/A ☒
Comments		
2.9	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	Yes ☒ No ☐ N/A ☐
Comments Infection Control provided feedback via e-mail 21st June 2018, also reviewed with GGC Hotel Services 2nd August 2018 comments fed back to Design Team and Service Team. In accordance with the Contract, a further review of specific sanitary fittings takes place as part of the Reviewable Design Data exercise. It is anticipated that the sanitary fittings and cabinetry will be as approved by Infection Control for Eastwood H&CC and as per the mock up room.		
2.10	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	Yes ☒ No ☐ N/A ☐
Comments Addressed in part only. Floor finishes reviewed via e-mail 22 June 2018 with Infection Control and via meeting with Facilities on 21st June 2018. Also reviewed with GGC Hotel Services 2nd August 2018. The selection of other soft furnishings is advanced by Procurement halfway through the construction phase. Therefore, these will be considered at a later stage. No soft furnishings in clinical areas. Privacy curtains within consultation rooms may be fabric. HSCP confirmed that these would be on a 6 month change rota with spares held within general storage for emergency replacement.		
2.11 P	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	Yes ☒ No ☐ N/A ☐
Comments The reference to beds is not applicable. Review of toilet provision to building on 21st June 2018 with Facilities and via e-mail 22nd June 2018 with Infection Control and comments captured and passed to design team. Toilet provision within the Building Control process.		
2.12 D	Are the bathroom/shower/toilet facilities easy to clean?	Yes ☒ No ☐ N/A ☐
Comments Review of toilet layouts and finishes with Facilities on 21st June and by e-mail from Infection Control on 22nd June 2018, Also reviewed with GGC Hotel Services 2nd August 2018 with comments passed back to design team.		
2.13	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	Yes ☐ No ☐ N/A ☒
Comments		

NB: In the above and following Table "D" refers to "Design" and "P" refers to "Planning"

Development Stage 2: Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers		
2.14	Does each single room have clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser in addition to the hand-wash basin in the en-suite facility?	Yes ☐ No ☐ N/A ☒
Comments Liquid soap and paper towels beside each clinical WHB.		
2.15	Do intensive care and high dependency units have sufficient clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? *An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.*	Yes ☐ No ☐ N/A ☒
Comments		
2.16	Is there provision of clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in lower dependency settings like mental health units, acute, elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4–6 beds?	Yes ☐ No ☐ N/A ☒
Comments		
2.17	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?	Yes ☒ No ☐ N/A ☐
Comments		
2.18	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	Yes ☒ No ☐ N/A ☐
Comments No air hand dryer in clinical areas. Use of Hand Dryers to be reviewed with Facilities		
2.19	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	Yes ☒ No ☐ N/A ☐
Comments		

Development Stage 2:

Design and Planning: Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers (continued)		
2.20	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	Yes [x] No [ ] N/A [ ]
Comments		
2.21 D	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	Yes [x] No [ ] N/A [ ]
Comments		
2.22 D	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	Yes [x] No [ ] N/A [ ]
Comments		
2.23 D	Does each hand-wash basin have a waterproof splash back surface?	Yes [x] No [ ] N/A [ ]
Comments The hand wash basins are mounted on laminate faced panels and are therefore wipeable.		
2.24 D	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	Yes [x] No [ ] N/A [ ]
Comments		
Provision of facilities for Decontamination LDU		
2.25 D	Are separate, appropriately sized sinks provided locally, where required, for decontamination? (The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).	Yes [ ] No [ ] N/A [x] Yes [ ] No [ ] N/A [x]
Comments Treatment Rooms have a decontamination sink, the style of which is subject to Infection Control approval (probably as per approved for Eastwood H&CC.		

Development Stage 2: Design and Planning: Provision of facilities for Decontamination LDU (continued)		
2.26 P	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?	Yes [x] No [ ] N/A [ ]
Comments All dental instruments are sent to the Central Sterile Services Unit in Greenock for sterilisation. This process will be exactly the same in the new Health & Care Centre.		

Used instruments and kits are put into a buggy, one of which will be in each surgery. At the end of each session the dental nurse will take the buggy to the dirty room where the instruments/ kits will be transferred to the large silver CSSU Trolley for collection once per day. Infection Control confirmed that physiotherapy equipment can generally be cleaned with proprietary wipes.		
2.27 P	Is there adequate provision in terms of transport, storage, etc. to ensure separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	Yes [x] No [ ] N/A [ ]
Comments Community Dental have a dirty store where they can store dirty instruments for uplift. Confirmed that used commodes etc are returned directly to 'Equip U' rather than taken into the health Centre. HSCP confirmed that normally used equipment is returned directly to ICIL, however there are occasions when nurses return equipment to ICIL via the health centre.		
2.28 P	Does the system in operation comply with the current guidance on decontamination facilities and procedures?	Yes [ ] No [ ] N/A [x]
Comments		
	Storage	
2.29 P	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions, domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	Yes [x] No [ ] N/A [ ]
Comments Reference to storage for patient clothes and possessions is not applicable. Area and nature of storage for Services developed through accommodation schedule and signed off layout drawings in tandem with service. Much of the clinical storage is by way of Medistore units which are widely used in the Acute Hospital sector and are favoured by Infection Control.		
2.30 P	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	Yes [x] No [ ] N/A [ ]
Comments Dirty and Clean store for Community Dental. Separate Clinical Wastes allowed for within building.		

	Development Stage 2: **Design and Planning:** **Engineering services (Ventilation)**	
2.31 P	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	Yes [x] No [ ] N/A [ ]

Comments The heating system is a combination of under floor heaters and radiant panels in ceilings. People cannot come into direct contact with the panels. Therefore, the requirement for low surface temperature is not applicable. In addition, these panels are integral to the ceiling negating the need to clean out dust.		
2.32 D	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	Yes [x] No [ ] N/A [ ]
Comments Ventilation air change rates, plant and equipment have been designed in accordance with SHTM 03-01 and SHPN36 Part 1. Mechanical ventilation will be provided via air handling units providing full fresh air supply and general extract with heat recovery via plate exchanger, Dirty extract systems will be provided to extract from toilets, DSR's etc. Wgere appropriate natural ventilation will be provided via openable windows.		
2.33 D	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? *(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)*	Yes [x] No [ ] N/A [ ]
Comments Supply ventilation is provided via full fresh air systems. There are no re-circulated air systems. Where dirty extract is provided from rooms these rooms will be under negative pressure preventing any foul/contaminated air from exiting the room.		
2.34 D	Are ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	Yes [x] No [ ] N/A [ ]
Comments Access points have been specified to ductwork systems in accordance with SHTM03-01. Grilles and diffusers will have removable cored and access panels will be provided to air handling unit components for servicing and cleaning.		
2.35 P & D	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	Yes [x] No [ ] N/A [ ]
Comments Air intakes and discharges have been ducted to try to provide a minimum separation of 10 metres.		
2.36 P	Does the design and operation of re-circulation of air systems take account of dilution of contaminates and the space to be served? *(NB: Recirculation would only arise in UCV theatres)*	Yes [ ] No [ ] N/A [x]
Comments N/A there is no re-circulation systems.		

	Development Stage 2: **Design and Planning:** **Engineering services (Ventilation) (continued)**	
2.37	Is the ventilation of theatres and isolation rooms in accordance with current guidance?	Yes ☐ No ☐ N/A ☒
Comments		
2.38	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	Yes ☐ No ☐ N/A ☒
Comments		
2.39	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the system?	Yes ☐ No ☐ N/A ☒
Comments		
2.40	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?	Yes ☐ No ☐ N/A ☒
Comments There are no safety cabinets provided for any dangerous pathogens on this project and no isolation suites. Hoods do not go into main ventilation system. Standalone purchased systems with internal collection will be used within Podiatry.		
	Engineering services (Lighting)	
2.41 D	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	Yes ☒ No ☐ N/A ☐
Comments Light fittings in clinical areas are sealed units. In accordance with the contract, a review of the light fitting specifications takes place as part of the Reviewable Design Data exercise. It is anticipated that these fittings will be as approved by Infection Control for Eastwood H&CC.		
	Engineering services (Water services)	
2.42 D	Are water systems designed, installed and maintained in accordance with current guidance?	Yes ☒ No ☐ N/A ☐
Comments The water distribution system has been developed by the Services Engineers by way of consultation and review by Health Facilities Scotland Technical Team and GG&C Estates Department. The design of the system is generally in accordance with industry guidance. Chiller units included.		

Development Stage 2: Design and Planning: Engineering services (Water Services) (continued)		
2.43	Are facilities available to enable special interventions for *Legionella*?	Yes [Y] No [ ] N/A [ ]
Comments There are no disenfection injection points included in the proposals, however this can be managed in other ways.		
2.44	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	Yes [Y] No [ ] N/A [ ]
Comments The drainage is designed in accordance with the Building Regulations. In addition it is in accordance with the relevant Building Standards and good practice.		
2.45	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	Yes [Y] No [ ] N/A [ ]
Comments There is a 25 year programme of maintenance developed for this building. GG&C have appointed a Facilities Management team to manage and undertake this work for the full 25 year period. All services are concealed within ceiling voids, wall constructions, IPS panels or duct risers. The details of these have been reviewed by the appointed Facilities Management Contractor to ensure that they can suitably maintain these services for the 25 years.		
Estates services (Pest control)		
2.46	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	Yes [Y] No [ ] N/A [ ]
Comments Service risers up through the building and passing through walls are sealed at the junctions.		
Estates services (Maintenance access)		
2.47	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	Yes [Y] No [ ] N/A [ ]
Comments There is a 25 year programme of maintenance developed for this building, GG&C have appointed a Facilities Management Contractor team to manage and undertake this work for the		

full 25 year period. Their performance is closely monitored with financial penalties if they do not perform within stated time frames for the completion of both planned and reactive maintenance. A Bird management plan is also in place.

Development Stage 2: Design and Planning
Additional notes – Stage 2

Development stage 2:
HAI-SCRIBE applied to the planning and design stage of the development.

Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on

Venue	JB Russell Building, Gartnavel Royal Infirmary.	Date	20th July 2018

'Healthcare Associated Infection System for Controlling Risk in the Built Environment' *('HAI-SCRIBE) Implementation Strategy Scottish Health Facilities Note (SHFN) 30: Part B).*

Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.

Present

Print name	Signature	Company	Telephone Numbers	Email address
John Stevenson		NHS GGC Capital Planning Dept.	0141 232 2003	John.stevenson@ggc.scot.nhs.uk
Alison Shields		Inverclyde Council HSCP	01475 761 764	Alison.Sheilds@inverclyde.gov.uk
Alison Edwardson		NHS GGC Infection Control	0141 211 3405	Alison.Edwardson@ggc.scot.nhs.uk
Alastair Cassell		Hoskins Architects	0141 553 5800	P15-017@hoskinsarchitects.com

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
	KEY DATES			
1	Financial Close	12/11/18	12/11/18	
2	Mobilisation Period	12/11/18	23/11/18	2w
3	Start on Site	26/11/18	26/11/18	
4	**Client Obligations**	**12/11/18**	**11/10/19**	**46w**
	All Design Information for Group 3 Equipment Issued by Client			
5	Legal Deocumentation for Utilities Wayleaves in Place & Agreed	12/11/18	03/05/19	23w
6	Supplier Contract Agreements in Place for All Utilities	12/11/18	03/05/19	23w
7	Client to Secure Gas / Power / Water Meter in Place & Operational	09/08/19	09/08/19	
8	Redcare Line for Fire Alarm System	11/10/19	11/10/19	
	Key Dates			
9	Utilities Quotes Placed	09/11/18	09/11/18	
10	Plant Room Fitout	11/11/19	21/02/20	13w
11	Overall Final Commissioning Period	24/02/20	26/06/20	18w
12	Power On	21/02/20	21/02/20	
13	Water On	21/02/20	21/02/20	
14	Gas On	21/02/20	21/02/20	
	CONSTRUCTION			
15	Start on Site	26/11/18	26/11/18	
16	**ADVANCE ORDERS**	**30/07/18**	**16/11/18**	**16w**
17	Maccaferri Retaining Wall Design	30/07/18	30/07/18	
18	HV Diversion	05/11/18	16/11/18	2w
19	Virgin Cable Diversion	05/11/18	16/11/18	2w
20	**INITIAL WORKS**	**12/11/18**	**21/12/18**	**6w**
	Surveys & Protection			
21	Ecological Surveys	12/11/18	16/11/18	1w
22	Protection of Substation & Identification / Protection of Cable Routes	26/11/18	30/11/18	1w
23	Drainage / CCTV Survey of Site	26/11/18	30/11/18	1w
24	Setup Tree Protection	03/12/18	07/12/18	1w
	Site Establishment			
25	Deliver Evolution Units	26/11/18	26/11/18	1d
26	Heras Fencing & Gates to Site Perimeter	26/11/18	07/12/18	2w
27	Safety & Directional Signage	03/12/18	07/12/18	1w
28	Deliver & Install Site Accommodation in North Carpark (Area P2)	26/11/18	07/12/18	2w
29	Setup Decontamination Areas	03/12/18	07/12/18	1w
	External Drainage Connections			
30	Permit in Place	26/11/18	26/11/18	
31	New Backdrop Connection to Existing Manhole EXMH6701 in Wellington Street	26/11/18	30/11/18	1w
32	Construct New Manhole MHF04 to MHS12 in Wellington Street	03/12/18	14/12/18	2w
33	Lay Drainage MHS12 to MHF04	17/12/18	21/12/18	1w
34	**BULK EARTHWORKS**	**28/11/18**	**17/05/19**	**22w 3d**
35	Site Clearance	28/11/18	14/12/18	2w 3d
36	Tree Removal	17/12/18	21/12/18	1w
37	Demolition of existing steps / walls	10/12/18	21/12/18	2w
	Main Site Cut & Fill			
38	Inital Cut / Fill to Lower Level Carpark / Batter Back to Form Access into Site	03/12/18	14/12/18	2w
39	Cut to Form Lower Plataeu / Basement	17/12/18	18/01/19	3w
40	Form Upper Plateau to Building	21/01/19	25/01/19	1w
41	Inital Cut / Fill to Upper Level Carpark / Batter Back to Suit Retaining Wall Works	21/01/19	01/02/19	2w
	North Carpark			
42	Site Clearance	03/12/18	14/12/18	2w
43	Scrape & Stockpile Existing Pitch Surface	17/12/18	21/12/18	1w
44	Area Available for Material Stockpiling from Main Site	21/12/18	21/12/18	
45	Stock Piled Site Won Material	07/01/19	17/05/19	19w
46	**Section 1**	**17/12/18**	**12/04/19**	**15w**
47	Reduce Level Excavation to Formation	17/12/18	11/01/19	2w
48	Cut / Removal of Unsuitable Material Off Site	07/01/19	18/01/19	2w
49	Fill Site Won Material Obtained from the Main Site	14/01/19	25/01/19	2w
50	Form Capping Layer	21/01/19	01/02/19	2w
51	Prepare & Lay Kerbs	04/02/19	22/02/19	3w
52	Surface Water Drainage Manholes	04/02/19	22/02/19	3w
53	Service Ducts & Bases	04/02/19	22/02/19	3w
54	Upfill	11/02/19	01/03/19	3w
55	Prepare & Lay Porous Paving	18/02/19	15/03/19	4w
56	Prepare for Tar	04/03/19	15/03/19	2w
57	Base Course Surfacing	18/03/19	22/03/19	1w
58	Protect for Site Use	25/03/19	29/03/19	1w
59	Install Full Site Accommodation Set up	01/04/19	12/04/19	2w
60	**Section 2**	**08/04/19**	**28/06/19**	**12w**
61	Excavate & Install Stormbloc Attenuation, Drainage Connections & Backfill	08/04/19	26/04/19	3w
62	Reduce Level Excavation & Form Capping Layer	29/04/19	10/05/19	2w
63	Prepare & Lay Kerbs	06/05/19	24/05/19	3w
64	Surface Water Drainage Manholes	06/05/19	24/05/19	3w
65	Service Ducts & Bases	13/05/19	31/05/19	3w
66	Upfill	20/05/19	07/06/19	3w
67	Prepare & Lay Porous Paving	27/05/19	21/06/19	4w
68	Carpark Entrance Upgrade Works	03/06/19	21/06/19	3w
69	Prepare for Tar	10/06/19	21/06/19	2w

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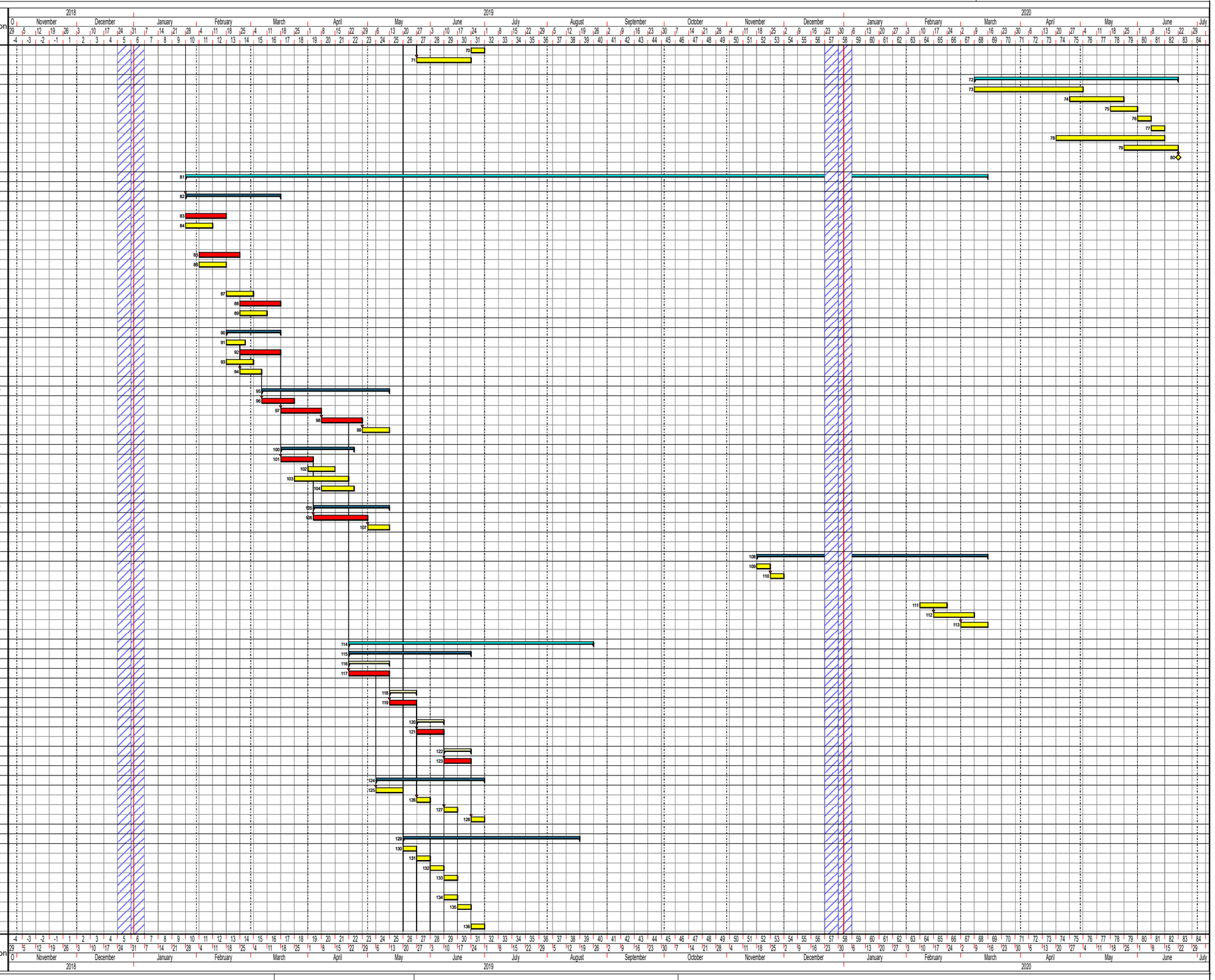
Owner: Jim Ward	**Notes: 26 November 2018 Start**		**Drawn by: Ross Honeyman**

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
70	Base Course Surfacing	24/06/19	28/06/19	1w
71	Fencing & Gates to section 1 & 2	27/05/19	21/06/19	4w
72	**FINAL WORKS TO NORTH CARPARK**	**09/03/20**	**19/06/20**	**15w**
73	Soft Landscaping to Completion	09/03/20	01/05/20	8w
74	External Lighting & Security	27/04/20	22/05/20	4w
75	Wearing Course Tar	18/05/20	29/05/20	2w
76	Line Markings	01/06/20	05/06/20	1w
77	Signage	08/06/20	12/06/20	1w
78	Snagging	20/04/20	12/06/20	8w
79	Final Clean	25/05/20	19/06/20	4w
80	Externals Complete	19/06/20	19/06/20	
81	**SUBSTRUCTURE**	**28/01/19**	**13/03/20**	**57w**
82	**First Floor Substructure**	**28/01/19**	**15/03/19**	**7w**
	Phase 1			
83	Excavate / Mass Fill & Construct Pile Caps & Ground Beams	28/01/19	15/02/19	3w
84	Excavate & Lay Underslab Drainage	28/01/19	08/02/19	2w
	Phase 2			
85	Excavate / Mass Fill & Construct Pile Caps & Ground Beams	04/02/19	22/02/19	3w
86	Excavate & Lay Underslab Drainage	04/02/19	15/02/19	2w
	Phase 1A			
87	Excavate & Construct Lift Pit 3	18/02/19	01/03/19	2w
88	Excavate / Mass Fill & Construct Pile Caps & Ground Beams	25/02/19	15/03/19	3w
89	Excavate & Lay Underslab Drainage	25/02/19	08/03/19	2w
90	**Basement Level**	**18/02/19**	**15/03/19**	**4w**
91	Excavate & Construct	18/02/19	26/02/19	1w 2d
92	Excavate / Mass Fill & Construct Retaining Wall Foundations	25/02/19	15/03/19	3w
93	Excavate & Lay Underslab Drainage	18/02/19	01/03/19	2w
94	Prepare & Construct Stair 1 Raft Slab	25/02/19	06/03/19	1w 3d
95	***Building RC Retaining Walls (Phase 4B)***	***07/03/19***	***10/05/19***	***9w 2d***
96	Construct Retaining Wall at Stairwell - Wall 2	07/03/19	22/03/19	2w 2d
97	Construct Retaining Wall Stairwell to West Elevation - Wall 4	18/03/19	05/04/19	3w
98	Construct North Retaining Wall	08/04/19	26/04/19	3w
99	Waterproofing & Grading	29/04/19	10/05/19	2w
100	**Ground Floor Substructure**	**18/03/19**	**23/04/19**	**5w 2d**
101	Excavate / Mass Fill & Construct Retaining Wall Change in Level Foundation	18/03/19	02/04/19	2w 2d
102	Excavate / Mass Fill & Construct Lift Pit 1 & 2	01/04/19	12/04/19	2w
103	Excavate / Mass Fill & Construct Pads & Ground Beams	25/03/19	19/04/19	4w
104	Excavate & Lay Underslab Drainage	08/04/19	23/04/19	2w 2d
105	***Building RC Retaining Walls East Change in Level***	***03/04/19***	***10/05/19***	***5w 3d***
106	Construct Retaining Wall at Stairwell	03/04/19	30/04/19	4w
107	Waterproofing & Backfill to Rear of Wall	01/05/19	10/05/19	1w 3d
108	**Courtyard Retaining Walls**	**18/11/19**	**13/03/20**	**15w**
109	Prepare & Construct Base	18/11/19	22/11/19	1w
110	Construct Retaining Walls Gabion & Precast	25/11/19	29/11/19	1w
	Retaining Walls to Planting Bed & Terrace			
111	Prepare & Construct Bases	10/02/20	21/02/20	2w
112	Construct Masonry Cavity Retaining Wall	17/02/20	06/03/20	3w
113	Waterproof & Backfill to Rear	02/03/20	13/03/20	2w
114	**FRAME & FLOOR SLABS**	**22/04/19**	**23/08/19**	**18w**
115	**Erect Steel Frame / Land Metal Decking Packs / Stairs**	**22/04/19**	**21/06/19**	**9w**
116	**Phase 1**	**22/04/19**	**10/05/19**	**3w**
117	Ground Floor, Level 1, Level 2, Level 3	22/04/19	10/05/19	3w
118	**Phase 2**	**13/05/19**	**24/05/19**	**2w**
119	Level 1, Level 2	13/05/19	24/05/19	2w
120	**Phase 3**	**27/05/19**	**07/06/19**	**2w**
121	Ground Floor, Level 1, Level 2, Level 3	27/05/19	07/06/19	2w
122	**Phase 4**	**10/06/19**	**21/06/19**	**2w**
123	Ground Floor, Level 1, Level 2, Level 3	10/06/19	21/06/19	2w
124	**Edge Protection & Access**	**06/05/19**	**28/06/19**	**8w**
125	Phase 1	06/05/19	17/05/19	2w
126	Phase 2	27/05/19	31/05/19	1w
127	Phase 3	10/06/19	14/06/19	1w
128	Phase 4	24/06/19	28/06/19	1w
129	**Safety Netting / Metal Decking & Shear Studs**	**20/05/19**	**16/08/19**	**13w**
130	Phase 1 - Ground Floor	20/05/19	24/05/19	1w
131	Phase 1 - Level 1	27/05/19	31/05/19	1w
132	Phase 1 - Level 2	03/06/19	07/06/19	1w
133	Phase 1 - Level 3	10/06/19	14/06/19	1w
134	Phase 2 - Level 1	10/06/19	14/06/19	1w
135	Phase 2 - Level 2	17/06/19	21/06/19	1w
136	Phase 3 - Ground Floor	24/06/19	28/06/19	1w



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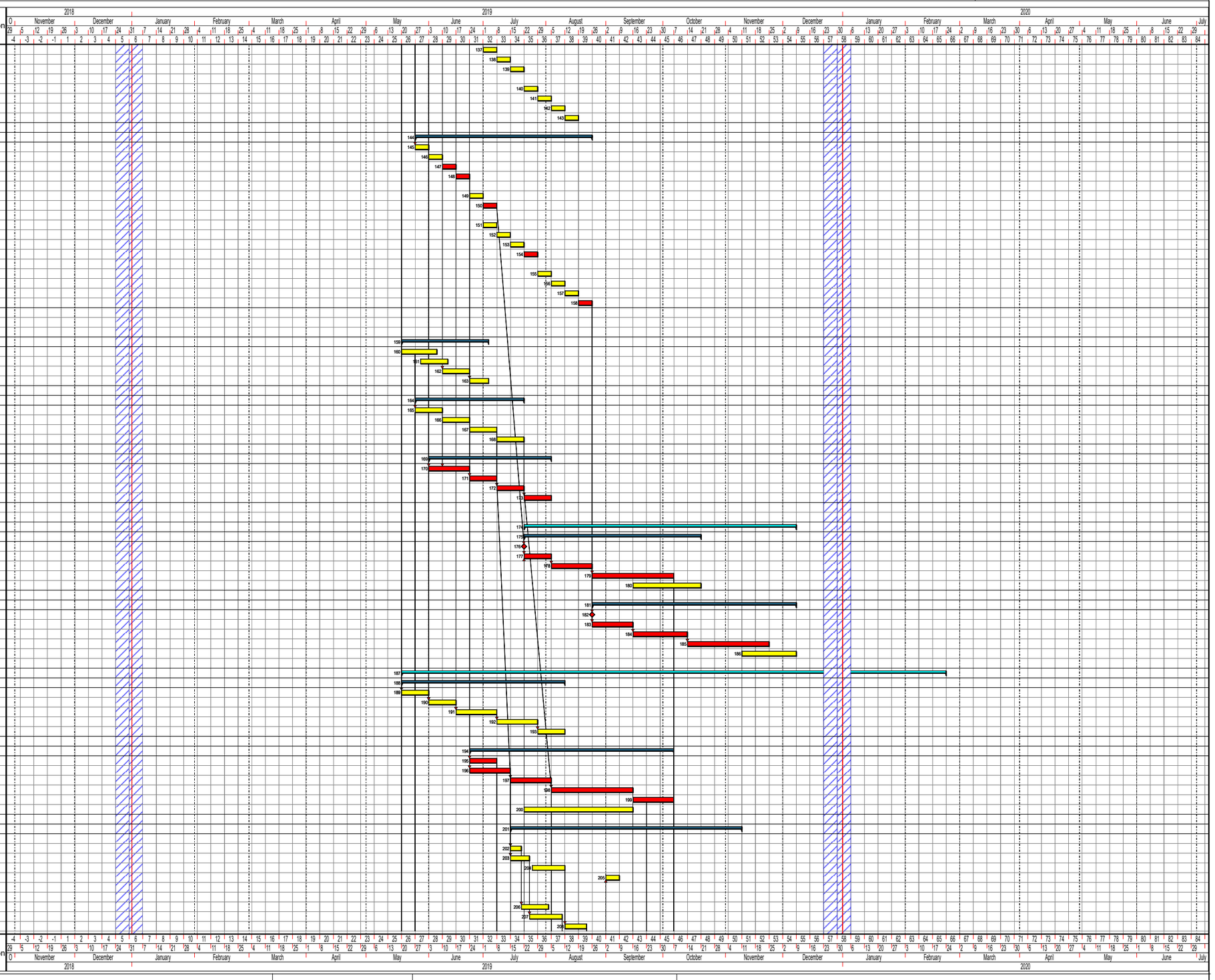
Owner: Jim Ward	**Notes: 26 November 2018 Start**			**Drawn by: Ross Honeyman**

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
137	Phase 3 - Level 1	01/07/19	05/07/19	1w
138	Phase 3 - Level 2	08/07/19	12/07/19	1w
139	Phase 3 - Level 3	15/07/19	19/07/19	1w
140	Phase 4 - Ground Floor	22/07/19	26/07/19	1w
141	Phase 4 - Level 1	29/07/19	02/08/19	1w
142	Phase 4 - Level 2	05/08/19	09/08/19	1w
143	Phase 4 - Level 3	12/08/19	16/08/19	1w
144	**Upper Slabs**	**27/05/19**	**23/08/19**	**13w**
145	Phase 1 - Ground Floor	27/05/19	31/05/19	1w
146	Phase 1 - Level 1	03/06/19	07/06/19	1w
147	Phase 1 - Level 2	10/06/19	14/06/19	1w
148	Phase 1 - Level 3	17/06/19	21/06/19	1w
149	Phase 2 - Level 1	24/06/19	28/06/19	1w
150	Phase 2 - Level 2	01/07/19	05/07/19	1w
151	Phase 3 - Ground Floor	01/07/19	05/07/19	1w
152	Phase 3 - Level 1	08/07/19	12/07/19	1w
153	Phase 3 - Level 2	15/07/19	19/07/19	1w
154	Phase 3 - Level 3	22/07/19	26/07/19	1w
155	Phase 4 - Ground Floor	29/07/19	02/08/19	1w
156	Phase 4 - Level 1	05/08/19	09/08/19	1w
157	Phase 4 - Level 2	12/08/19	16/08/19	1w
158	Phase 4 - Level 3	19/08/19	23/08/19	1w
	COLUMN ENCASURES / COMPLETE DRAINAGE / GROUND FLOOR SLABS			
159	**Grouting & Column Encasures**	**20/05/19**	**02/07/19**	**6w 2d**
160	Phase 1 / Full Height Encasures to Basement	20/05/19	05/06/19	2w 3d
161	Phase 2	29/05/19	11/06/19	2w
162	Phase 3	10/06/19	21/06/19	2w
163	Phase 4	24/06/19	02/07/19	1w 2d
164	**Complete Underslab Drainage**	**27/05/19**	**19/07/19**	**8w**
165	Phase 1	27/05/19	07/06/19	2w
166	Phase 2	10/06/19	21/06/19	2w
167	Phase 3	24/06/19	05/07/19	2w
168	Phase 4	08/07/19	19/07/19	2w
169	**Prepare & Construct Ground Bearing Floor Slabs**	**03/06/19**	**02/08/19**	**9w**
170	Phase 1	03/06/19	21/06/19	3w
171	Phase 2	24/06/19	05/07/19	2w
172	Phase 3	08/07/19	19/07/19	2w
173	Phase 4	22/07/19	02/08/19	2w
174	**ROOFS**	**19/07/19**	**06/12/19**	**20w**
175	**Lower Level Roof**	**19/07/19**	**18/10/19**	**13w**
176	Level 2 Floor Slab Complete (Phase 1 & 2)	19/07/19	19/07/19	
177	Edge Protection / Access / Safety Netting	22/07/19	02/08/19	2w
178	Structural Decking to Roof	05/08/19	23/08/19	3w
179	Roof Buildup & Covering	26/08/19	04/10/19	6w
180	Flashings & Cappings	16/09/19	18/10/19	5w
181	**High Level Roof**	**23/08/19**	**06/12/19**	**15w**
182	Level 3 Floor Slab Complete (Phase 3 & 4)	23/08/19	23/08/19	
183	Edge Protection / Access / Safety Netting	26/08/19	13/09/19	3w
184	Structural Decking to Roof	16/09/19	11/10/19	4w
185	Roof Buildup & Covering	14/10/19	22/11/19	6w
186	Flashings & Cappings	11/11/19	06/12/19	4w
187	**ENVELOPE**	**20/05/19**	**21/02/20**	**38w**
188	**Scaffold Erection**	**20/05/19**	**09/08/19**	**12w**
189	West Elevation	20/05/19	31/05/19	2w
190	South Elevation	03/06/19	14/06/19	2w
191	Courtyard Elevations	17/06/19	05/07/19	3w
192	North Elevation	08/07/19	26/07/19	3w
193	East Elevation	29/07/19	09/08/19	2w
194	**SFS & Sheeting**	**24/06/19**	**04/10/19**	**15w**
195	Grid 4 L2-3 in advance of roofing	24/06/19	05/07/19	2w
196	West Elevation	24/06/19	12/07/19	3w
197	South Elevation	15/07/19	02/08/19	3w
198	North Elevation	05/08/19	13/09/19	6w
199	East Elevation	16/09/19	04/10/19	3w
200	Internal Courtyard Elevations	22/07/19	13/09/19	8w
201	**Windows & Curtain Walling**	**15/07/19**	**08/11/19**	**17w**
	West Elevation			
202	West Elevation Level 0 Windows	15/07/19	18/07/19	4d
203	West Elevation Level 1 Windows	15/07/19	23/07/19	1w 2d
204	West Elevation Level 2 Windows	25/07/19	09/08/19	2w 2d
205	West Elevation Level 3 Windows (With North)	02/09/19	06/09/19	1w
	South Elevation			
206	South Elevation Level 0 Windows	19/07/19	01/08/19	2w
207	South Elevation Level 1 Windows	24/07/19	08/08/19	2w 2d
208	South Elevation Level 2 Windows	12/08/19	21/08/19	1w 3d



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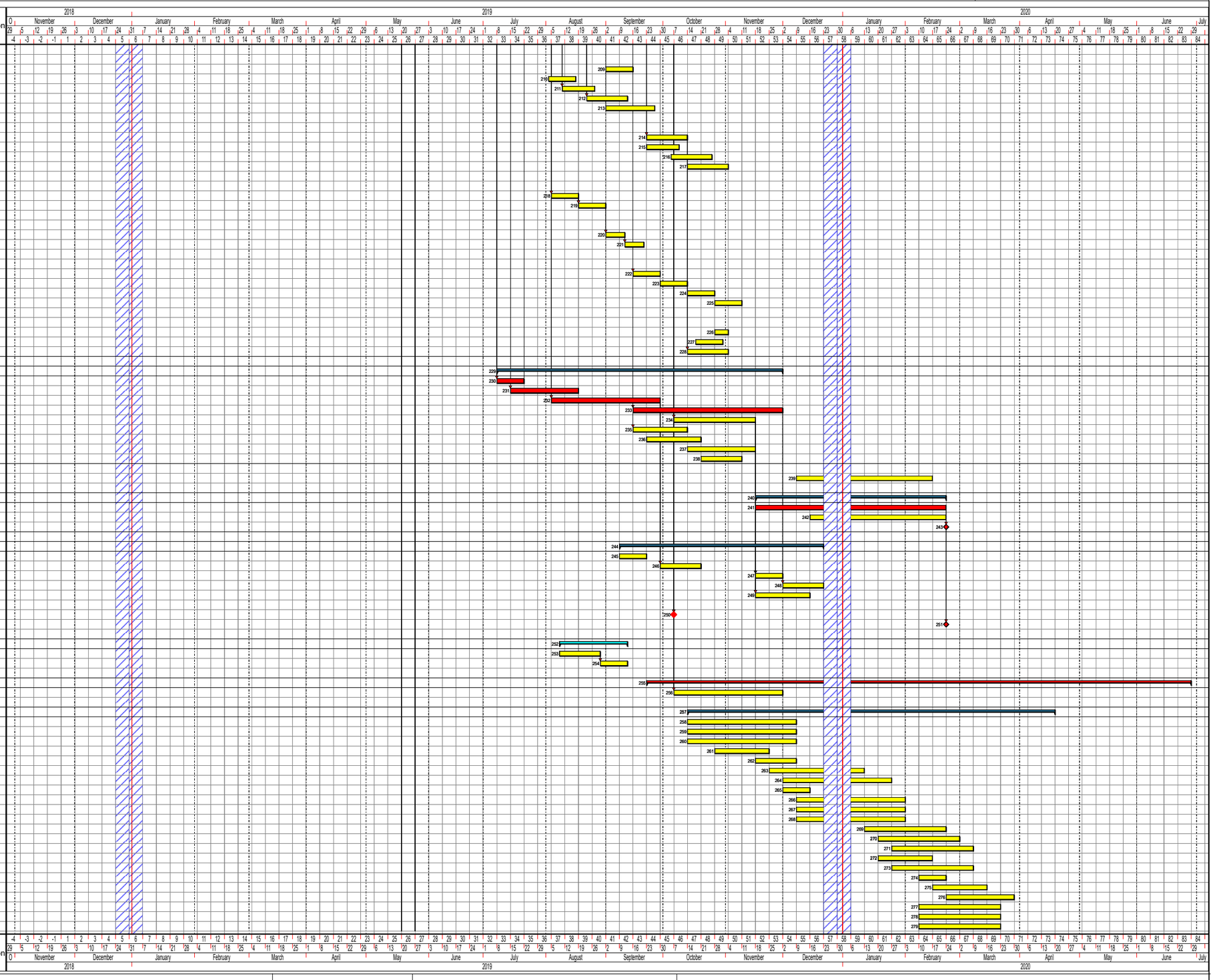
Owner: Jim Ward	**Notes: 26 November 2018 Start**			**Drawn by: Ross Honeyman**

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
	North Elevation			
209	North Elevation Level 0 Curtain Walling	02/09/19	13/09/19	2w
210	North Elevation Level 0 Windows	02/08/19	15/08/19	2w
211	North Elevation Level 1 Windows	09/08/19	26/08/19	2w 2d
212	North Elevation Level 2 Windows	22/08/19	11/09/19	3w
213	North Elevation Level 3 Windows	02/09/19	25/09/19	3w 3d
	East Elevation			
214	East Elevation Level 0 Curtain Walling	23/09/19	11/10/19	3w
215	East Elevation Level 1 Windows	23/09/19	08/10/19	2w 2d
216	East Elevation Level 2 Windows	04/10/19	24/10/19	3w
217	East Elevation Level 3 Windows	14/10/19	01/11/19	3w
	Courtyard Elevation North			
218	Level 1	05/08/19	16/08/19	2w
219	Level 2	19/08/19	30/08/19	2w
	Courtyard Elevation East			
220	Level 1 Windows	02/09/19	10/09/19	1w 2d
221	Level 2 Windows	11/09/19	19/09/19	1w 2d
	Courtyard Elevation South			
222	Level 0 Windows	16/09/19	27/09/19	2w
223	Level 1 Windows	30/09/19	11/10/19	2w
224	Level 2 Windows	14/10/19	25/10/19	2w
225	Level 3 Windows	28/10/19	08/11/19	2w
	Courtyard Elevation West			
226	Level 0 Windows	28/10/19	01/11/19	1w
227	Level 3 Windows (Including Off Roof)	17/10/19	30/10/19	2w
228	Levels 1 & 2 Curtain Walling	14/10/19	01/11/19	3w
229	**Brickwork**	**08/07/19**	**29/11/19**	**21w**
230	Grid 4 L2-L3 in advance of Roofing	08/07/19	19/07/19	2w
231	West Elevation	15/07/19	16/08/19	5w
232	South Elevation	05/08/19	27/09/19	8w
233	North Elevation	16/09/19	29/11/19	11w
234	East Elevation	07/10/19	15/11/19	6w
235	Courtyard North Elevation	16/09/19	11/10/19	4w
236	Courtyard East Elevation	23/09/19	18/10/19	4w
237	Courtyard South Elevation (Including Off Roof)	14/10/19	15/11/19	5w
238	Courtyard West Elevation (Including Off Roof)	21/10/19	08/11/19	3w
239	**Timber Cladding**	**09/12/19**	**14/02/20**	**8w**
240	**Final Envelope Items**	**18/11/19**	**21/02/20**	**12w**
241	Flashings & Cappings	18/11/19	21/02/20	12w
242	Snagging	16/12/19	21/02/20	8w
243	Envelope Complete	21/02/20	21/02/20	
244	**Scaffold Removal**	**09/09/19**	**20/12/19**	**15w**
245	West Elevation	09/09/19	20/09/19	2w
246	South Elevation	30/09/19	18/10/19	3w
247	East Elevation	18/11/19	29/11/19	2w
248	North Elevation	02/12/19	20/12/19	3w
249	Courtyard	18/11/19	13/12/19	4w
250	Partial Wind & Watertight	04/10/19	04/10/19	
251	Fully Wind & Watertight	21/02/20	21/02/20	
252	**LIFT SHAFTS BLOCKWORK**	**08/08/19**	**11/09/19**	**5w**
253	Blockwork to Lift Shaft 1&2 (Phase 2)	08/08/19	28/08/19	3w
254	Blockwork to Lift Shaft 3 (Phase 5)	29/08/19	11/09/19	2w
255	**INTERNAL FITOUT**	**23/09/19**	**26/06/20**	**38w**
256	Shaft Wall to Main Risers	07/10/19	29/11/19	8w
257	**Ground Floor (Phase 1)**	**14/10/19**	**17/04/20**	**25w**
258	Mechanical 1st Fix	14/10/19	06/12/19	8w
259	Electrical 1st Fix	14/10/19	06/12/19	8w
260	Plumbing 1st Fix	14/10/19	06/12/19	8w
261	Erect Partitions & Sheet One Side	28/10/19	22/11/19	4w
262	M&E Fitout to Partitions	18/11/19	06/12/19	3w
263	Complete Partitions & Wall Linings	25/11/19	10/01/20	5w
264	Ames Taping & Mist Coat	02/12/19	24/01/20	6w
265	Underfloor Heating & Screed to Atrium Area	02/12/19	13/12/19	2w
266	Mechanical 2nd Fix	09/12/19	31/01/20	6w
267	Electrical 2nd Fix	09/12/19	31/01/20	6w
268	Plumbing 2nd Fix	09/12/19	31/01/20	6w
269	Bulkheads & MF Ceilings	13/01/20	21/02/20	6w
270	Ames Taping to Ceilings	20/01/20	28/02/20	6w
271	Ceiling Grid & Service Tiles	27/01/20	06/03/20	6w
272	Joinerwork 1st Fix	20/01/20	14/02/20	4w
273	Decoration	27/01/20	06/03/20	6w
274	Install Floor & Wall Cabinets	10/02/20	21/02/20	2w
275	Joinerwork 2nd Fix	17/02/20	13/03/20	4w
276	Prepare & Lay Floor Finishes	24/02/20	27/03/20	5w
277	Mechanical Final Fix	10/02/20	20/03/20	6w
278	Electrical Final Fix	10/02/20	20/03/20	6w
279	Plumbing Final Fix	10/02/20	20/03/20	6w



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Owner: Jim Ward	**Notes: 26 November 2018 Start**			**Drawn by: Ross Honeyman**

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
280	Fixed Furniture Installation	09/03/20	03/04/20	4w
281	Final Decoration	16/03/20	10/04/20	4w
282	Loose Furniture	30/03/20	17/04/20	3w
283	**First Floor**	**07/10/19**	**12/06/20**	**34w**
284	**First Floor (Phase 1)**	**14/10/19**	**01/05/20**	**27w**
285	Mechanical 1st Fix	14/10/19	06/12/19	8w
286	Electrical 1st Fix	14/10/19	06/12/19	8w
287	Plumbing 1st Fix	14/10/19	06/12/19	8w
288	Erect Partitions & Sheet One Side	28/10/19	22/11/19	4w
289	M&E Fitout to Partitions	18/11/19	06/12/19	3w
290	Complete Partitions & Wall Linings	09/12/19	24/01/20	5w
291	Ames Taping & Mist Coat	16/12/19	07/02/20	6w
292	Mechanical 2nd Fix	06/01/20	14/02/20	6w
293	Electrical 2nd Fix	06/01/20	14/02/20	6w
294	Plumbing 2nd Fix	06/01/20	14/02/20	6w
295	Bulkheads & MF Ceilings	27/01/20	06/03/20	6w
296	Ames Taping to Ceilings	03/02/20	13/03/20	6w
297	Ceiling Grid & Service Tiles	10/02/20	20/03/20	6w
298	Joinerwork 1st Fix	03/02/20	28/02/20	4w
299	Decoration	10/02/20	20/03/20	6w
300	Install Floor & Wall Cabinets	24/02/20	06/03/20	2w
301	Joinerwork 2nd Fix	02/03/20	27/03/20	4w
302	Prepare & Lay Floor Finishes	09/03/20	10/04/20	5w
303	Mechanical Final Fix	24/02/20	03/04/20	6w
304	Electrical Final Fix	24/02/20	03/04/20	6w
305	Plumbing Final Fix	24/02/20	03/04/20	6w
306	Fixed Furniture Installation	23/03/20	17/04/20	4w
307	Final Decoration	30/03/20	24/04/20	4w
308	Loose Furniture	13/04/20	01/05/20	3w
309	**First Floor (Phase 3)**	**07/10/19**	**22/05/20**	**31w**
	Plantrooms			
310	Erect Partitions & Sheet One Side to Plantrooms	07/10/19	18/10/19	2w
311	Wall Linings to Inside of SFS	14/10/19	25/10/19	2w
312	Ames Taping & Initial Decoration	21/10/19	01/11/19	2w
313	BWICWS	04/11/19	08/11/19	1w
314	Plant Rooms Available for M&E Fitout	08/11/19	08/11/19	
315	Mechanical 1st Fix	04/11/19	10/01/20	8w
316	Electrical 1st Fix	04/11/19	10/01/20	8w
317	Plumbing 1st Fix	04/11/19	10/01/20	8w
318	Erect Partitions & Sheet One Side	18/11/19	13/12/19	4w
319	M&E Fitout to Partitions	09/12/19	10/01/20	3w
320	Complete Partitions & Wall Linings	13/01/20	14/02/20	5w
321	Ames Taping & Mist Coat	20/01/20	28/02/20	6w
322	Mechanical 2nd Fix	27/01/20	06/03/20	6w
323	Electrical 2nd Fix	27/01/20	06/03/20	6w
324	Plumbing 2nd Fix	27/01/20	06/03/20	6w
325	Bulkheads & MF Ceilings	17/02/20	27/03/20	6w
326	Ames Taping to Ceilings	24/02/20	03/04/20	6w
327	Ceiling Grid & Service Tiles	02/03/20	10/04/20	6w
328	Joinerwork 1st Fix	24/02/20	20/03/20	4w
329	Decoration	02/03/20	10/04/20	6w
330	Install Floor & Wall Cabinets	16/03/20	27/03/20	2w
331	Joinerwork 2nd Fix	23/03/20	17/04/20	4w
332	Prepare & Lay Floor Finishes	30/03/20	01/05/20	5w
333	Mechanical Final Fix	16/03/20	24/04/20	6w
334	Electrical Final Fix	16/03/20	24/04/20	6w
335	Plumbing Final Fix	16/03/20	24/04/20	6w
336	Fixed Furniture Installation	13/04/20	08/05/20	4w
337	Final Decoration	20/04/20	15/05/20	4w
338	Loose Furniture	04/05/20	22/05/20	3w
339	**First Floor (Phase 2 & 5)**	**25/11/19**	**22/05/20**	**24w**
340	Mechanical 1st Fix	25/11/19	17/01/20	6w
341	Electrical 1st Fix	25/11/19	17/01/20	6w
342	Plumbing 1st Fix	25/11/19	17/01/20	6w
343	Erect Partitions & Sheet One Side	02/12/19	20/12/19	3w
344	M&E Fitout to Partitions	16/12/19	17/01/20	3w
345	Complete Partitions & Wall Linings	20/01/20	07/02/20	3w
346	Ames Taping & Mist Coat	27/01/20	21/02/20	4w
347	Mechanical 2nd Fix	03/02/20	06/03/20	5w
348	Electrical 2nd Fix	03/02/20	06/03/20	5w
349	Plumbing 2nd Fix	03/02/20	06/03/20	5w
350	Bulkheads & MF Ceilings	24/02/20	20/03/20	4w
351	Ames Taping to Ceilings	02/03/20	27/03/20	4w
352	Ceiling Grid & Service Tiles	09/03/20	03/04/20	4w
353	Joinerwork 1st Fix	02/03/20	20/03/20	3w
354	Decoration	09/03/20	10/04/20	5w
355	Install Floor & Wall Cabinets	23/03/20	03/04/20	2w
356	Joinerwork 2nd Fix	30/03/20	17/04/20	3w
357	Prepare & Lay Floor Finishes	06/04/20	01/05/20	4w
358	Mechanical Final Fix	23/03/20	24/04/20	5w
359	Electrical Final Fix	23/03/20	24/04/20	5w
360	Plumbing Final Fix	23/03/20	24/04/20	5w
361	Fixed Furniture Installation	20/04/20	08/05/20	3w
362	Final Decoration	27/04/20	15/05/20	3w
363	Loose Furniture	11/05/20	22/05/20	2w
364	**First Floor (Phase 4)**	**16/12/19**	**12/06/20**	**24w**

Line | Name | Start | Finish | Duration

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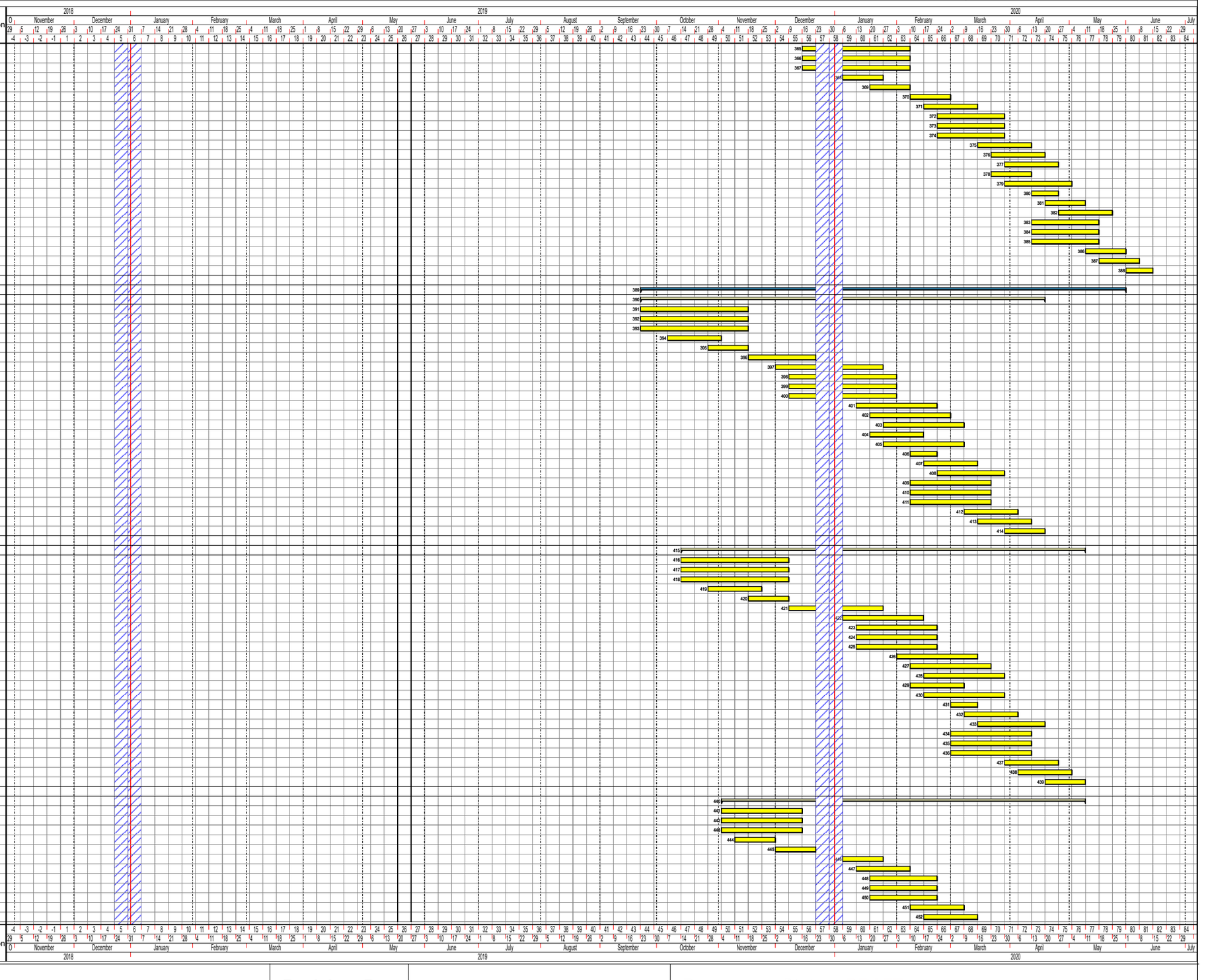
Owner: Jim Ward	**Notes: 26 November 2018 Start**		**Drawn by: Ross Honeyman**

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
365	Mechanical 1st Fix	16/12/19	07/02/20	6w
366	Electrical 1st Fix	16/12/19	07/02/20	6w
367	Plumbing 1st Fix	16/12/19	07/02/20	6w
368	Erect Partitions & Sheet One Side	06/01/20	24/01/20	3w
369	M&E Fitout to Partitions	20/01/20	07/02/20	3w
370	Complete Partitions & Wall Linings	10/02/20	28/02/20	3w
371	Ames Taping & Mist Coat	17/02/20	13/03/20	4w
372	Mechanical 2nd Fix	24/02/20	27/03/20	5w
373	Electrical 2nd Fix	24/02/20	27/03/20	5w
374	Plumbing 2nd Fix	24/02/20	27/03/20	5w
375	Bulkheads & MF Ceilings	16/03/20	10/04/20	4w
376	Ames Taping to Ceilings	23/03/20	17/04/20	4w
377	Ceiling Grid & Service Tiles	30/03/20	24/04/20	4w
378	Joinerwork 1st Fix	23/03/20	10/04/20	3w
379	Decoration	30/03/20	01/05/20	5w
380	Install Floor & Wall Cabinets	13/04/20	24/04/20	2w
381	Joinerwork 2nd Fix	20/04/20	08/05/20	3w
382	Prepare & Lay Floor Finishes	27/04/20	22/05/20	4w
383	Mechanical Final Fix	13/04/20	15/05/20	5w
384	Electrical Final Fix	13/04/20	15/05/20	5w
385	Plumbing Final Fix	13/04/20	15/05/20	5w
386	Fixed Furniture Installation	11/05/20	29/05/20	3w
387	Final Decoration	18/05/20	05/06/20	3w
388	Loose Furniture	01/06/20	12/06/20	2w
389	**Second Floor**	**23/09/19**	**29/05/20**	**34w**
390	**Second Floor (Phase 1)**	**23/09/19**	**17/04/20**	**28w**
391	Mechanical 1st Fix	23/09/19	15/11/19	8w
392	Electrical 1st Fix	23/09/19	15/11/19	8w
393	Plumbing 1st Fix	23/09/19	15/11/19	8w
394	Erect Partitions & Sheet One Side	07/10/19	01/11/19	4w
395	M&E Fitout to Partitions	28/10/19	15/11/19	3w
396	Complete Partitions & Wall Linings	18/11/19	20/12/19	5w
397	Ames Taping & Mist Coat	02/12/19	24/01/20	6w
398	Mechanical 2nd Fix	09/12/19	31/01/20	6w
399	Electrical 2nd Fix	09/12/19	31/01/20	6w
400	Plumbing 2nd Fix	09/12/19	31/01/20	6w
401	Bulkheads & MF Ceilings	13/01/20	21/02/20	6w
402	Ames Taping to Ceilings	20/01/20	28/02/20	6w
403	Ceiling Grid & Service Tiles	27/01/20	06/03/20	6w
404	Joinerwork 1st Fix	20/01/20	14/02/20	4w
405	Decoration	27/01/20	06/03/20	6w
406	Install Floor & Wall Cabinets	10/02/20	21/02/20	2w
407	Joinerwork 2nd Fix	17/02/20	13/03/20	4w
408	Prepare & Lay Floor Finishes	24/02/20	27/03/20	5w
409	Mechanical Final Fix	10/02/20	20/03/20	6w
410	Electrical Final Fix	10/02/20	20/03/20	6w
411	Plumbing Final Fix	10/02/20	20/03/20	6w
412	Fixed Furniture Installation	09/03/20	03/04/20	4w
413	Final Decoration	16/03/20	10/04/20	4w
414	Loose Furniture	30/03/20	17/04/20	3w
415	**Second Floor (Phase 3)**	**14/10/19**	**08/05/20**	**28w**
416	Mechanical 1st Fix	14/10/19	06/12/19	8w
417	Electrical 1st Fix	14/10/19	06/12/19	8w
418	Plumbing 1st Fix	14/10/19	06/12/19	8w
419	Erect Partitions & Sheet One Side	28/10/19	22/11/19	4w
420	M&E Fitout to Partitions	18/11/19	06/12/19	3w
421	Complete Partitions & Wall Linings	09/12/19	24/01/20	5w
422	Ames Taping & Mist Coat	06/01/20	14/02/20	6w
423	Mechanical 2nd Fix	13/01/20	21/02/20	6w
424	Electrical 2nd Fix	13/01/20	21/02/20	6w
425	Plumbing 2nd Fix	13/01/20	21/02/20	6w
426	Bulkheads & MF Ceilings	03/02/20	13/03/20	6w
427	Ames Taping to Ceilings	10/02/20	20/03/20	6w
428	Ceiling Grid & Service Tiles	17/02/20	27/03/20	6w
429	Joinerwork 1st Fix	10/02/20	06/03/20	4w
430	Decoration	17/02/20	27/03/20	6w
431	Install Floor & Wall Cabinets	02/03/20	13/03/20	2w
432	Joinerwork 2nd Fix	09/03/20	03/04/20	4w
433	Prepare & Lay Floor Finishes	16/03/20	17/04/20	5w
434	Mechanical Final Fix	02/03/20	10/04/20	6w
435	Electrical Final Fix	02/03/20	10/04/20	6w
436	Plumbing Final Fix	02/03/20	10/04/20	6w
437	Fixed Furniture Installation	30/03/20	24/04/20	4w
438	Final Decoration	06/04/20	01/05/20	4w
439	Loose Furniture	20/04/20	08/05/20	3w
440	**Second Floor (Phase 2 & 5)**	**04/11/19**	**08/05/20**	**25w**
441	Mechanical 1st Fix	04/11/19	13/12/19	6w
442	Electrical 1st Fix	04/11/19	13/12/19	6w
443	Plumbing 1st Fix	04/11/19	13/12/19	6w
444	Erect Partitions & Sheet One Side	11/11/19	29/11/19	3w
445	M&E Fitout to Partitions	02/12/19	20/12/19	3w
446	Complete Partitions & Wall Linings	06/01/20	24/01/20	3w
447	Ames Taping & Mist Coat	13/01/20	07/02/20	4w
448	Mechanical 2nd Fix	20/01/20	21/02/20	5w
449	Electrical 2nd Fix	20/01/20	21/02/20	5w
450	Plumbing 2nd Fix	20/01/20	21/02/20	5w
451	Bulkheads & MF Ceilings	10/02/20	06/03/20	4w
452	Ames Taping to Ceilings	17/02/20	13/03/20	4w



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Owner: Jim Ward	**Notes: 26 November 2018 Start**		**Drawn by: Ross Honeyman**

Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
453	Ceiling Grid & Service Tiles	24/02/20	20/03/20	4w
454	Joinerwork 1st Fix	17/02/20	06/03/20	3w
455	Decoration	24/02/20	27/03/20	5w
456	Install Floor & Wall Cabinets	09/03/20	20/03/20	2w
457	Joinerwork 2nd Fix	16/03/20	03/04/20	3w
458	Prepare & Lay Floor Finishes	23/03/20	17/04/20	4w
459	Mechanical Final Fix	09/03/20	10/04/20	5w
460	Electrical Final Fix	09/03/20	10/04/20	5w
461	Plumbing Final Fix	09/03/20	10/04/20	5w
462	Fixed Furniture Installation	06/04/20	24/04/20	3w
463	Final Decoration	13/04/20	01/05/20	3w
464	Loose Furniture	27/04/20	08/05/20	2w
465	**Second Floor (Phase 4)**	**25/11/19**	**29/05/20**	**25w**
466	Mechanical 1st Fix	25/11/19	17/01/20	6w
467	Electrical 1st Fix	25/11/19	17/01/20	6w
468	Plumbing 1st Fix	25/11/19	17/01/20	6w
469	Erect Partitions & Sheet One Side	02/12/19	20/12/19	3w
470	M&E Fitout to Partitions	16/12/19	17/01/20	3w
471	Complete Partitions & Wall Linings	20/01/20	07/02/20	3w
472	Ames Taping & Mist Coat	03/02/20	28/02/20	4w
473	Mechanical 2nd Fix	10/02/20	13/03/20	5w
474	Electrical 2nd Fix	10/02/20	13/03/20	5w
475	Plumbing 2nd Fix	10/02/20	13/03/20	5w
476	Bulkheads & MF Ceilings	02/03/20	27/03/20	4w
477	Ames Taping to Ceilings	09/03/20	03/04/20	4w
478	Ceiling Grid & Service Tiles	16/03/20	10/04/20	4w
479	Joinerwork 1st Fix	09/03/20	27/03/20	3w
480	Decoration	16/03/20	17/04/20	5w
481	Install Floor & Wall Cabinets	30/03/20	10/04/20	2w
482	Joinerwork 2nd Fix	06/04/20	24/04/20	3w
483	Prepare & Lay Floor Finishes	13/04/20	08/05/20	4w
484	Mechanical Final Fix	30/03/20	01/05/20	5w
485	Electrical Final Fix	30/03/20	01/05/20	5w
486	Plumbing Final Fix	30/03/20	01/05/20	5w
487	Fixed Furniture Installation	27/04/20	15/05/20	3w
488	Final Decoration	04/05/20	22/05/20	3w
489	Loose Furniture	18/05/20	29/05/20	2w
490	**Third Floor**	**28/10/19**	**24/04/20**	**24w**
491	**Third Floor**	**28/10/19**	**10/04/20**	**22w**
492	Mechanical 1st Fix	28/10/19	06/12/19	6w
493	Electrical 1st Fix	28/10/19	06/12/19	6w
494	Plumbing 1st Fix	28/10/19	06/12/19	6w
495	Erect Partitions & Sheet One Side	04/11/19	22/11/19	3w
496	M&E Fitout to Partitions	18/11/19	29/11/19	2w
497	Complete Partitions & Wall Linings	25/11/19	20/12/19	4w
498	Ames Taping & Mist Coat	02/12/19	24/01/20	6w
499	Mechanical 2nd Fix	09/12/19	31/01/20	6w
500	Electrical 2nd Fix	09/12/19	31/01/20	6w
501	Plumbing 2nd Fix	09/12/19	31/01/20	6w
502	Bulkheads & MF Ceilings	13/01/20	14/02/20	5w
503	Ames Taping to Ceilings	20/01/20	21/02/20	5w
504	Ceiling Grid & Service Tiles	27/01/20	28/02/20	5w
505	Joinerwork 1st Fix	20/01/20	14/02/20	4w
506	Decoration	27/01/20	06/03/20	6w
507	Install Floor & Wall Cabinets	10/02/20	21/02/20	2w
508	Joinerwork 2nd Fix	10/02/20	06/03/20	4w
509	Prepare & Lay Floor Finishes	17/02/20	13/03/20	4w
510	Mechanical Final Fix	03/02/20	06/03/20	5w
511	Electrical Final Fix	03/02/20	06/03/20	5w
512	Plumbing Final Fix	03/02/20	06/03/20	5w
513	Fixed Furniture Installation	24/02/20	20/03/20	4w
514	Final Decoration	02/03/20	27/03/20	4w
515	Loose Furniture	23/03/20	10/04/20	3w
516	**Third Floor**	**11/11/19**	**24/04/20**	**22w**
517	Mechanical 1st Fix	11/11/19	20/12/19	6w
518	Electrical 1st Fix	11/11/19	20/12/19	6w
519	Plumbing 1st Fix	11/11/19	20/12/19	6w
520	Erect Partitions & Sheet One Side	18/11/19	06/12/19	3w
521	M&E Fitout to Partitions	02/12/19	13/12/19	2w
522	Complete Partitions & Wall Linings	09/12/19	17/01/20	4w
523	Ames Taping & Mist Coat	16/12/19	07/02/20	6w
524	Mechanical 2nd Fix	06/01/20	14/02/20	6w
525	Electrical 2nd Fix	06/01/20	14/02/20	6w
526	Plumbing 2nd Fix	06/01/20	14/02/20	6w
527	Bulkheads & MF Ceilings	27/01/20	28/02/20	5w
528	Ames Taping to Ceilings	03/02/20	06/03/20	5w
529	Ceiling Grid & Service Tiles	10/02/20	13/03/20	5w
530	Joinerwork 1st Fix	03/02/20	28/02/20	4w
531	Decoration	10/02/20	20/03/20	6w
532	Install Floor & Wall Cabinets	24/02/20	06/03/20	2w
533	Joinerwork 2nd Fix	24/02/20	20/03/20	4w
534	Prepare & Lay Floor Finishes	02/03/20	27/03/20	4w
535	Mechanical Final Fix	17/02/20	20/03/20	5w
536	Electrical Final Fix	17/02/20	20/03/20	5w
537	Plumbing Final Fix	17/02/20	20/03/20	5w
538	Fixed Furniture Installation	09/03/20	03/04/20	4w
539	Final Decoration	16/03/20	10/04/20	4w
540	Loose Furniture	06/04/20	24/04/20	3w

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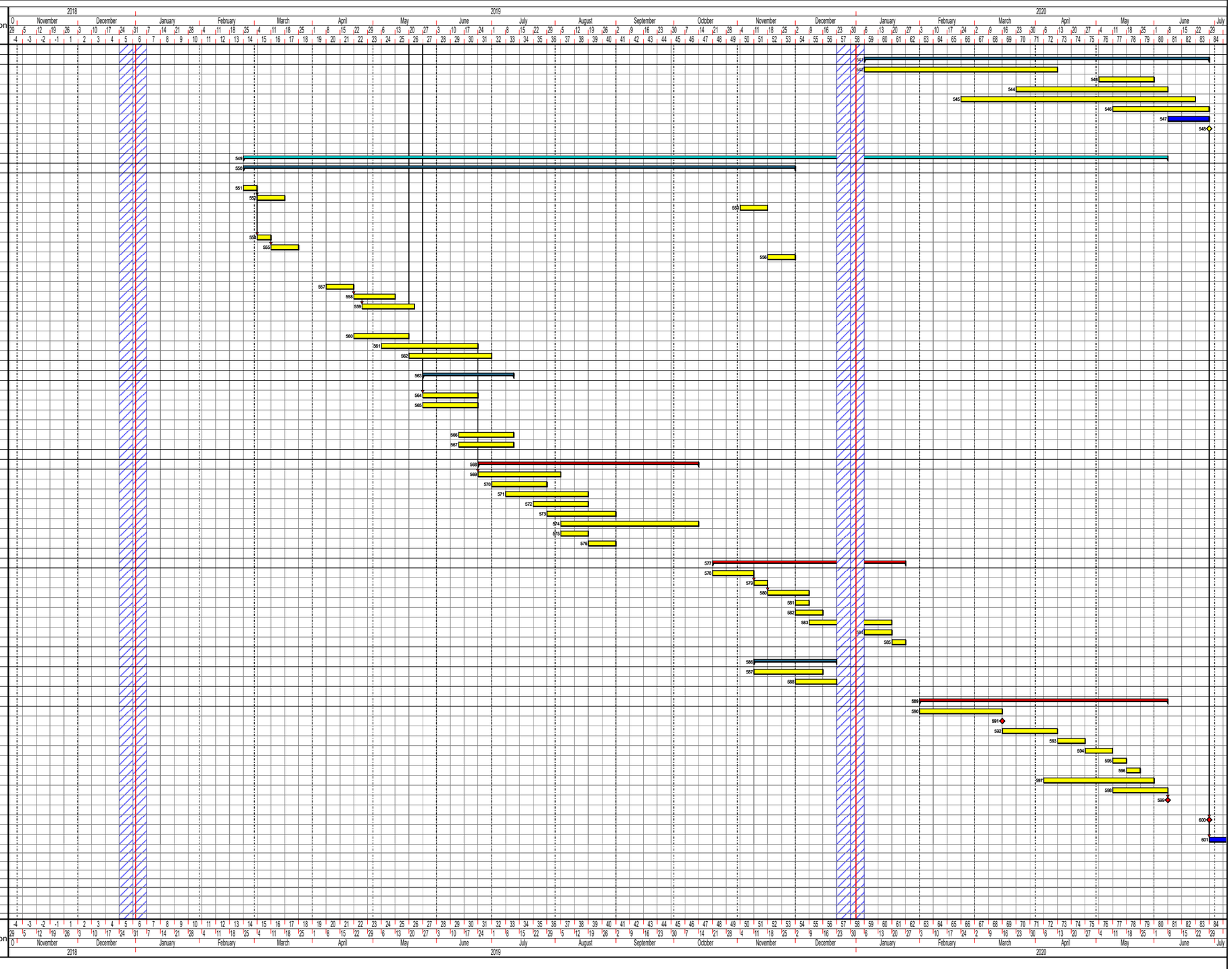
Hub West
Greenock Health Centre
Construction Programme

Line	Name	Start	Finish	Duration
541	**Final Works to All Areas**	**06/01/20**	**26/06/20**	**25w**
542	Lift Installation	06/01/20	10/04/20	14w
543	Signage	04/05/20	29/05/20	4w
544	Snagging	23/03/20	05/06/20	11w
545	Testing & Commissioning	24/02/20	19/06/20	17w
546	Final Clean	11/05/20	26/06/20	7w
547	Client Demonstrations	08/06/20	26/06/20	3w
548	Building Complete	26/06/20	26/06/20	
549	**EXTERNALS**	**25/02/19**	**05/06/20**	**65w**
550	**Retaining Walls to Carpark**	**25/02/19**	**29/11/19**	**40w**
	Retaining Wall L - West External Stair			
551	Excavate & Construct Wall Foundations	25/02/19	01/03/19	1w
552	Prepare & Construct Reinforced Concrete Wall	04/03/19	15/03/19	2w
553	Brickwork Facing	04/11/19	15/11/19	2w
	Reinforced Concrete North Retaining Wall Type W1			
554	Excavate & Construct Wall Foundations	04/03/19	08/03/19	1w
555	Prepare & Construct Reinforced Concrete Wall	11/03/19	22/03/19	2w
556	Brickwork Facing	18/11/19	29/11/19	2w
	Terramesh (CDP) Central Wall			
557	Excavate & Construct Wall Foundations	08/04/19	19/04/19	2w
558	Construct Terramesh Wall	22/04/19	10/05/19	3w
559	Drainage & Backfill to Rear - As Work Progresses to Suit Wall Construction	25/04/19	21/05/19	3w 4d
	Carpark Perimeter Gabion Wall			
560	Excavate & Construct Wall Foundations	22/04/19	17/05/19	4w
561	Construct Retaining Wall	06/05/19	21/06/19	7w
562	Drainage & Backfill to Rear - As Work Progresses to Suit Wall Construction	20/05/19	28/06/19	6w
563	**External Drainage**	**27/05/19**	**10/07/19**	**6w 3d**
	South of Building			
564	Excavate & Lay Foul Drainage	27/05/19	21/06/19	4w
565	Excavate & Lay Surface Water Drainage	27/05/19	21/06/19	4w
	North of Building			
566	Excavate & Lay Foul Drainage	13/06/19	10/07/19	4w
567	Excavate & Lay Surface Water Drainage	13/06/19	10/07/19	4w
568	**Upper Carpark**	**24/06/19**	**11/10/19**	**16w**
569	Excavate & Lay Drainage	24/06/19	02/08/19	6w
570	Upfill & Grade	01/07/19	26/07/19	4w
571	Prepare & Lay Kerbs	08/07/19	16/08/19	6w
572	Service Ducts & Bases	22/07/19	16/08/19	4w
573	Upfill	29/07/19	30/08/19	5w
574	Prepare & Lay Porous Paving	05/08/19	11/10/19	10w
575	Prepare for Tar	05/08/19	16/08/19	2w
576	Base Course Tar	19/08/19	30/08/19	2w
577	**Lower Carpark**	**21/10/19**	**24/01/20**	**12w**
578	Excavate & Install Stormbloc Attenuation, Drainage Connections & Backfill	21/10/19	08/11/19	3w
579	Upfill & Grade	11/11/19	15/11/19	1w
580	Prepare & Lay Kerbs	18/11/19	06/12/19	3w
581	Service Ducts & Bases	02/12/19	06/12/19	1w
582	Upfill	02/12/19	13/12/19	2w
583	Prepare & Lay Porous Paving	09/12/19	17/01/20	4w
584	Prepare for Tar	06/01/20	17/01/20	2w
585	Base Course Tar	20/01/20	24/01/20	1w
586	**Retaining Walls to North of Building - Planters**	**11/11/19**	**20/12/19**	**6w**
587	Foundations & Retaining Wall	11/11/19	13/12/19	5w
588	Drainage & Backfill	02/12/19	20/12/19	3w
589	**Final External Works**	**03/02/20**	**05/06/20**	**18w**
590	Soft Landscaping to Completion	03/02/20	13/03/20	6w
591	Validation of Remediation Works (Planning Requirement)	16/03/20	16/03/20	
592	External Lighting & Security	16/03/20	10/04/20	4w
593	Fences & Gates	13/04/20	24/04/20	2w
594	Wearing Course Tar	27/04/20	08/05/20	2w
595	Line Markings	11/05/20	15/05/20	1w
596	Signage	18/05/20	22/05/20	1w
597	Snagging	06/04/20	29/05/20	8w
598	Final Clean	11/05/20	05/06/20	4w
599	Externals Complete	05/06/20	05/06/20	
600	Contract Completion	26/06/20	26/06/20	
601	Service Availability (Incl. hWS QA period)	29/06/20	10/07/20	2w



User

Critical Path | Lead In / Mobilisation | 30a. Summary2 | Client | Construction | Summary | Summary Elevations / Floors | Summary Work Areas | Client

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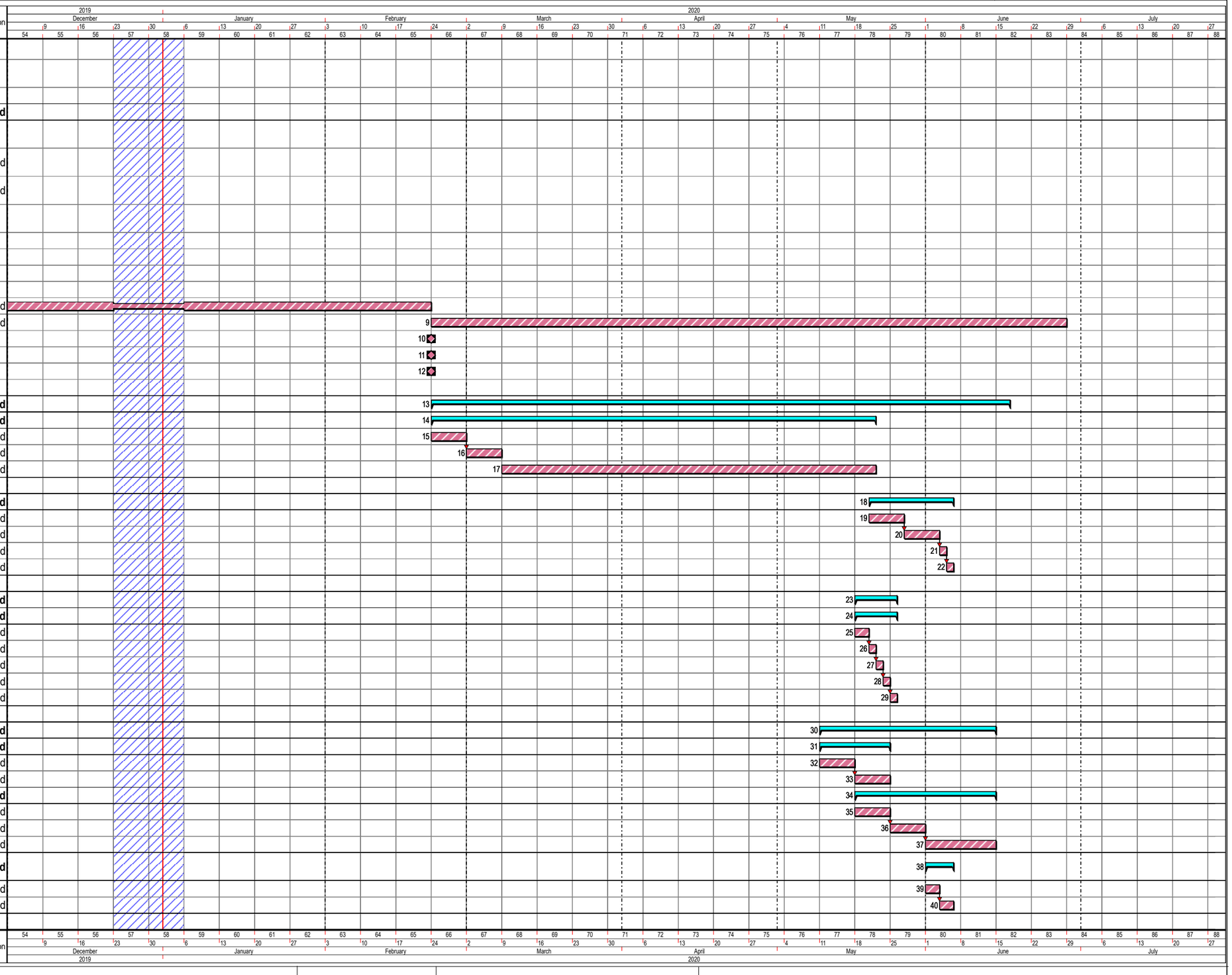
Owner: Jim Ward	**Notes: 26 November 2018 Start**		**Drawn by: Ross Honeyman**

Hub West Scotland - NHSGGC
Greenock Health Centre
Outline Commissioning Programme

Line	Name	Start	Finish	Duration
1	Service Routes & Applications Signed Off (FINANCIAL CLOSE)	09/11/2018	09/11/2018	
2	**Client Obligations**	**12/11/2018**	**11/10/2019**	**230d**
	All Design Information for Group 3 Equipment Issued by Client			
3	Legal Deocumentation for Utilities Wayleaves in Place & Agreed	12/11/2018	03/05/2019	115d
4	Supplier Contract Agreements in Place for All Utilities	12/11/2018	03/05/2019	115d
5	Client to Secure Gas / Power / Water Meter in Place & Operational	09/08/2019	09/08/2019	
6	Redcare Line for Fire Alarm System	11/10/2019	11/10/2019	
	Key Dates			
7	Utilities Quotes Placed	09/11/2018	09/11/2018	
8	Plant Room Fitout	11/11/2019	21/02/2020	65d
9	Overall Final Commissioning Period	24/02/2020	26/06/2020	90d
10	Power On	21/02/2020	21/02/2020	
11	Water On	21/02/2020	21/02/2020	
12	Gas On	21/02/2020	21/02/2020	
13	**Electrical Systems**	**24/02/2020**	**16/06/2020**	**82d**
14	**Power distribution systems - LV power**	**24/02/2020**	**20/05/2020**	**63d**
15	Main LV panel board	24/02/2020	28/02/2020	5d
16	Sub mains testing	02/03/2020	06/03/2020	5d
17	Distribution Boards	09/03/2020	20/05/2020	53d
18	**Lighting / Lighting controls**	**20/05/2020**	**04/06/2020**	**12d**
19	Emergency lighting commissioning	20/05/2020	26/05/2020	5d
20	Lighting control commissioning	27/05/2020	02/06/2020	5d
21	Internal lighting lux levels	03/06/2020	03/06/2020	1d
22	External lighting lux levels	04/06/2020	04/06/2020	1d
23	**Fire alarms / disabled alarms**	**18/05/2020**	**25/05/2020**	**6d**
24	**Fire alarm systems**	**18/05/2020**	**25/05/2020**	**6d**
25	Loop test ground floor loop ZONE 1 AAU	18/05/2020	19/05/2020	2d
26	Fire alarm smoke test	20/05/2020	20/05/2020	1d
27	Fire alarm audibility test	21/05/2020	21/05/2020	1d
28	Fire alarm cause and effect testing	22/05/2020	22/05/2020	1d
29	Alarm receiving centre integration	25/05/2020	25/05/2020	1d
30	**Security / CCTV / Door Access**	**11/05/2020**	**12/06/2020**	**25d**
31	**Access systems**	**11/05/2020**	**22/05/2020**	**10d**
32	Door Access control	11/05/2020	15/05/2020	5d
33	Intercom systems	18/05/2020	22/05/2020	5d
34	**CCTV systems**	**18/05/2020**	**12/06/2020**	**20d**
35	Internal CCTV	18/05/2020	22/05/2020	5d
36	External CCTV	25/05/2020	29/05/2020	5d
37	Security System	01/06/2020	12/06/2020	10d
38	**Panic alarm systems / Nurse call systems**	**01/06/2020**	**04/06/2020**	**4d**
39	Nurse call systems	01/06/2020	02/06/2020	2d
40	Panic alarm system	03/06/2020	04/06/2020	2d



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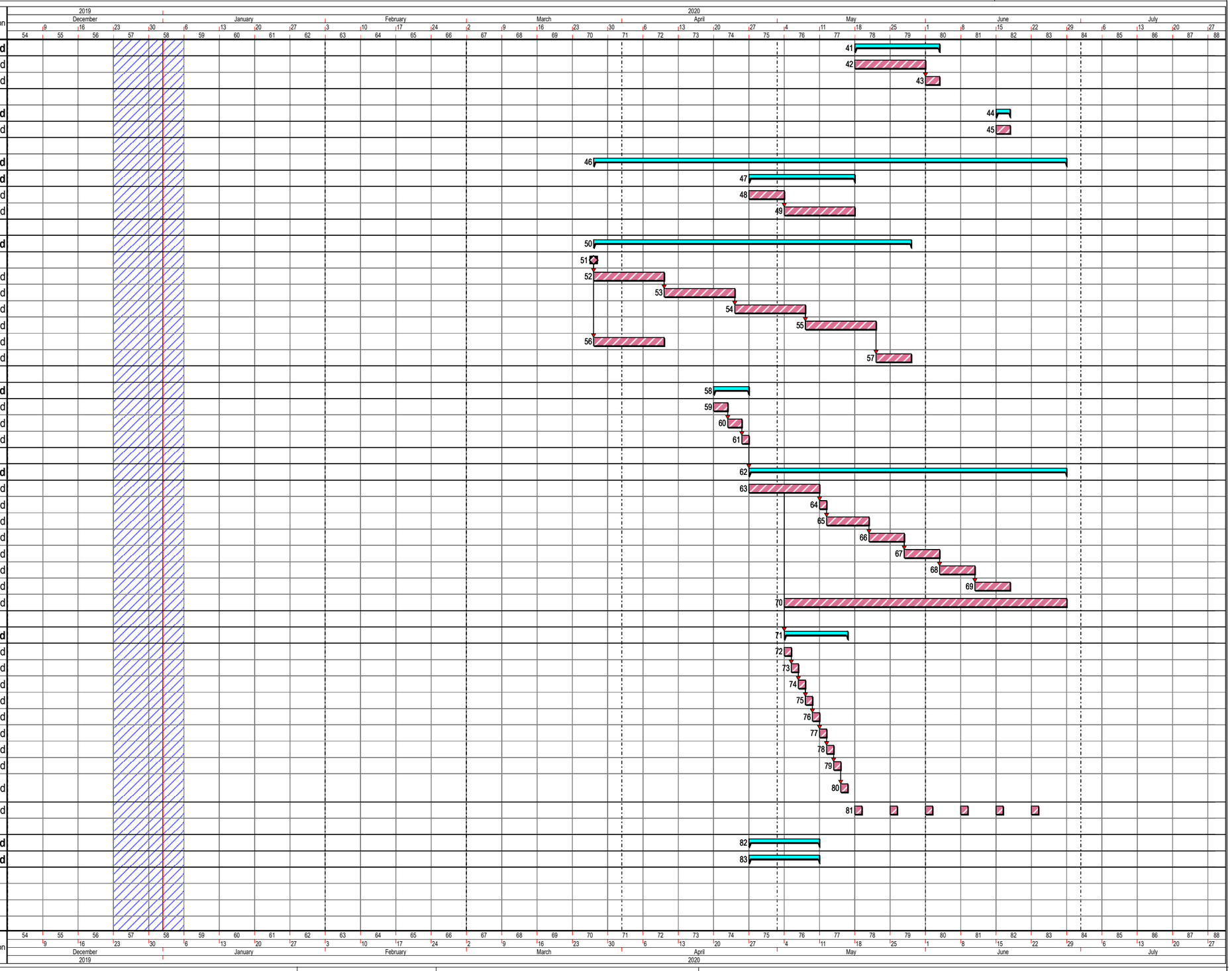
Hub West Scotland - NHSGGC
Greenock Health Centre
Outline Commissioning Programme

	Line	Name	Start	Finish	Duration
+	41	**IT / Data System**	**18/05/2020**	**02/06/2020**	**12d**
+	42	Data point to point test	18/05/2020	29/05/2020	10d
+	43	IT Room availability	01/06/2020	02/06/2020	2d
+	44	**Lightning Protection system**	**15/06/2020**	**16/06/2020**	**2d**
+	45	Lightning Protection	15/06/2020	16/06/2020	2d
+	46	**Mechanical Systems**	**25/03/2020**	**26/06/2020**	**67d**
+	47	**Drainage system commissioning**	**27/04/2020**	**15/05/2020**	**15d**
+	48	Performance testing below ground drainage	27/04/2020	01/05/2020	5d
+	49	Performance testing above ground drainage	04/05/2020	15/05/2020	10d
+	50	**BMS**	**25/03/2020**	**27/05/2020**	**45d**
+	51	Power on to plant room	25/03/2020	25/03/2020	
+	52	MCP live / dead testing	26/03/2020	08/04/2020	10d
+	53	Cable test	09/04/2020	22/04/2020	10d
+	54	Point to point testing	23/04/2020	06/05/2020	10d
+	55	Loop testing	07/05/2020	20/05/2020	10d
+	56	Graphics and front end	26/03/2020	08/04/2020	10d
+	57	Cross Site integration for all systems	21/05/2020	27/05/2020	5d
+	58	**Gas system**	**20/04/2020**	**24/04/2020**	**5d**
+	59	Pressure test Gas pipework	20/04/2020	21/04/2020	2d
+	60	Purge gas pipework	22/04/2020	23/04/2020	2d
+	61	Connected appliance full load test	24/04/2020	24/04/2020	1d
+	62	**LTHW System**	**27/04/2020**	**26/06/2020**	**45d**
+	63	LTHW clean and flush	27/04/2020	08/05/2020	10d
+	64	BSRIA Table 8 water sample prior to fill	11/05/2020	11/05/2020	1d
+	65	Fill & vent pipework system	12/05/2020	19/05/2020	6d
+	66	Pressure test LTHW system	20/05/2020	26/05/2020	5d
+	67	Flushing LTHW system	27/05/2020	02/06/2020	5d
+	68	LTHW balance	03/06/2020	09/06/2020	5d
+	69	CHW Balance	10/06/2020	16/06/2020	5d
+	70	Underfloor Heating System	04/05/2020	26/06/2020	40d
+	71	**DWS System**	**04/05/2020**	**14/05/2020**	**9d**
+	72	Hot water available	04/05/2020	04/05/2020	1d
+	73	Commission pump sets	05/05/2020	05/05/2020	1d
+	74	CWS booster set commissioning	06/05/2020	06/05/2020	1d
+	75	Water storage tanks clean/fill/test/disinfect	07/05/2020	07/05/2020	1d
+	76	Sanitary ware completion check	08/05/2020	08/05/2020	1d
+	77	DWS pipework fill/pressure test and flush	11/05/2020	11/05/2020	1d
+	78	DHWR BALANCE	12/05/2020	12/05/2020	1d
+	79	TMV commission	13/05/2020	13/05/2020	1d
+	80	Disinfection of domestic water service & samples taken	14/05/2020	14/05/2020	1d
+	81	Periodic Water Draw Off L8	18/05/2020	22/06/2020	6d
+	82	**Air Systems**	**27/04/2020**	**08/05/2020**	**10d**
+	83	**Ventilation Balancing**	**27/04/2020**	**08/05/2020**	**10d**



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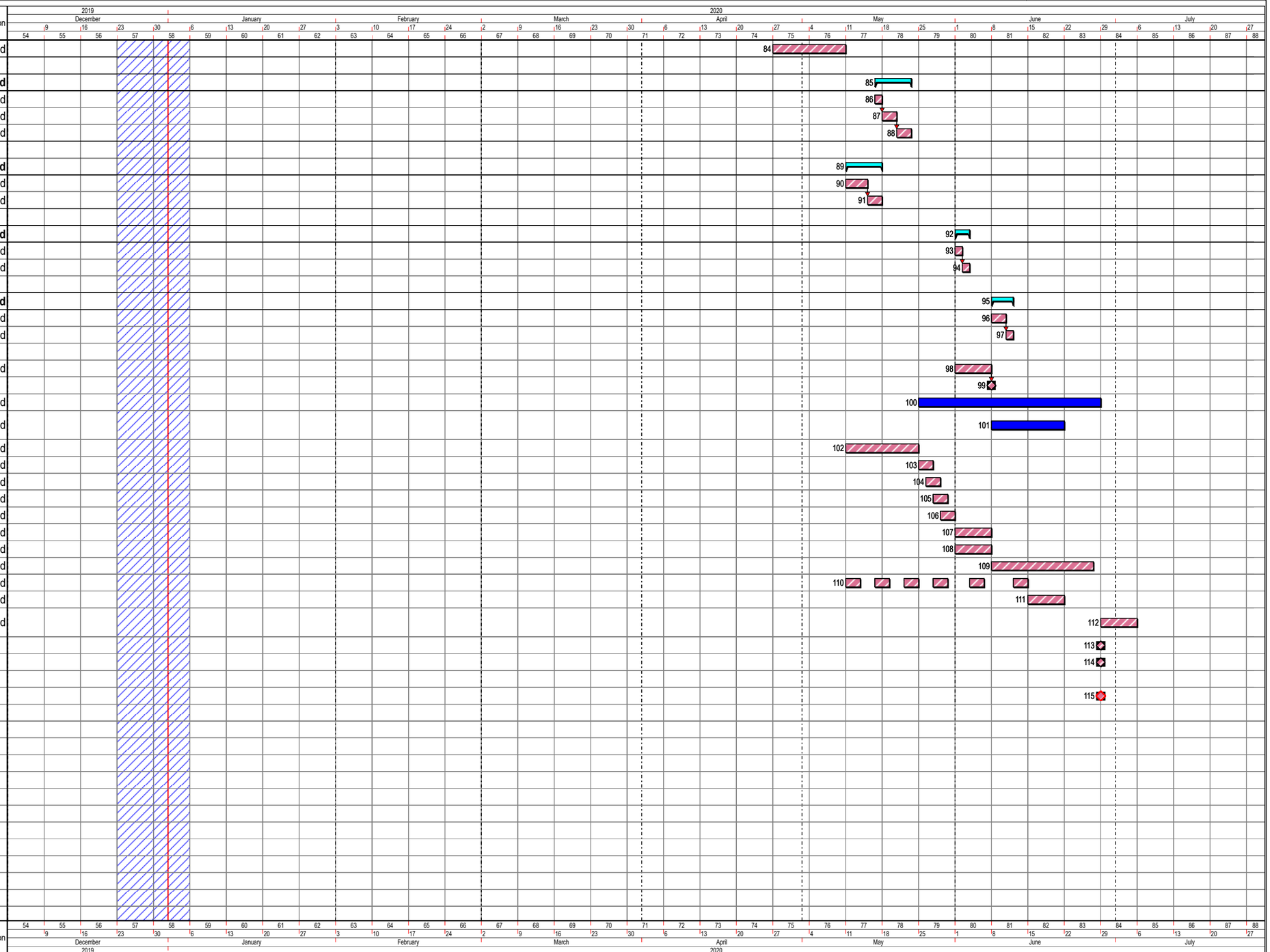
Owner: Jim Ward | **Notes:** | **Drawn by: Ross Honeyman**

Hub West Scotland - NHSGGC
Greenock Health Centre
Outline Commissioning Programme

	Line	Name	Start	Finish	Duration
+	84	AHU1 - 4	27/04/2020	08/05/2020	10d
+	85	**Automatic Fire damper Commissioning**	**15/05/2020**	**21/05/2020**	**5d**
+	86	Drop test & set commissioning	15/05/2020	15/05/2020	1d
+	87	Panel Commissioning	18/05/2020	19/05/2020	2d
+	88	Fire alarm & BMS interface checks	20/05/2020	21/05/2020	2d
+	89	**Comfort Cooling system**	**11/05/2020**	**15/05/2020**	**5d**
+	90	VRF pipework pressure test	11/05/2020	13/05/2020	3d
+	91	System gassing	14/05/2020	15/05/2020	2d
+	92	**Automatic opening Vents commissioning**	**01/06/2020**	**02/06/2020**	**2d**
+	93	Commissioning of vents and panels	01/06/2020	01/06/2020	1d
+	94	Fire alarm links and BMS links checks	02/06/2020	02/06/2020	1d
+	95	**Generator commissioning**	**08/06/2020**	**10/06/2020**	**3d**
+	96	Gen set commissioning	08/06/2020	09/06/2020	2d
+	97	Changeover switch commissioning	10/06/2020	10/06/2020	1d
+	98	Final Review of O&M Documents	01/06/2020	05/06/2020	5d
+	99	Handover documentation issued	08/06/2020	08/06/2020	
+	100	Client IT Fit Out (Duration TBC)	25/05/2020	26/06/2020	25d
+	101	Install Group 3 Furniture - Exact Dates & Durations TBC	08/06/2020	19/06/2020	10d
+	102	Lifts	11/05/2020	22/05/2020	10d
+	103	Induction Loops	25/05/2020	26/05/2020	2d
+	104	PA System	26/05/2020	27/05/2020	2d
+	105	IPTV System	27/05/2020	28/05/2020	2d
+	106	Integrations Testing	28/05/2020	29/05/2020	2d
+	107	Thermographic Survey	01/06/2020	05/06/2020	5d
+	108	Building Air Test	01/06/2020	05/06/2020	5d
+	109	MEP Validation of systems / Soak testing	08/06/2020	25/06/2020	14d
+	110	Client Witnessing	11/05/2020	12/06/2020	12d
+	111	FM Demonstrations / Training with Multivista	15/06/2020	19/06/2020	5d
+	112	Client Demonstrations / Training with Multivista	29/06/2020	03/07/2020	5d
+	113	Test Documentation Issued	26/06/2020	26/06/2020	
+	114	Handover Documentation Issued	26/06/2020	26/06/2020	
+	115	PRACTICAL COMPLETION	26/06/2020	26/06/2020	



User

Client | 30a. Summary2 | 01 MEP | Duration | Summary

Page 3 of 3	**Programme number:**	**Revision:**	**Revision Date: 20/07/2018**
Programme Status: DRAFT			
Owner: Jim Ward	**Notes:**		**Drawn by: Ross Honeyman**

Greenock Health and Care Centre
Project Execution Plan

Hoskins
Architects

P40 Greenock Health and Care Centre - Project Execution Plan

Version Control

Version	Date	Issued by	Approved by	Status
0.1	May 2017	G Smithson		Draft
1.0	May 2017	G Smithson		Stage 1 Submission
2.0	July 2017	G Smithson		Stage 1 Addendum
3.0	September 2017	H Sandhu		Stage 2 Start
4.0	August 3018	G Smithson		Stage 2 Submission

Distribution Control

Version	Issued by	Distribution
1.0	G Smithson	NHS GGC
2.0	G Smithson	Project Team
3.0	H Sandhu	Project Team
4.0	G Smithson	Project Team

Contents

Appendix 4 **Project BIM Execution Plan**

Appendix 5 **Overall Programme**

Appendix 6 **Change Control template**

1.0 Introduction

The purpose of this Project Execution Plan ("PEP") is to capture the key information about the project and provide the framework within which the project will be managed. 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.

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 management strategy.

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 PEP remains current and continues to be suitable and effective in satisfying the obligations, expectations, and intentions of the project.

The PEP will be controlled, and revised as necessary by hubCo's Project Development Manager who will ensure the correct administration of the document.

2.0 Project Definition

2.1 Briefing

The Participants Project Brief issued at NRP stage is version 3.0.

A copy of the Participants project brief is included in Appendix 1

2.2 Project Overview

Site Address	Wellington Street Greenock
Participant(s)	**NHS Greater Glasgow and Clyde** Project lead: John Donnelly Project Manager: John Stevenson (day to day point of contact)
Contract	DBFM Agreement

2.3 Participant Critical Success Factors

Key CSFs	Description
1. Budget	Project should be delivered within agreed Affordability Cap (£19m). The Affordability Cap set by the Participant includes for abnormals which hWS have developed along with the Participant and the design team. hWS will strive to meet this AC by ensuring the design is developed in line with the cost plan set out at the beginning of Stage 1. Stage 1 Development Value is confirmed as £21,196,241
2. Timescale	Financial Close to be achieved by Q42017 and Construction completion by Q32019 The programme has been developed with the Participant and using knowledge and experience gained on the Eastwood and Maryhill Health Centres. Stage 1 and Stage 2 extension of time amendments agreed with Participant: Financial close to be achieved by Q4 2018 and construction completion by Q3 2020
3. Design Quality	hWS will work with NHS Greater Glasgow and Clyde to produce a high quality building with materials and fixtures with visual impact, serviceability, capital expenditure and maintenance costs. These will be

	based on the reference project Eastwood Health Centre.
4. Stakeholder Engagement	Wide range of stakeholders engaged during process, design informed and adjusted to meet requirements of key user groups. Led by NHS GG&C PM and supported by hWS, the Design Team and the Contractor.

2.4 Value for Money (VfM)

Five VfM criteria have been selected by the Participant over and above those that will be delivered as part of the TPA as follows:

VfM Criteria	Outcomes
Community Interaction – Lasting Legacy	Agreed project to create a lasting legacy to be confirmed during Stage 1 e.g. develop landscape area, community garden etc.
Charitable Giving and Fundraising	Local Community group to be identified and supported with donations, time, or fund raising activities
Collaboration with hWS Community Benefit Strategy	Contractor will be required to report on sustainment of employment opportunities created as part of the Project.
Third Sector Opportunities	Contractor to engage and utilise the services of a Third Sector Organisation on the project.
SME Local Coaching and Development	Meet the buyer event to be held during Stage 2 and follow up workshops to provide further assistance to SMEs/TSO.

2.5 Sustainability

The level of sustainability that will be built into the project will be agreed with the Participant in line with the Project Brief. Key sustainability targets for the project are detailed below:

Criteria	Requirement
BREEAM	A target of BREEAM 'Very Good' at a score of 65%
EPC	No set target.

2.6 KPIs and CITs

Project specific KPIs and CITs are captured in the following table:

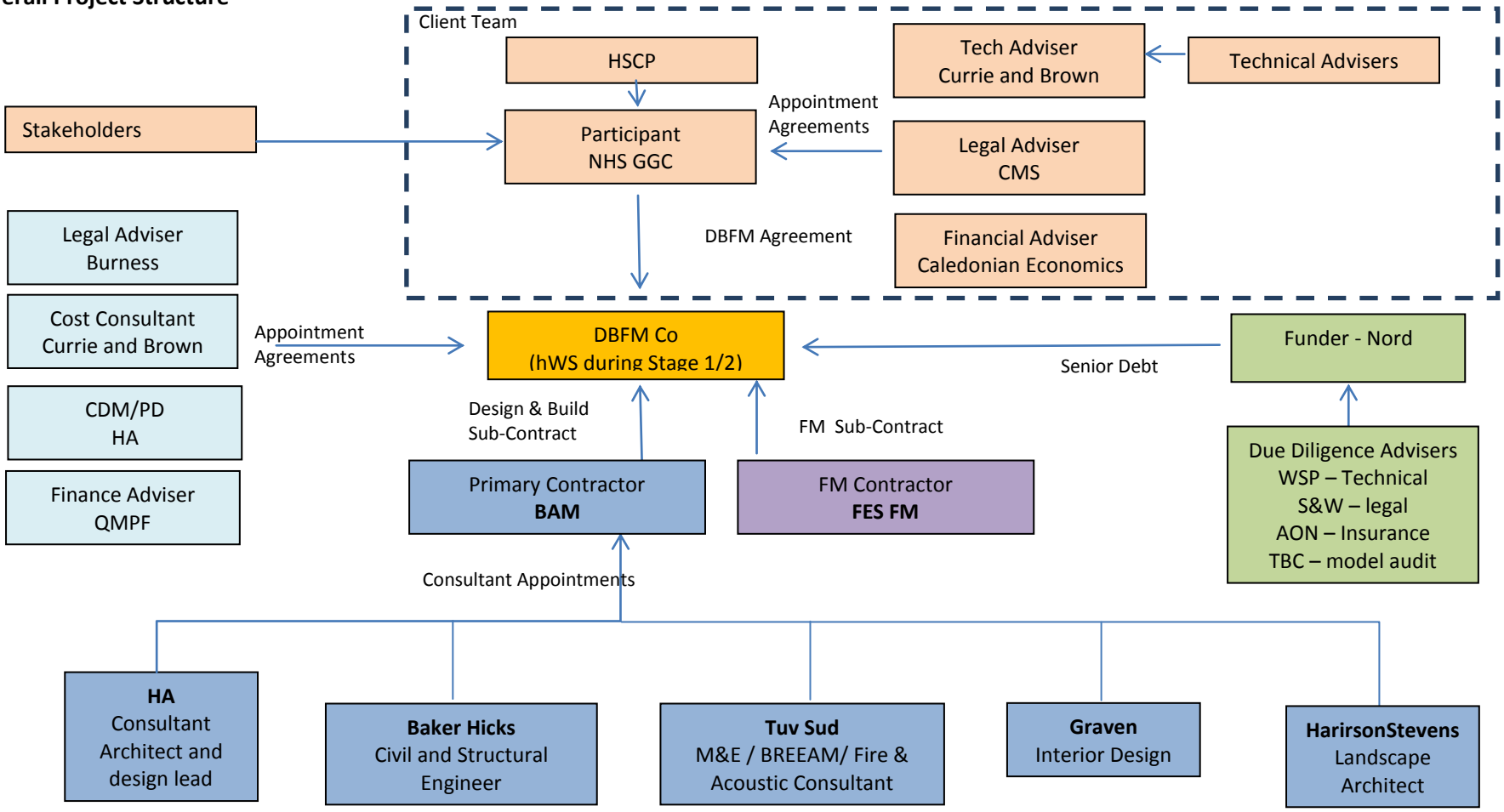
No	Title	Deliverable	Actions
1.2	Health and Safety: Reportable RIDDOR Accident on Hub Projects	Measure the number of RIDDOR accidents that take place in the primary supply chain engaged when delivering Approved Projects. Measured monthly during the construction phase of a project.	Included within Main Contractor ITT and confirmed by appointed MC
1.3	Health and Safety: No of HSE Enforcement Notices	Measure the number of HSE enforcement notices that are issued to the supply chain members when delivering an Approved Project, including sub-contractors	Included within Main Contractor ITT and confirmed by appointed MC
3.1	Programme: Delivery against agreed Project Development Programme (Stage 2)	Measure the ability to develop New Projects within the timescales agreed for Stages 1 & 2 with the Participant at New Project Request stage.	Stage 2 programme to be developed in detail at the start of Stage 2 by the PDM
3.2	Programme: Delivery against agreed construction programme	Measures the performance of the supply chain members in actual time taken to deliver the construction phase of the project – achieve Completion to an agreed date with the Participant	KPI to be monitored throughout Project duration by the MC and reported by the PDM
4.1	Programme: Stage 2 approvals	Measure the ability to deliver New Projects within the required approval criteria for Stage 2 of the New Project Development process. The approval criteria is agreed between hWS and the Participant prior to the acceptance of a New Project Request	Participant and hWS Partnerships Director have agreed the approval criteria for Stage 2. Stage 2 programme submission dates to be detailed by the PDM on the programme
4.2	Programme: Compliance with VfM proposals	Measures compliance with the Value for Money being delivered in relation to Approved Projects. VfM compliance to be one of the Approval Criteria for Stage 2	Included within Main Contractor ITT and confirmed by appointed MC and reported/monitored by PDM
4.3	Value for Money: Whole Life Cost	Measures performance in delivering the capital works and the establishment of operational and maintenance work, in line with the whole life costs allowances agreed	The FM provider is responsible for the design input, attendance at DT meetings, profiling and creation of the WLC model

No	Title	Deliverable	Actions
		for the project at contract award.	for approval by the Technical Advisor and Funders
5.1	Quality: Design Quality	To ensure that the Stage 1 and Stage 2 design proposals and out turn construction meet minimum design quality criteria set by the Participant.	AEDAT evaluation toolkits are identified for this Project.
5.2	Quality: Construction Quality	Measures the construction quality being delivered on an Approved Project on a project by project basis (the condition of the facility with respects to defects) – meet the construction quality agreed with the Participant at stage 2 using the construction excellence scale	To be agreed between Participant and PDM during Stage 2. Included within Main Contractor ITT and to be confirmed by appointed MC
7.1	Community Engagement: Compliance with Community Engagement Proposals included in Project Development Partnering Services Method Statement	Measures hub West Scotland's performance in any year in following the key community engagement processes in the New Project Development and Delivery.	To be agreed between Participant and PDM at Stage 2 and monitored throughout project development and delivery.
8.1	Community Benefit: Recruitment & Training	Tracks the extent to which hubCo's supply chain contractors meet the recruitment and training targets agreed with the Participants – maximum number of recruitment and training opportunities delivered based on the construction skills approach	Participant request via Value for Money is to exceed the minimum targets. (To be defined by the contractor at tender stage)
8.2	Community Benefit: Small & Medium Enterprise (SME) Supplier/ Third Sector Development	Ensure hubCo and the supply chain actively engage with local SME's and TSO to assist in the delivery of Approved Projects. This is measured on Value of opportunities made available per project during the construction phase.	Included within Main Contractor ITT and to be confirmed by appointed MC (% of SME's and TSO's involved in delivery to be recorded by the Contractor).
8.4	Community Benefit: End User and Community Satisfaction Surveys	Measures the end user/ community users satisfaction in the Approved Project through the use of an end user/ community satisfaction survey during the first twelve months of operation	Included within Main Contractor ITT and to be confirmed by appointed MC. (The Participant and PDM will agree the contents of the End User Satisfaction Survey).

No	Title	Deliverable	Actions
9.2a	Sustainability: Reducing Construction Waste	Ensure construction waste is minimised across construction activities – actual weight leaving site on the basis of tonnage per £100k of construction waste. Assessed in accordance with WRAP principles.	Included within Main Contractor ITT and to be confirmed by appointed MC. Monitored and reported by MC during construction.
9.2b	Sustainability: Reducing Construction Waste	Ensure construction waste to landfill is reduced – actual weight of construction waste in tonnes going to landfill per £100k of construction value. Assessed in accordance with WRAP principles.	Included within Main Contractor ITT and to be confirmed by appointed MC. Monitored and reported by MC during construction.
9.2c	Sustainability: Reuse and Recycling of Construction Waste	Ensure waste generated on Approved Projects is dealt with sustainably by recycling or reuse – segregation on site. actual weight leaving site to go to recycling or reuse	Included within Main Contractor ITT and to be confirmed by appointed MC. Monitored and reported by MC during construction.
9.2d	Sustainability: Reducing Construction Waste	Ensure each Approved Project construction delivery team has a documented plan for dealing with site waste. To be included in the Stage 2 submission and contractors proposals at financial close. To be assessed in accordance with WRAP principles.	Included within Main Contractor ITT and to be confirmed by appointed MC. To be submitted as part of the Stage 1 report. Monitored and reported by MC during construction.
9.2e	Sustainability: Recycled Content Materials	Ensure that each Approved Project makes use of an agreed amount of recycled or reused materials to enhance the sustainability of each Approved New Project – the Net Waste Tool Analysis developed via WRAP	Included within Main Contractor ITT and to be confirmed by appointed MC. Monitored and reported by MC during construction.
9.3	Sustainability: EPC Rating	Measures the Energy Performance Certification rating of each Approved Project – proven by modelling the building performance against EPC criteria. Comparing the actual EPC rating with that as agreed during stage 2 – model is built during the design development process.	No set target.

3.0 Project Organisation

3.1 Overall Project Structure



3.2 Key Roles and Responsibilities

Participant – NHS GGC
Responsible for establishing project objectives and client brief. Responsible also for coordinating the involvement of NHS related stakeholders including where necessary updating the client brief to reflect stakeholder requirements.

hWS
Responsible for overall management of the project development and delivery. Responsible for managing the involvement of hWS supply chain and sub-contractors in order to respond to Participant brief.

Design and Build Contractor ("D&B Contractor")
Responsible for undertaking the detailed design and construction of the project in accordance with the Participants requirements, regulatory requirements and Contractors Proposals.

Architect
All architectural design matters, overall design co-ordination and design lead.

FM Contractor
Responsible for delivery of facilities management services and acting as operational point of contact.

3.3 Project Directory

A project directory is included in Appendix 2.

4.0 Meetings and Project Reporting

4.1 Meeting Strategy during development Stage (pre financial close)

Meetings can be 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.

The following meetings will be held:

Project Board Meetings

Purpose of meeting	High level strategic review and board reporting. Stage approvals
Frequency	4 to 6 weekly
Agenda, chair, minute	HSCP Project Sponsor
Attendance	NHS GGC hWS PDM

NHS GGC / hWS Programme Delivery Meetings

Purpose of meeting	High level strategic review, issues resolution and where necessary escalation across all hWS/NHS GGC projects
Frequency	4 weekly
Agenda, chair, minute	NHS GGC
Attendance	NHS GGC hWS Development and Commercial Director

Progress Review Meetings

Purpose of meeting	Overall progress review against programme, cost and technical risk review. Receive client instructions and approvals where required.
Frequency	4 weekly
Agenda, chair, minute	hWS PDM
Attendance	NHS GGC hWS PDM hWS Commercial Manager Contractor - BAM FM Co - FES FM

	Architect (as required by Contractor) Cost Consultant (as required by hWS)

Commercial Review Meetings

Purpose of meeting	Overall progress review against programme, contract risk and funding review.
Frequency	4-6 weekly
Agenda, chair, minute	hWS Commercial Manager
Attendance	NHS GGS hWS Commercial Manager hWS PDM (as required) Contractor – BAM (as required by hWS) FM Co - FES FM (as required by hWS) Legal Advisers (as required)

Technical Workshops

Purpose of meeting	Review design development design, construction and other technical aspects of the project.
Frequency	Fortnightly
Agenda, chair, minute	Contractor – BAM (supported by Architect)
Attendance	NHS GGC – invitee hWS - invitee Contractor Design Team (as required by BAM/Architect)

Other meetings: it is not proposed that the above structure precludes ad hoc or additional 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.

Public Participation: Unless directed otherwise it is anticipated that the Participant will lead on the management of Public meetings where required. Public consultation associated with planning will be led by the project architect.

5.0 Risk Management

hubCo's Risk Management Core Process forms part of the New Project Development and Delivery is a structured approach to dealing with the uncertainty and potential events that could adversely affect hubCo's performance. hubCo will adopt this structured approach to managing risk on this project. The PDM will lead on the overall management of risks associated with the Project drawing support and input from the wider team as required.

Not all risks will be capable of being managed and owned by hWS or its supply chain. Through discussion it should be agreed and documented which risks will be managed and or owned by the Participant.

All material issues identified as constituting a risk to the project will be logged on a template project risk register which shall be maintained by the hWS PDM.

6.0 Management of information

6.1 Lines of Communication

Establishing and following agreed lines of communication is essential for effective and efficient project delivery. All parties must be clear as to who is responsible for instructing who, and who requires to be consulted or informed on an issue.

The following communication structure is applicable to this project:

Development Stage (Stage 2) Communication Structure

Receiver / Issuer	Stakeholders	HSCP	NHS GGC	NHS Advisers	hWS	Contractor - BAM	FM CO – FES	Funder	Funders Due Diligence Advisers	Designers	Cost Consultant
Stakeholders		I	I		F	F					
HSCP	C		I		C					F	
NHS GGC	C	C		I	I	C	C	F	F	F	F
NHS Advisers			C		C	C	C			C	C
hWS		C	C	F		I	I	C	C	I	I
Contractor – BAM			C	F	C		C	F	F	I (design dev)	C
FM Co - FES			C	F	C	C		F	F	F	F
Funder			F	F	I	C	C		I		
Funders Due Diligence Advisers			C	C	C	C	C			C	C
Designers		C	C	F	C	C	C		F		C
Cost Consultant			C	F	C	C	F		F	C	

I = Instruction
C - Consult
F = InForm

6.2 Design Responsibility Matrix

A design responsibility matrix should be prepared in agreement with the design team, led by the main contractor.

A copy of the project specific design responsibility matrix can be found in Appendix 3.

6.3 Document Management

hubCo is operating a web based information and collaboration portal to allow the storage and control of documents and the sharing of information across the hubCo team and with Participants and the Territory.

The portal can be accessed using this link: https://n3g.4projects.com

Requests for access should be made by email to the hWS PDM. Please supply your name, organisation and email address to allow access to be granted.

7.0 Building Information Modelling

The project is to be managed and delivered to BIM Level 2. The Participant Employers Information Requirements (EIRs) should be referred to for project specific requirements.

hWS should ensure that a BIM Execution Plan (BEP) is prepared for the project and in response to the project EIRs. The BEP will be a live document and will be subject to change as the project develops. Design team to actively collaborate utilising available software to assist in the co-ordination and development of the design.

A copy of the project PEP can be found in Appendix 4

8.0 Programme Control

8.1 Development Stage (pre financial close)

The hWS PDM should prepare, manage and update as necessary an overall project programme. The programme should illustrate key tasks, milestones and decision points during each development stage. Participant approval periods and governance processes should also be recognised in the programme and accommodated.

The overall project programme may be supported by additional programmes, such as a detailed commercial programme, or design programme. These may be prepared and owned by other members of the supply chain but must be coordinated with the overall hWS programme.

A copy of the current overall programme is included in Appendix 5.

The following table summarises the key project milestones:

Milestone	**Date**
NPR Approval	May 2016
Commencement of Stage 1	10 May 2016
Stage 1 Submission	28 April 2017
Stage 1 Approval	13 July 2017
Commencement of Stage 2	September 2017
Planning Submission	PAN – September 2017/Application – January 2018
Stage 2 Design Sign off	June 2018
Stage 2 Contractor Fixed Price Submission	July 2018
Stage 2 Submission	2 August 2018
Stage 2 Approval	October 2018
Financial Close	November 2018

9.0 Cost Control

The hWS PDM shall maintain the overall capital cost summary. A template ('AAA') sheet is available for this purpose. The hWS PDM shall ensure that cost inputs reflect tendered rates as and when available.

Monthly updates to the overall capital cost summary should be provided by the hWS PDM and reported to the Participant and other members of the project team as necessary. Key cost report milestones should be identified on the programme with information provided at each milestone from the cost consultant for translation onto the overall hWS capital cost summary.

The hWS PDM shall also ensure that the cost consultant provides monthly costs reports during Stage 2 to allow tracking of project costs and early identification of potential cost issues.

The hWS PDM shall also ensure that the cost consultant provides clear target cost information to the design consultants in order to appropriately inform and continually monitor design against target prime cost.

The hWS PDM shall obtain regular updates from the cost consultant in published BCIS indices in order to monitor predicted against budget inflation allowances.

10.0 Change control

The control of changes (or variations) within the project is vital in order to enable suitable control of the project scope and budget.

Change control will be implemented and recorded for the following scenarios:

1. Changes in Participant brief and or associated stakeholder requirements.
2. Any material changes to the designs and specifications from the details agreed following the achievement of project milestones as identified on the overall project programme.

Change control must be captured and recorded on a change request form. A sample change control form is attached as Appendix 6.

11.0 Health and Safety

The PDM is to check the New Project Request in order to establish the identity of the "Client" under the regulations in accordance with the requirements of the TPA (1.3.1(b)) (7).

The client 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."

Clients must make sure that:

1. 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;
2. They allow sufficient time for each stage of the project, from concept onwards;
3. They co-operate with others concerned in the project as is necessary to allow other duty holders to comply with their duties;
4. They co-ordinate their work with others involved with the project to be able to comply with their duties;
5. 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;
6. Contractors have made arrangements for the suitable welfare facilities to be provided from the start and throughout the construction phase;
7. 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;
8. 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 client with the development of the management arrangements.

The Principal Designer shall co-ordinate the health and safety aspects of project design and the initial planning to ensure as much as they can that:

1. They advise the client of his duties;
2. The project is notified to the Health and Safety Executive;
3. They advise the client on the prepared relevant information about the site to be passed on to the designers and contractors;
4. They shall advise the client on the risks, in respects of health and safety during the project;
5. 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;
6. They advise the client on the surveys and information that is not present but is required;
7. They prepare and issue an information pack and issue the pack to all relevant parties including the principal contractor at the construction stage;
8. They are able to give advice, if requested, to the client on the competence and allocation of resources by designers and all contractors; advise contractors appointing designers; and also advise the client on development of the health and safety plan before the construction phase starts;
9. The construction phase health and safety plan from the contractor is properly prepared for the initial works;
10. They shall monitor the design changes during the construction stage;
11. The health and safety file is prepared and delivered to the client.

The design team will:

1. Make sure that they are competent and adequately resourced to address health and safety issues;

2. Make sure that design work doesn't start without a competent Principal Designer being appointed;
3. Check clients are aware of their duties;
4. 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;
5. Co-ordinate their work with other designers;
6. Take into account how the structure can be built safely;
7. Consider how cleaning and maintenance can be achieved safely;
8. Consider how the construction can be affected by such work for example customers, and or the general public;
9. 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:

1. Develop and implement the health and safety plan;
2. Arrange for competent and adequately resourced contractors to carry out the work where it is subcontracted;
3. Ensure the co-ordination and co-operation of contractors;
4. Obtain from contractors the main findings of their risk assessments and details of how they intend to carry out high risk operations;
5. Ensure that contractors have information about risks on site;
6. Ensure that workers on site have been given adequate training;
7. Ensure that contractors and workers comply with any site rules which may have been set out in the health and safety plan;
8. Monitor health and safety performance;
9. Ensure that all workers are properly informed and consulted;
10. Make sure only authorised people are allowed onto the site;
11. Display the notification of the project to HSE;
12. Pass information to the Principal Designer for the health and safety file.

Schedule of Appendices

Appendix 1 **Participant Project Brief**

Appendix 2 **Project Directory**

Appendix 3 **Design Responsibility Matrix**

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Appendix 5 **Overall Programme**

Appendix 6 **Change Control template**

Appendix 1 – Project Brief

Refer to latest Version of Authority Construction Requirements on Viewpoint/4Ps. Refer to hWS PDM for guidance on latest versions.

Appendix 2 Project Directory

Hub West Scotland

Project Reference: P40 Greenock Health and Care Centre

CONTACT DIRECTORY

Company Details	Name	Title / Position	Contact Information	Roles and Responsibilities
Project Sponsor				
Inverclyde HSCP	Louise Long	Project Sponsor		Ultimate Project Sponsor providing overall direction, guidance and advice to the Project Board. **Louise Long is appointed Project Director and sole person with instruction responsibility to NHS GGC.**
	Janeatte Hawthorne			
PARTICIPANT				
NHS GGC	John Donnelly	Senior Project Manager	T: 0141 211 3899	Participant and client for hub West Scotland. **John Donnelly is Participant lead and sole person with instruction responsibility to hWS.** Ian Docherty NHS Project Manager for Clydebank.
	Eugene Lafferty	Project Manager	T: 01412322082	
	John Stevenson	Project Manager	T: 0141 232 2003	
	Ian Docherty	Project Manager	T: 0141 232 2003	
	Marion Speirs	Finance Manager	T: 0141 232 2085	

				Jon Stevenson NHS Project Manager for Greenock
Hub West Scotland – Development Partner				
Skypark 1 Suite 7/3 *8 Elliot Place* *Glasgow* *G3 8EP*	Tracey Leigh Findlay	Development & Commercial Director	T: 0141 530 2150 e: Tracey-Leigh,Findlay@hubwestscotland.co.uk	Overall responsibility for hWS commercial delivery (Stage 1 to Financial Close)
	Kevin Doyle	Technical Director	T: 0141 530 2150 e: kevin.doyle@hubwestscotland.co.uk	Overall responsibility for hWS technical delivery (Construction)
	Billy Murray	Supply Chain Manager	t: 0141 5302430 e: billy.murray@hubwestscotland.co.uk	Responsible for hWS's supply chain including learning and skills activity coordination.
	Gary Smithson	Project Development Manager	T: 0141 530 2063 M: 07583 135 437 E: gary.smithson@hubwestscotland.co.uk	Responsible for Project Development.
WEST HUB ADVISERS				
Quantity Surveyor Currie and Brown	Ron Smith	Director	t: 0141 342 2148 m: 07795 565 857 e: ron.smith@sweettgroup.com	Cost Adviser
	Laura	Snr Cost Consultant	T: 041 471 4914	Cost Adviser

	Cameron		M: 07800 612 599 E Laura.Cameron@curriebrown.com	
Principal Designer	Louise Muir	AECOM as advisor to Hoskins.	t: m: (0)7393 769 604 e: louise.muir@aecom.com	Principal Designer Responsible for usability and manageability of any proposals
SUPPLY CHAIN				
Principal Contractor BAM Construction	Jim Ward	Construction Director	T: 0141 779 8888 E: jward@bam.co.uk	
	Mark Nicol	Commercial Manager	T: 0141 779 8888 E: mnicol@bam.co.uk	
	Danny Slater	Design Manager	T: 0141 779 8888 E: dslater@bam.co.uk	
Architect Hoskin Architects	Sophie Logan	Associate	t: 0141 55.3 5800 e: p15-017@hoskinsarchitects.com	Lead Architect
	Alistair Cassell	Architect	t: 0141 583 5800 e: p15-017@hoskinsarchitects.com	Architect
M&E Engineering Tuv Sud	Barry McKeane	Associate Electrical Engineer	T: 0141 221 9866 E: Barry.McKeane@tuv-sud.co.uk	Team Leader: M&E
	Wes Toner	Project Lead	T: 0141 221 9866 E: GreenockHCC@tuv-sud.co.uk	Project Manager
	Janette Murray	Mechanical Engineer	E: GreenockHCC@tuv-sud.co.uk	

	Kenny Corbett	Electrical Engineer	E: GreenockHCC@tuv-sud.co.uk	
	Angela Reid	Director	T: 0141 221 9866 E: Angela.Reid@tuv-sud.co.uk	Sustainability Consultant
Structural Engineering Baker Hicks	Gareth James	Project Lead	D +44 (0)1698 738681 M +44 (0)7773 089 840 E: Gareth.James2@bakerhicks.com Note project email address: 30000592.GreenockHealthandCareCentre@baker-hicks.com	Lead Engineer
	Caroline Macvey	Senior Engineer	D +44 (0)1698 738600 M +44 (0)7929 023 736 E: caroline.macvey@bakerhicks.com Note project email address: 30000592.GreenockHealthandCareCentre@baker-hicks.com	Project Engineer
Landscape Architect Harrison Stevens	Mike Harrison	Director	T:: 0131 297 2180 m: 07969 522093 e: Mike.Harrison@harrisonstevens.co.uk	Project Lead: landscaping design
	Liz Leech	Senior Landscape	E: Liz.Leech@harrisonstevens.co.uk T: +44 131 226 2672	

		Architect	M: +44 7917 273 255	
Interior Designer Graven	Lauren Li Porter	Architect	T 0141 552 6626 E: lauren@graven.co.uk	Interior Designer
FM Provider FES FM	David Smith	Business Director	E: dSmith@fes-group.co.uk T: 01786 819600 M: 07818012563	Project Lead

Appendix 3 Design Responsibility Matrix

Appendix 4 Project BIM Execution Plan

Appendix 5 Overall Programme

Appendix 6 Change Control template

APPENDIX 6 - Inverclyde HSCP Stakeholder Communication Plan

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
NHS Board and/or Performance Review Group (PRG)	Business Case & Briefings	Louise Long, Chief Officer Inverclyde HSCP	As required for Business Case Approvals etc. Submission of OBC and FBC for approval prior to their consideration by CIG	Reports
Project Board	Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.	Project Manager Project Director SRO Head of Strategic Services Chairs of User Groups Head of Strategic Services responsible for compilation of each Project Board agenda	Board meeting minutes will be forwarded to the relevant organisation, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued in advance of Board meetings.	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 project, meeting schedules,	Project Team. Hub West of Scotland	Regular monthly meetings	Reports

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
	feedback, Board Papers and minutes etc.			
Scottish Government Health Directorate (SGHD)	Business Case Submissions	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
Inverclyde Integration Joint Board	Programme Update, General Information relating to development.	SRO	Also regular update reports to Committee meetings	As appropriate dependant on issue to be communicated.
Delivery Group	Programme Updates, general Information relating to project.	Project Manager Head of Strategic and Support Services	Bi-monthly meetings 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. Will receive regular updates through HSCP management teams. Should also receive reports from their staff involved in Project

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
				Board/Delivery Groups
Legal Team & Property Adviser	Programme Updates, general Information relating to land acquisitions and leases	SRO Project Director Project Manager	Regular updates	As appropriate dependant on issue to be communicated.
HSCP Senior Management Team	Programme Updates, general information relating to project.	SRO	Regular updates at meetings	As appropriate dependant on issue to be communicated.
HSCP staff	Project Updates, general information relating to Project Any changes to staff working conditions/practices arising from new developments Staff teams who will be working in new centres	SRO/Head of Strategic services to provide information to Communications officers who will draft material Head of Strategic Services to report Staff Partnership forum	As per required. Team briefs Staff Staff Partnership forum representatives are members of HSCP IJB and will therefore be receiving regular updates via Committee reports As required	As appropriate dependent 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.

Stakeholders: **Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.**	**Information Required:** **What specific information is required by each stakeholder group?**	**Information Provider:** **Who will provide the information?**	**Frequency of Communication:** **How often will information be provided?**	**Method of Communication:** **By what method will the communication take place?**
General public /patients	Regular updates on initial plans and then progress	Head of Strategic and Support Services to liaise with Communication Officer(s) who will disseminate information	As required	NHS and Council SOLUS screens Twitter
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress	Head of Strategic and Support Services to liaise with Health Improvement team to disseminate among partners	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter E mails through HSCP Advisory Group database

VALUE FOR MONEY SCORECARD

Greenock Health Centre (Excluding Site Abnormals)

Version 1.0

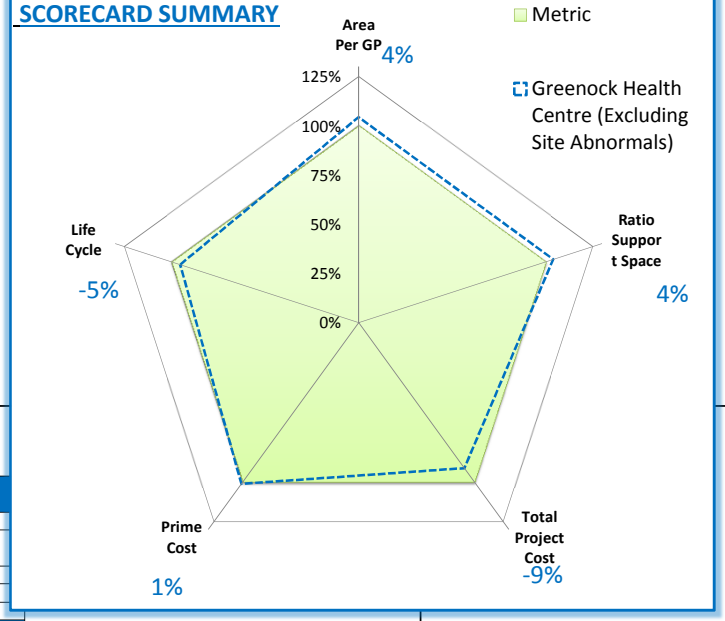
30 August 2018

PROJECT SUMMARY

Project Name:	Greenock Health Centre (Excluding Site Abnormals)	
Health Board:	Greater Glasgow and Clyde	
Local Authority:	N/A	
Total Project Cost:	£20,860,475	(Incl NHS Direct Costs)
Hubco Affordability Cap:	£23,612,840	
Hubco Current Project Cost:	£20,790,475	(Equivalent to the Affordability Cap)
Site Abnormals:	£3,998,620	
Gross Internal Area:	5,828	m2
Nr of GP's:	21	nr
Car Parking Spaces:	223	nr
Storey's:	4	nr

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost *(£/m2)*	£3,164	£2,893	-£271
Prime Cost *(£/m2)*	£1,969	£1,994	£25
Area Per GP *(m2/GP)*	100	104.34	4.34
Ratio Support Space *(Ratio)*	1:3	3.1	0.12
Life Cycle *(£/m2)*	£18.00	£17.15	-£0.85

SCORECARD SUMMARY



PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	4Q 2018
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£3,586	£2,109
1,001 – 5,000m2	£2,350	£1,450	£3,305	£2,039
5,001m2>	£2,250	£1,400	£3,164	£1,969

Inflation Uplift:-	40.63%
Area Metric B	1:3

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

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

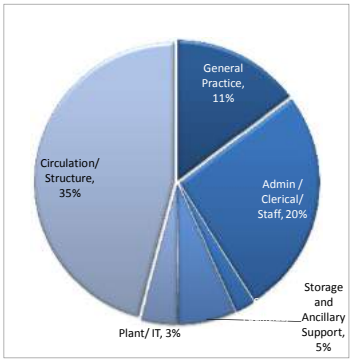
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
Underbuilding Retaining &	Sub	£935,491	£66,107.34	£1,001,598
Frame	Super	£226,117	£15,979	£242,096
2015Building Reg, BREEAM	M&E	£439,229	£31,039	£470,268
Additional Off-Site Car park	Ext	£338,500	£23,920	£362,420
Ground Condtions	Ext	£1,163,190	£82,197.92	£1,245,388
Retaining to Car Park &	Ext	£632,177	£44,673	£676,850
Total		£3,734,704	£263,916	£3,998,620

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£1,612,412	£277	£676,921	£116
Superstructure	£5,753,222	£987	£5,527,105	£948
Finishes	£896,552	£154	£896,552	£154
Fittings & Furnishing	£1,161,213	£199	£1,161,213	£199
M&E	£3,798,745	£652	£3,359,516	£576
Prime Cost	£13,222,144	£2,269	£11,621,307	£1,994
External Works	£2,605,004	£447	£471,137	£81
Project Fees (Design, surveys, Hubco fee)	£4,963,327	£852	£4,699,411	£806
Hubco Affordability Cap	£20,790,475	£3,567	£16,791,855	£2,881
NHS -Decant/Management	£70,000	£12	£70,000	£12
NHS - Contingency		£0	£0	£0
TOTAL PROJECT COST	£20,860,475	£3,579	£16,861,855	£2,893

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	17.15	-0.85
Hard Facilities Management Costs	19	20.8	1.80

Items	%	£
Post FC Risk	1.5%	£174,417
Pre FC Risk	0.0%	£0
NHS Cont	0.0%	£0

NHS Board Commentary on Financial Assessment
No allowance included for NHS Capital Planning Team resources
£70K included for Construction Phase Quality Management and Decanting in accordance with current NHS approach.
DBFM associated fees/cost deducted in accordance with SFT guidance
No allowance has been made for specific NHS contingency.
FM Cost included £3.28 Additional Services for Bird Management & Soft Landscaping



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	660	11%
Other Health Services	755	13%
Local Authority	0	0%
Patient Interface	605	10%
Admin / Clerical/ Staff	1,172	20%
Staff Facilities	101	2%
Storage and Ancillary Support	297	5%
Plant/ IT	189	3%
Circulation/ Structure	2,049	35%
Total GIA	5,828	100%
Omit Abnormals		
GP & Other Health Services	-1,415	-
LA Facilities (Incl circ/plant)	0	-
Nett Support Space	4,413	Diff
Ratio Clinical Vs Support Space	**1: 3.1**	-0.1

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
21	100	**104**

NHS Board Commentary on Area Provisions

METRIC CALCULATION SHEET

ıock Health Centre (Excluding Site Abnormals)

30 August 2018

ITEM	Total	GP	Other Health Services	Council	Patient Interface	Admin/ Clerical	Staff Facilities	Storage & Ancillary	Plant	Circ
SECTION A - GENERAL PRACTISE AREAS										
Interview Room(s)		0								
Consulting Room(s)	420	420								
Examination Room(s)		0								
GP/Nurse Consulting/Examination Room(s)	240	240								
GP (Training) Consulting Room		0								
Nurse Treatment Room		0								
Nurse Interview Room(s)		0								
Nurse Reporting/Support Room/office		0								
Treatment Room/ Minor Surgery Room(s)		0								
Recovery Room		0								
Therapy Room		0								
Other.....		0								
Other.....		0								
Other.....		0								
Other.....		0								
Support Space For GP Practice										
Offices	45					45				
Reception (GP Reception Desk)	44				44					
Administration	90					90				
Stores (Records/Equipment/ other)	57							57		
Waiting Areas	120				120					
Clinical Waste								0		
Staff Rest Room / Beverage Bay							0			
Staff Changing							0			
Other Patient Interface (Associated with GP areas)	59				59					
Other Admin/Clerical/Staff (Associated with GP areas)						0				
Other Staff Facilities (Associated with GP areas)							0			
Other Storage & Ancillary Support (Associated with GP areas)								0		
Plant/Services/IT (Associated with GP areas)									0	
Other Circulation & Storage (Associated with GP areas)										0
Other.....										
Other.....										
Other.....										
Other.....										
TAL GENERAL PRACTICE AREAS	1,075									
SECTION B - OTHER HEALTH SERVICES										
Visiting Consulting Room (Other health services)	291		291							
Physiotherapy Treatment/Consultant room	63		63							
Chiropody Treatment/Consultant room			0							
Podiatry Treatment/Consultant room	113		113							
Speech & Language Treatment/Consultant room			0							
Dental Surgery Treatment/Consultant room	77		77							
Dental X-Ray			0							
Dental Work Room			0							
Pharmacy (Consult, dispensary)	139		139							
Social Services (Consulting room)			0							
Mental Health (Consult, Treatment, kitchen, interview rooms)	72		72							
District Nursing Offices			0							
Other.....			0							
Other.....			0							
Support Space For Other Health Services										
Educational supplementary Space (For other health provisions)						0				
Offices (For other health provisions)	1,027					1027				
Reception (For other health provisions)	53				53					
Administration (For other health provisions)						0				
Stores (Records/Equipment/ other)	82							82		
Waiting Areas (for Other Health Services)	132				132					
Clinical Waste (For other health provisions)								0		
Staff Rest Room / Beverage Bay							0			
Staff Changing							0			
Other Patient Interface (Associated with other Clinical areas)	153				153					
Other Admin/Clerical/Staff (Associated with other Clinical areas)						0				
Other Staff Facilities (Associated with other Clinical areas)							0			
Other Storage & Ancillary Support (Associated with other Clinical areas)	158							158		
Plant/Services/IT(Associated with other Clinical areas)									0	
Other Circulation & Storage (Associated with other Clinical areas)										0
Meeting Rooms						0				
Other.....										
Other.....										
Other.....										
Other.....										
TAL OF OTHER HEALTH SERVICES	2,360									
SECTION C - LOCAL AUTHORITY AREAS										
Local Authority Offices				0						
Social Services				0						
Children & Families				0						
other...				0						
Other.....				0						
Support Space For Local Authority Space										
Other Patient Interface (Associated with Local Authority Areas)					0					
Other Admin/Clerical/Staff (Associated with Local Authority Areas)						0				
Other Staff Facilities (Associated with Local Authority Areas)							0			
Other Storage & Ancillary Support (Associated with Local Authority Areas)								0		
Plant/Services/IT (Associated with Local Authority Areas)									0	
Other Circulation & Storage (Associated with Local Authority Areas)										0
Other.....										
Other.....										
Other.....										
Other.....										
Other.....										
TAL OF LOCAL AUTHORITY AREAS	0									
SECTION D - SHARED FACILITIES										
Patient Interface (Shared)	44				44					
Admin/Clerical/Staff (Shared)	10					10				
Staff Facilities (Shared)	101						101			
Storage & Ancillary Support (Shared)								0		
Plant/Services/IT (Shared)	189								189	
Circulation & Storage (Shared)	1,680									1,680
Allowance for Walls Structure Voids	315									315
Café	54									54
TAL OF SHARED FACILTIES	2,393									
Estimated Floor Area in m2	**5,828**	**660**	**755**	**0**	**605**	**1,172**	**101**	**297**	**189**	**2,049**
ft	**100%**	**11%**	**13%**	**0%**	**10%**	**20%**	**2%**	**5%**	**3%**	**35%**

Apportionment of Shared Spaces		GP	Other	Council	Commentary On Adjustment to Distribution of Support Space
Base split for Shared Space	1,415	47%	53%	0%	
Adjustment to the apportionment of shared support spaces.					
Uplift		0	0	0	
Spilt for Circulation/Patients/ Entrance		47%	53%	0%	

ITEM	Total	GP	Other Health Services	Council
AREA PER GP	**m2**	**m2**	**m2**	**m2**
Clinical Space	1,415	660	755	0
Function specific Support Space	2,020	415	1605	0
Patient Interface (Shared)	44	21	23	0
Admin/Clerical/Staff (Shared)	10	5	5	0
Staff Facilities (Shared)	101	47	54	0
Storage & Ancillary Support (Shared)	0	0	0	0
Plant/Services/IT (Shared)	189	88	101	0
Circulation & Storage (Shared)	2,049	956	1,093	0
TOTAL	5,828	2,191	3,637	0

0 Check

SUMMARY	Greenock Health Centre (Excluding Site Abnormals)	METRIC	Diff
NUMBER OF GP's (Nr)	**21 Nr**	**21 Nr**	**0**
Metric A - AREA PER GP/m2	**104 m2/GP**	**100 m2/GP**	**4**
Metric B - Clinical Space:Support Space	**1: 3.1**	**1: 3**	**0.12**

Greenock Abnormals			Stage C Cost Plan				*BAM Final Cost Submission Figures*	
Substructure								
	Cut/Fill applicable to building footprint		41,697				£284,603	
	Founds, Trenchfill & Contamination	1.1.1	224,014				£436,285	
	Insulation for Section 6 compliance	1.1.3	29,520				£12,826	
	Obstructions	1.1.3	2,150				£8,839	
	Basement retaining Walls	1.1.4	106,006	**403,386**			£192,938	**£935,491**
Superstructure								
	Off-site Fire Protection - not considered abnormal within metric							£226,117
	External Walls - Scaffolding allowance	2.5.1	200,000	*NOT AN ABNORMAL*			£184,361	*not abnormal*
	Planning - elevational treatments						57400?	**£0**
	Café Variation from Stage 1						41100?	**£0**
Services	TM52 extra over (additional vent)	5.7.1	**1,092**				*unable to split out cost*	**£1,092**
	Chilled water system	5.4.2	**157,500**				*unable to split out cost*	**£157,500**
	Extra over for LED lighting - Section 6	5.8.3	144,043				*unable to split out cost*	£144,043
	Photovoltaics - section 6 compliance	5.8.5	69,825				£27,697	£27,697
	Increased lift capacity	5.10.1.1	21,000				*unable to split out cost*	£21,000
	Thermal Image & Air Test - Section 6	5.13.4.1	20,500				£11,479	£11,479
	Smoke Control & Fire Comparmentation							£40,000
External W	BWICWS 1%	5.14	36,419	**291,787**			*1% allowed in our costs*	£36,418
								£280,637
	Ground Conditions							
	Breaking out obstructions	8.1.2	3,442				*incl below*	
	Breaking out obstructions		23,800				£26,249	
	Soft spots		6,985				£10,315	
	Disposal		205,460				£325,538	
	Disposal of contam mat		254,580				£603,825	
	Disposal of hazardous mat		incl in sub				*incl above*	
	Geotext membrane		17,456				£24,778	
	Breaking out obstructions		5,000	516,723	38,754.23	555,477.23	£64,396	£1,055,101
	Capping	8.2	45,975				£61,972	
			46,400	92,375	6,928.13	99,303.13	£4,028	£66,000
	Service Trenches							
	External Lighting - trenches - disp of hazardous mat	8.7.9	21,208	21,208	1,590.60	22,798.60	£29,280	
	Services - trenches - disp of hazardous mat	8.7.11	9,972	31,180	2,338.50	33,518.50	£12,810	
	Utility Services trenches and imported fill	Addendum Cost				48,300.00	*incl above*	£42,090
						759,397.45		**£1,163,190**
	Retaining Walls	8.4.3	451,775				£455,627	
	Balustades to retaining walls	8.4.1	78,350				£107,350	
	Refurbishment and repairs to existing retaining walls	8.4.2	60,730	**590,855**			£69,200	**£632,177**
	Off-site carpark	8.9	**507,500**				**£338,500**	
	Externals - Terranced Courtyard & Public Realm Variation from Stage 1							**£0**
								£3,734,704
	Project Cost		15,827,148					
	Fees - Design Team Only		1,118,440	7.07%				
			16,945,588					

Under Building foot print only (Bam rated costs)

Reduce Level	496	m3	3.78	1,874.88
Fill - Excav Mat.	1079	m3	5.44	5,869.76
Fill - Impoted Mat.	825	m3	35.95	29,658.75
Disposal	496	m3	26.35	13,069.60
Disposal - contam	496	m3	53.65	26,610.40
Compact Fill	2080	m2	0.77	1,601.60
Geotex.	N/A			
				76,810.11
Prelims allocation				4,992.66
			-	**81,802.77**

Under Building foot print only (Cost Plan)

Reduce Level	1375	1	688
Excav Mat.	275	2	550
Disposal	275	20	5,500
Disposal - contam	275	60	16,500
Disposal - haz	40	320	12,800
Geotex.	1375	2	2,750
			38,788
			2,909
			41,697

NB: excludes cut and fill and ext' services (in figures above)

Monitoring & Evaluation Plan: Project Monitoring Programme

Table 16: Project Monitoring Programme

What will be assessed	When it will be carried out		How it will be done (approach)
	Milestone Date	Report submission	
Project Monitoring stage:			
Affordability Assessment	As part of the FBC approval. Ongoing assessment at Project Board meetings as part of change management and cost reporting.	Commercial report provided for each Project Board meeting. Final assessment report as part of Outturn Cost Report by ???? (within 3 months post occupation)	Affordability will largely be assessed as part of the FBC submission. On approval and construction commencing the Financial Close information will form the baseline for reporting. An Addendum to the FBC will be produced and forwarded to SGHSCD. Ongoing affordability will be assessed during the implementation stage through the change management process as part of the regular Project Board meetings. Costs will be assessed against the approved capital spend.
Outturn Capital Costs	Date ????	By ???? (within 3 months after occupation)	Comparison between FBC & FC . The report will provide a detailed breakdown of any cost changes and impact of risks realised or mitigated.
Outturn Revenue Costs	Date ???? (18 months after occupation)	Date ???? (18 months after occupation)	The revenue costs will be assessed against the baseline and the target reductions identified within the FBC and benefits register. The resulting report will provide a breakdown of the actual costs against forecast.

Stakeholder Support	Minimum 4 Weekly Project Board during implementation.	Recorded as part of meeting minutes published within 5 working days of each meeting.	Signed stakeholder support letters to be provided as part of the FBC submission. Regular Project Board meetings throughout the project to maintain support and direction from project SRO. Key project information to be passed to those forming Stakeholder support.
Stakeholder Engagement	Monthly Progress Meetings during implementation with stakeholder representation. Stakeholder engagement meetings as required through project.	Date ??	Pre- Start, progress and Commissioning meetings will be held throughout implementation to ensure continued stakeholder engagement as outlined within the PEP. Part of the Service Benefits Evaluation Report undertaken after 18 months of occupation will seek stakeholder feedback on engagement through the project.
Project Programme	Minimum monthly during implementation	Report provided for each Delivery Group/ progress meeting, by Independent Tester.	Programme status contained on monthly DBFMCo & PM Reports. Comparison between contract completion dates and planned completion dates reviewed: identify slippage or otherwise.
Project Scope Changes	4 Weekly Project Board during implementation OR As required for urgent emerging issues	Recorded as part of Delivery / progress/ design & technical meeting minutes published within 5 working days of each meeting	Significant changes in project scope are reviewed at the Project Board to ensure stakeholder and SRO support. Change management discussed at Delivery group on a monthly basis to review changes to the works.

Health & Safety Performance	Ongoing through project.	Report provided for each Delivery Group meeting. Report as required by any party in event of emergency.	Health & Safety issues captured and reviewed on the monthly Main Contractor Advisor report and DBFMCo Reports.
Construction Quality	Ongoing through construction and commissioning.	Project completion date and on completion of Commissioning and Soft landings process. Concluded through issue of Independent Tester defects certificate.	Provision of quality to the required standard is the responsibility of the DBFMCo. Monitoring of quality will be carried out and reported on by the DBFMCo, Independent Tester and Principal Designer. DBFMCo target is zero snagging and defects at completion.
Design & Technical Aspects	Monthly during of Delivery / progress/ design & technical meeting or as required for specific issues	Recorded as part of meeting minutes published within 5 working days of each meeting	Technical design meetings are to be held every four weeks involving the Delivery Group and if required external stakeholders. This provides the opportunity to review the delivery of the design and agree on new design solutions or clarifications during implementation.
Risk Management Issues	Monthly as part of Project Board meetings	Report and risk register review as part of each project board meeting. Risk review meeting held as required.	Monthly Project Board meetings during implementation to review mitigate and add risks as required. Shared risks are avoided in order to reduce any potential for lack of ownership. Designated client risks are defined in the contract with all other risks passed to the DBFMCo at Financial Close.

Community Benefits	Quarterly as part of Delivery group/ progress meetings.	DBFMCo will provide monthly reports at the Delivery Group/ progress meetings. Targets were agreed on DBFMCo appointment and updates on achieving targets or otherwise will be provided through the project.	DBFMCo have agreed a community benefits plan that exceeds baseline targets for a project of this size. An updated community benefits tracker has been developed at FBC detailing progress to this stage. Many benefits will be realised through the construction stage and a final report on those achieved will be provided on completion of the commissioning and soft landings process.

A Project Monitoring Report will be provided to SGHSCD shortly after project completion incorporating:

- An updated Project Cost Monitoring Form
- A Programme Monitoring Form
- Summary of significant scope changes
- Summary of Health and Safety performance
- An overview of achievement of the project design objectives
- A review of the management of risk throughout the project development

Table??? BENEFITS REALISATION PLAN

Benefits Realisation Plan								
Ref. No.	***Benefit***	***Investment Objective***	***Objective Owner***	***Dependencies***	***As Measured By***	***Baseline***	***Target***	***Timetable***
1.	It will improve quality of life through the care provided by the co-location of integrated teams enabling speedy access to modernised services.	• Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in which services delivered and based.	• Services Leads within Inverclyde HSCP • General Practitioners	• Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care.	28 day readmissions by 100 discharge patients.	Readmission rates for 12 months to August 2018		Review after 12 months of facility being operational.

Ref. No.	*Benefit*	*Investment Objective*	*Objective Owner*	*Dependencies*	*As Measured By*	*Baseline*	*Target*	*Timetable*
2	Contributes to improving the overall health & wellbeing of people in the area and improve health inequalities	Improve patient experience / Carry out survey	NHSGGC/Inverclyde Council/HSCP	Linked to social factors including employment, education and housing	Health and Wellbeing Survey results	Reference latest available Scottish public health Observatory neighbourhood profiles	Long term aspiration to move a range of poor health and wellbeing outcome indicators linked to areas of deprivation in a positive direction that contributes to addressing health inequalities	Review after 5 years of facility being operational

Ref. No.	*Benefit*	*Investment Objective*	*Objective Owner*	*Dependencies*	*As Measured By*	*Baseline*	*Target*	*Timetable*
3.	It will improve support to people to live independently.	• Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in which services delivered and based.	• Services Leads within Inverclyde HSCP • General Practitioners	• Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care.	Number of patients in anticipatory care programmes.	Current number of patients as at August 2018		Review after 12 months of facility being operational.

Ref. No.	***Benefit***	***Investment Objective***	***Objective Owner***	***Dependencies***	***As Measured By***	***Baseline***	***Target***	***Timetable***
4.	It will increase the proportion of people with intensive needs being cared for at home.	• Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in which services delivered and based.	• Services Leads within Inverclyde HSCP • General Practitioners	• Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care.	Emergency admissions per 1000 patients.	rates for 12 months to August 2018		Review after 12 months of facility being operational.

Ref. No.	*Benefit*	*Investment Objective*	*Objective Owner*	*Dependencies*	*As Measured By*	*Baseline*	*Target*	*Timetable*
5.	It will ensure timely discharge from hospital.	• Improve local access to a greater range of modernised services. • Increase integration of multi-disciplinary teams and services. • Increase capacity and adaptability of facilities in which services delivered and based. • Improve safety and quality of facilities in which services delivered and based.	• Services Leads within Inverclyde HSCP • General Practitioners	• Stakeholder buy-in. • Overall implementation of NHSGGC Clinical Services Strategy. • Overall Implementation of NHSGGC Acute Services Transformation Programme. • Detail of the New General Medical Services Contract. • Development of New Ways of Working in Primary Care.	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity).	rates for 12 months to August 2018		Review after 12 months of facility being operational.

Ref. No.	*Benefit*	*Investment Objective*	*Objective Owner*	*Dependencies*	*As Measured By*	*Baseline*	*Target*	*Timetable*
6.	It will improve access services and contribute to regeneration of Greenock.	• Contribute to economic regeneration of the Broomhill area and Greenock as a whole. • Improve safety and quality of facilities in which services delivered and based.	• NHSGGC • Inverclyde Council	• Effective delivery and success of other regeneration initiatives. • Impact of Community Planning Partnership Local Outcome Improvement Plan.	Patient satisfaction results from (national) Health & Social Care Survey.	Results of most recent Health & Social Care Survey at least 12 months prior to facility opening.		Results of most recent Health & Social Care Survey at least 24 months after facility opening.

Ref. No.	*Benefit*	*Investment Objective*	*Objective Owner*	*Dependencies*	*As Measured By*	*Baseline*	*Target*	*Timetable*
7	Deliver a more energy efficient building within the NHSGGC estate reducing C02 emissions and contributing to a reduction in whole life costs.	Sustainability Increase capacity and adaption of facilities in which services delivered and based Improve safety and quality of facilities in which services delivered and based	Capital Planning/Facilities leads within NHSGGC		CO2 emissions and energy consumption rate.	Assessed upon facility becoming operational	Meeting the sustainability standards as detailed in the Authority Construction Requirements (ACRs)	Review after 1 year of facility being operational
8	Achieve a BREEAM Healthcare rating of “Excellent”	Sustainability	Capital Planning/Facilities leads within NHSGGC		Independent assessment by BREEAM accredited assessor	Assessed upon facility becoming operational	BREEAM score of 70 or over. Securing BREEAM Healthcare Rating of Excellent	Review after 6 months of facility being operational

Ref. No.	*Benefit*	*Investment Objective*	*Objective Owner*	*Dependencies*	*As Measured By*	*Baseline*	*Target*	*Timetable*
9	Achieve a high design quality in accordance with the Board's Design Action plan and guidance available from A+DS	Improve patient experience/good working environment for staff, carry out an AEDET with Delivery Group	Capital Planning/Facilities leads within NHSGGC		Use of quality design and materials to create a pleasant environment for patients and staff HAI cleaning audits (regular NHSGGC process Completed building	Assessed upon facility becoming operational	Secure a joint statement of support from A+DS and HFS via the NHS Scotland Design Process (NDAP)	Review after 6 months of facility being operational
10	Meet statutory requirement and obligations for public buildings e.g. with regards to DDA	Improve Access, Carry out Survey with l	Capital Planning/Facilities leads within NHSGGC		Carry out DDA audit and EQIA of building: Involve local disability groups/ Your Voice in checking building for people with different types of disability Engagement with local groups to ensure building is welcoming	Assessed upon facility becoming operational	Compliance with Disability Discrimination Act, building Control Standards and NHS SHTMs.	Review after 1 month of facility being operational

Greenock HCC

350-03

BIM Execution Plan (BEP)

Approval Record	Pre-Contract		
By:	**Danny Slater**	Date:	**11/11/16**
Apr:	**Ross Honeyman**	Date:	**14/11/16**
Approval Record	Post-Contract		
By:		**Date:**	
Apr:		**Date:**	

Revision Record

Rev	Date	Revision Details	Rev by
P1.1	**14.11.16**	**Initial Issue For Comment**	
P1.2	**10.08.17**	**Second Issue**	**RH**
P1.3	**15.06.18**	**Contact Information updated**	**DS**

BIM Execution Plan Overview

This Information Management Plan (BEP) is prepared by BAM to record and demonstrate the proposed approach, capability, capacity and competence of BAM and our supply chain to meet the Employers Information Requirements (EIR) where provided. It also lists all the agreed elements as outlined in the Brief, relevant Protocol documents where provided, and contractual documents.

This document shall be read in conjunction with the:

- Project Management Plan
- Design Management Plan

Document Ownership

This Project Information Plan (BEP) is owned and maintained by the Project Delivery Manager identified in supported by the Project Information Manager. It is recognised that the plan will evolve as Task Teams join the project and will need to be updated as appropriate.
Any required amendments shall be notified to the Project Delivery Manager who will then evaluate them and implement them in consultation with the project team as required.

Document Authority

This document shall be agreed by all the representatives of the project team, with the authority of their contracting organisation to accept this document as the Project Information Management Plan (BEP) as referenced in the Terms of Engagement. This acceptance also confirms that the relevant supply chains personnel have read and understood its requirements.

The document will provide a structure and specification for the development of the Project Information Model in accordance with the client's requirements; this is in addition to any required compliance to British Standards.

Contents

1. General Project Information

Table 1: Project Information

Client Name	NHS Greater Glasgow & Clyde
Project Name	Greenock Health & Care Centre
Type of asset	Medical Facility
Site Address	Wellington Street, Greenock
Client Project Number	P40
Form of Contract	Hub Style DBFM Construction Contract
Contract Number	N/A
BAM C Project Number	HSC.0371
[SUPPLIER] project Number	TBC after Contract Award
Design Start:	July 2016
Site Construction Start:	Projected Nov 2018
Site Completion / Handover:	Projected June 2020
Project EIRs:	NHSGGC EIR's dated October 2016
Project Design Management Plan:	TBC after Contract Award
Project Management Plan:	TBC after Contract Award
Procurement Route:	Hub West Scotland Framework
Phasing:	Single Phase New Build
Approximate Value:	£19m
Approximate Gross Internal Floor Area:	5,841m2
Contract Number:	HSC.0371
CIC BIM Protocol in use	N/A

2. Summary of Proposed Approach

Table 2: Summary of the teams approach to delivering the PIM.

Description
The design team and contractor will work collaboratively to deliver the key BIM goals identified by the client within the EIR document. The primary responsibility of design co-ordination remains with the Lead Designer as outlined in the responsibilities matrix and schedule of design services (refer to appointment documents & Design Management Plan). It is also the responsibility of the remaining design disciplines to co-ordinate with each other. BAM will assist with BIM implementation and will collate the discipline models into federated Navisworks & Glue models to allow clash detection exercises to be undertaken with the results communicated around the design team. BAM will also assist with integrating contractor-designed elements into the model; however the overall responsibility for co-ordination of CDP design remains with the Lead Designer. Designers will apply BIM Standards which should references AEC UK BIM Protocol v2.0, AEC UK BIM Protocol for Autodesk Revit v2.0, BS1192:2007 and PAS1192-2013 or their own BIM Standards where appropriate. Design Team members will develop and agree a set of mutually beneficial conventions and protocols for the exchange of BIM data so that exchanged models are, within reason, fit for purpose with regard to the recipients' coordination requirements: e.g. having a consistent origin and datum, being purged of nonessential data, and appropriately structured so as not to cause unnecessary processing work for the recipient. The design team and contractor will use the model to help identify risks and assist the risk management process, and identify potential areas for added value through analysis of the federated model There will be regular BIM co-ordination meetings with the design teams and the attendance from all the disciplines is required. **Where available,** supply chain fabrication information will be issued to BAM for integration into the federated model with the model being developed to ensure that as-built location of all service runs are to be correctly modelled within the handover PIM by the contractor and the design team where applicable. At drop point 4 the contractor is to provide information for the completion of the health and safety files and all other maintenance integration. It should be noted that the BIM model itself may form part of the final submission by BAM to the client at handover. However it is envisaged that the BIM model will be used to create all the as built drawings provided by the subcontractors that will then be provided in a format in line with the current Client/FM provider requirements. A co-ordinated Project Information Model (PIM) created by the design team is to be handed over to the client at drop point 4. BAM will collate all individual design models for the project. Asset information will be provided by BAM to the client in a format yet to be agreed with the FM provider. This will in all likelihood be in Navis NWD format.

2.1 Changes to other Tender Documents

Based on the EIR .

No specific information was provided by the Employer.

2.2 Client's strategic purposes

Based on the EIR .

It is intended that the use of BIM will progress across the portfolio of projects within the Authority's capital plan.

Note: Subsequent use of models and copyright will be compliant with the CIC/BIM Pro BUILDING INFORMATION MODEL (BIM) PROTOCOL and BS7000-4:2013 section 22.

Table 3: Client's strategic purposes

Client's Strategic Purposes	Affected Stakeholder				Notes
Purpose	Owner	Designer	Constructor	FM	
P01 – Registration	X			TBC	
P02 - Use and Utilisation				TBC	
P03 – Operations				TBC	
P04 - Maintenance and Repair	X			TBC	
P05 – Replacement	X			TBC	
P06 - Assessment and re-use	X			TBC	
P07 – Impacts				TBC	
P08 - Business case				TBC	
P09 - Security and surveillance				TBC	
P10 - Regulation and Compliance				TBC	

2.3 Project Goals and KPIs

The project goals are established as a way to measure the success of the use of BIM on the project. They shall be agreed with the Employer and reconfirmed by the project team after the contract award.

Based on the project objectives agreed at BIM Start-up Meeting

- Design Team utilise BIM software to develop their designs
- Use of a Common Data Environment (CDE) for duration of project (4Projects EDMS provided by Hub West Scotland)
- Upload of WIP model files to CDE every two weeks or as requested by the client, or contractor
- A co-ordinated Project Information Model (PIM) by the design team to be handed over to the client by BAM by the date of Practical Completion. BAM will collate all individual design models for the project. Asset information will be provided by BAM to the client in a format yet to be agreed with the FM provider. This will in all likelihood be in Navis NWD format.
- All subcontractor model files received to be fully co-ordinated with PIM by Lead Designer and assistance from the contractor
- Revit information to be modelled to **LOD 3-4** by Design Team (as detailed in their appointments with hub West Scotland) for handover of Project Information Model
- In addition to the primary co-ordination of the design disciplines, the contractor will also carry out regular clash detection exercises with a view to identifying and resolving all clashes that have potential impact on quality, time or cost of the Works
- To use the BIM model to check quantities and assist in cost checks
- Use the model to help identify risks and assist the risk management process
- Identify potential areas for added value through analysis of the federated model
- Where possible, integrate contractor-designed elements into the model to conduct further design coordination and clash checks
- Utilise the BIM model to aid construction planning through the development of a 4D timeline model
- The as-built location of all service runs to be correctly modelled within handover PIM
- Visualisation to assist with stakeholder engagement / method statements

Table 4: SMART Project Goals for Collaboration and BIM

Specific Goal description	Measurable [baseline KPI]	Assignable				Realistic	Goal Priority (high) (med) (low)	Time-bound - Project Stages								Achieved?
		Owner	Designer	Constructor	FM			0	1	2	3	4	5	6	7	
Develop, implement, document PAS BIM Process		X					High									
Establish EIRs		X					Med									
Respond to EIRs with BEP				X			High									
Establish Handover Strategy		X					Med									
Project Team assessments		X					High									
Assigning Roles, Responsibilities & Authorities			X				Med									
Producing the MIDP				X			High									
Establish CDE following BS/PAS				X			High									
Approval Process following PAS				X			Med									

Table 4: SMART Project Goals for Collaboration and BIM

Specific Goal description	Measurable [baseline KPI]	Assignable				Realistic	Goal Priority (high) (med) (low)	Time-bound - Project Stages								Achieved?
		Owner	Designer	Constructor	FM			0	1	2	3	4	5	6	7	
Define LOD for each model element				X			Med									
Technical coordination following PAS			X	X			High									
~~**COBie output**~~			~~X~~	~~X~~			~~Low~~									
Transfer PIM to AIM			X	X			Med									
3D Visualisation				X			Med									
3D Coordination (PAS Process)			X				High									
Drawing Production direct from model			X				Med									
~~**COBie (PAS Process)**~~							~~Low~~									
Other							Low									

3. Health and Safety

Based on the EIR.

Hoskins Architects are appointed as the principle designer under CDM 2015.

At drop point 3 the design team will provide information together with the outline risk assessments to allow the Principle Designer to complete the Pre-construction information pack (PCP)

At drop point 3, the designers will also issue information to allow the completion of the construction execution plan which will form part of the Contractor's Proposals.

At drop point 4 the contractor is to provide information for the completion of the health and safety files and all other maintenance integration. It should be noted that the BIM model itself may form part of the final submission to the client at handover. However it is envisaged that the BIM model will be used to create all the as built drawings provided by the subcontractors that will then be provided in a format in line with the current Client/FM provider requirements.

Management

4. Project Roles, Responsibilities and Authorities

4.1 Project Roles

The project roles, in particular the ones related to Information Management are the centre of the BIM Process. PAS 1192-2 (Ref Clause 7.5) and CIC BIM Protocol (Ref Guidance Note 4 and Clause 1) define the following Roles that need to be assigned in the Project:

Based on the EIR.

No specific information was provided by the employer. Follow role definitions as described in PAS 1192-2.

4.2 Information exchange and management

Table 5: Roles responsibilities and competencies for Information Exchange and Management.
(refer to separate Design Responsibilities Matrix for scope of services specific to this project)

Role Name	Position	Name / Email	Tel
NHSGGC GSL Champion	N/A	N: E:	L: M:
Currie & Brown Employers Technical Advisor	Technical Advisor	N: Jonathon Bowman E: Jonathon.Bowman@curriebrown.com	L:0141 471 4913 M:
BAM – Design & Planning Project Delivery Manager	Design Manager	N: Danny Slater E: dslater@bam.co.uk	L:0141 779 8888 M:
BAM - BIM Task Team Information Manager	Regional Planner	N: David Murray E: dmurray@bam.co.uk	L:0141 779 8888 M:
HOSKINS - Architects Lead designer	Associate	N: Sophie Logan E: p15-017@hoskinsarchitects.com	L: 0141 5535800 M:
HOSKINS - Architects Team manager	Architect	N: Alistair Cassell E: p15-017@hoskinsarchitects.com	L: 0141 5535800 M:
HOSKINS - Architects Information manager	TBC	N: E:	L:0141 204 0066 M:
HOSKINS - Architects Interface manager	TBC	N: E:	L: M:
HOSKINS - Architects Information originator	TBC	N: E:	L:0141 204 0066 M:
Baker Hicks - Structural Team manager	Senior Eng	N: Caroline MacVey E: caroline.macvey@bakerhicks.com	L:01698 738608 M:0792 9023736
Baker Hicks - Structural Information manager	BIM Manager	N: Michael Tonner E: Michael.tonner@bakerhicks.com	L:01698 738600 M:
Baker Hicks - Structural Interface manager	Senior Eng	N: Caroline MacVey E: caroline.macvey@bakerhicks.com	L: 01698 738600 M:0792 9023736
Baker Hicks - Structural Information originator	Senior Tech	N: Robyn Rooschuz E: Robyn.Rooschuz@bakerhicks.com	L: 01698 738600 M:
Baker Hicks - Civils Team manager	Senior Eng	N: Caroline MacVey E: caroline.macvey@bakerhicks.com	L: 01698 738608 M: 792 9023736
Baker Hicks - Civils Information manager	BIM Manager	N: Michael Tonner E: Michael.tonner@bakerhicks.com	L: 01698 738600 M:

Table 5: Roles responsibilities and competencies for Information Exchange and Management.
(refer to separate Design Responsibilities Matrix for scope of services specific to this project)

Role Name	Position	Name / Email	Tel
Baker Hicks - Civils Interface manager	Senior Eng	N: Caroline MacVey E: caroline.macvey@bakerhicks.com	L: 01698 738600 M:
Baker Hicks - Civils Information originator	Assistant Eng.	N: Lisa McGuiness E: Lisa.McGuiness@bakerhicks.com	L: 01698 738600 M:
TuvSud - MEP Team manager	Associate	N: Wes Tonner E: wes@tuv-sud.co.uk	L:0141 221 9866 M:
TuvSud - MEP Information manager	BIM Manager	N: Robert Fern E: Robert.fern@tuv-sud.co.uk	L:0141 221 9866 M:
TuvSud - MEP Interface manager	TBC	N: E:	L: M:
TuvSud - MEP Information originator	TBC	N E:	L: M:

4.3 Model Originators High Level Responsibility's

The expected initial model originators are listed on the table below. This information is later used to populate the Software table and the Model Production Delivery Table.

Table 6: Summary of the teams responsibilities to deliver the PIM.

	Drop 1		Drop 2				Drop 3		Drop 4	
	Stage 1		Stage 2				Stage 3		Stage 6	
Model Name / Subject matter	Model Originator	LOD	Model Originator	LOD	Model Originator	LOD	Model Originator	LOD	Model Originator	LOD
Overall form and content										
Space planning	Architect	1	Architect	2			Architect	3-4	MC	3-4
Site and context **(2D)**	Landscape Architect	1	Landscape Architect	2			Landscape Architect	3-4	MC	3-4
Surveys							Architect	3-4		
External form & appearance			Architect	2			Architect	3-4	MC	3-4
Building and site sections **(2D)**			Architect & Landscape A	2			Architect & Landscape A	3-4	MC	3-4
Internal layouts			Architect	2			Architect	3-4	MC	3-4
Design strategies										
Fire **(2D)**			JGA	2			JGA	3-4	MC	3-4
Physical security			Architect	2			Architect	3-4	MC	3-4
Disabled access			Architect	2			Architect	3-4	MC	3-4
Maintenance access **(2D)**			Architect	2			Architect	3-4	MC	3-4
BREEAM										
Performance										
Building	Architect	1	Architect	2			Architect	3-4	MC	3-4
Structural	Struc Eng	1	Struc Eng	2			Struc Eng	3-4	MC	3-4
MEP systems	MEP Eng	1	MEP Eng	2			MEP Eng	3-4	MC	3-4
Regulation compliance analysis							Architect	3-4	MC	3-4
Thermal Simulation							MEP Eng	3-4	MC	3-4
Sustainability Analysis							MEP Eng	3-4	MC	3-4
Acoustic analysis							New Acoustics	3-4	MC	3-4
4D Programming Analysis							MC	3-4	MC	3-4
5D Cost Analysis										
Services Commissioning							MC	3-4	MC	3-4
Elements, materials components										
Building			Architect	2			Architect	3-4	MC	3-4
Specifications **(2D)**			MEP Eng	2			MEP Eng	3-4	MC	3-4
MEP systems			MEP Eng	2			MEP Eng	3-4	MC	3-4
Construction proposals										
Phasing							MC	3-4		
Site access							MC	3-4		
Site set-up							MC	3-4		
Health and safety										
Design							MC	3-4		
Construction							MC	3-4		
Operation							MC	3-4	MC	3-4

4.4 BIM Responsibility Matrix

Tasks and activities associated with BIM have been listed and how they are assigned to Project members who are Responsible, Accountable, Consulted or Informed (RACI).

Based on the EIR.

No specific information was provided by the employer.

A BIM / Design Responsibility Matrix will be developed and agreed with the project team and issued under a separate document.

4.5 Project Implementation Plan (PIP)

The Project Implementation Plan is the summary of the capability of the Supply Chain. For details of its definition refer to PAS 1192-2 Clause 6.3.

4.6 Details of the competence assessment which bidders must respond to

Based on the EIR.

No specific information was provided by the employer.

4.7 Supplier capability summary

Based on the response by BAM and the supply chain to the BIM assessment.

All parties have confirmed their BIM capabilities are adequate enough to meet the Clients required BIM Goals at the BIM Start Up Meeting.
Subcontractor capabilities shall be assessed and recorded as details become available and BEP updated accordingly.

4.8 Training requirements

Based on the EIR.

BIM 360 Glue training delivered to Design Team.
Further Training can be arranged on request.

Table 7: Summary activities to be undertaken to ensure team are capable of delivering the PIM

Subject Matter	Software	Version	Names/Company	Requirement
Collaboration	4Projects	N/A	Project Team	4P Protocols
	BIM 360 Glue	N/A	Project Team	Presentation & Guidance
Clash Detection	Navisworks	Manage 2016	Design Manager	
	BIM 360 Glue	N/A	Design Manager	1 to 1 training on site.
Design development				
Constructor design development				
Facilities Maintenance				

5. Programme

5.1 Major Project Milestones

Based on the EIR.

Project will generally follow stage definitions as described in RIBA Plan of Work 2013 and Key Project milestones as identified on Clients Development Programmes issues to the Project Team.

Table 7: Project stage definitions

Table 8: Project stage definitions

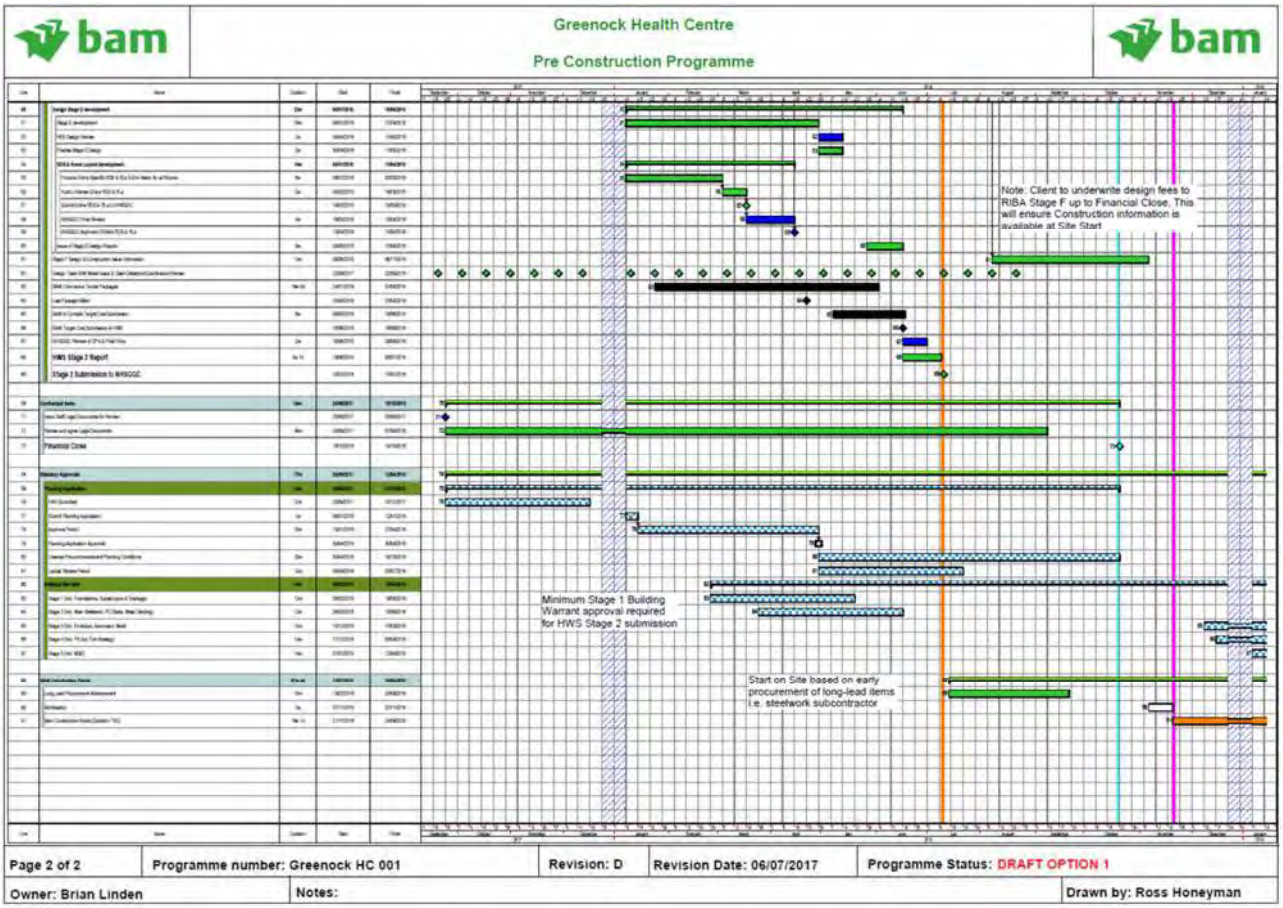
RIBA Stage	Name	Core Objectives
Stage 0	Inception of Project	Identify client's **Business Case** and **Strategic Brief** and other core project requirements.
Stage 1	Preparation	Develop **Project Objectives**, including **Quality Objectives** and **Project Outcomes, Sustainability Aspirations**, **Project Budget**, other parameters or constraints and develop **Initial Project Brief**. Undertake **Feasibility Studies** and review of **Site Information**.
Stage 2	Concept Design	Prepare Concept Design, including outline proposals for structural design, building services systems, outline specifications and preliminary Cost Information along with relevant Project Strategies in accordance with Design Programme. Agree alterations to brief and issue Final Project Brief.
Stage 3	Developed Design	Prepare Developed Design, including coordinated and updated proposals for structural design, building services systems, outline specifications, Cost Information and Project Strategies in accordance with Design Programme.
Stage 4	Technical Design	Prepare Technical Design in accordance with Design Responsibility Matrix and Project Strategies to include all architectural, structural and building services information, specialist subcontractor design and specifications, in accordance with Design Programme.
Stage 5	Specialist Design	Offsite manufacturing and onsite Construction in accordance with Construction Programme and resolution of Design Queries from site as they arise.
Stage 6	Construction	Handover of building and conclusion of Building Contract.
Stage 7	Use and Aftercare	Undertake In Use services in accordance with **Schedule of Services**.

5.2 Alignment to Project Programme

Based on the EIR.

Data drop dates to be agreed with the client and project team however the following milestones are suggested for guidance:

Drop 1 – Commencement of HWS Stage 1 Design;
Drop 2 – Completion of HWS Stage 1 Design;
Drop 3 – Completion of HWS Stage 2 Design;
Drop 4 – Practical Completion



5.3 Alignment of data drops to project stages

The Strategic Purposes have to be aligned to Section 2.3.

Based on the EIR.
Data drops collated by BAM as per EIR shown in table below.

Table 9: Project stages and data drops

Stage	Description	Drop	Purpose
Stage 0	Inception of Project	-	Initial project requirements
Stage 1	Preparation	**1**	Commencement of HWS Stage 1 Design
Stage 2	Concept Design	**2**	Completion of HWS Stage 1 Design
Stage 3	Developed Design	**3**	Completion of HWS Stage 2 Design
Stage 4	Technical Design	-	
Stage 5	Specialist Design	-	
Stage 6	Construction	**4**	Practical Completion
Stage 7	Use and Aftercare	-	

Planning and Documentation

6. Existing Conditions

6.1 Surveys

This section describes the proposed site survey strategy to be employed on the project - this must address the any risks identified at tender stage and be recorded in the project Risk Register.

The proposals for the project include the following:

- All information to be made available to the project team for use on the project.
- Additional surveys to be undertaken by BAM site Engineers.
- Owner of the project control e.g. Lead Architect to provide shared site set up coordinates for the project team
- CDE (4Projects – HWS) location of site setup files and version for to ensure task team members are using correct data.

6.2 Existing Legacy Information

This section shall describe any information provided by either the Client, Clients retained technical team, Asset owner or team.

The following legacy information has been provided by Hub West Scotland

- Access to 4Projects system including NHSGGC historical reports and utilities information

Note: If the Delivery Team cannot establish the validity/status of any information provided it should not be used in the production of the Project Information Model or provided to subcontractors.

7. Collaboration and Information Production

7.1 Project information model delivery strategy

Based on the EIR.

Model information will be uploaded onto the CDE (4Projects) in IFC file format where it can potentially be accessed by parties outside the design team. (Note: Subsequent use of models and copyright will be compliant with the CIC/BIM Pro BUILDING INFORMATION MODEL (BIM) PROTOCOL and BS7000-4:2013 section 22.)

Model information will be exchanged in native file formats or IFC for collaboration purposes between the Design Team consultants and BAM.

Exported IFC / NWC model information will be shared, via cloud based software, for collaboration purposes using BIM 360 Glue. NHSGGC and HubWest Scotland will have viewing access rights to this software.

Note - 4Projects will act as the CDE for model information by the Design Team and BAM Construct UK Ltd as stipulated by hub West Scotland. Refer to the BS1192:2007 document for further information.

These uploads will normally be undertaken on a fortnightly basis during the model development, unless agreed otherwise. At later stages the frequency may be reduced by agreement. This will be agreed and recorded at the above orientation meeting.

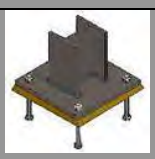
Specialist work package contractors must also comply with these archive and collaboration requirements. Any deviations to the frequency shall be recorded in the package contractor pre-commencement meeting minutes.

7.2 Levels of Detail

Based on the EIR.

Design team are to provide LOD4 (350), confirmed within their scope of design appointments through hub West Scotland.
Default LOD as defined in PAS 1192-2, RIBA Plan of Work 2013 and CIC/BIM Protocol is detailed in Table 10 below.

Table 10: Levels of Detail

	LOD1	LOD2	LOD3	LOD4	LOD5	LOD6
	Brief	Concept	Developed Design	Production	Installation	As Constructed
BAM LOD Range						
Client LOD Range	-	200	300	350	Not in scope	Not in scope

Levels of Detail	Description
LOD 1	Information sufficient to respond to the PLQs for stage 1: Brief
LOD 2	Information sufficient to respond to the PLQs for stage 2: Concept
LOD 3	Information sufficient to respond to the PLQs for stage 3: Developed Design
LOD 4	Information sufficient to respond to the PLQs for stage 4: Production
LOD 5	Information sufficient to respond to the PLQs for stage 5: Installation
LOD 6	Information sufficient to respond to the PLQs for stage 6: As Constructed

7.3 Information Responsibility Matrix / Model Production Delivery Table

Based on the EIR.

No specific information was provided by the employer. Default DRM and MPDT as defined in PAS 1192-2, RIBA Plan of Work 2013 and CIC/BIM Protocol.

DRM will be developed in conjunction with the Design Team Members and issued as a separate document.

7.4 Schedule Excluded Information

Based on the EIR.

All design team members to specifically identify any excluded information or elements that will not be modelled in this section.
General
COBie – UK 2012 – Data drops will not involve use of this format
Landscaping will not be included within the 3D Design Model
Drainage / Civils will not be included within the 3D Design Mode

Architectural
SFS/Metal Studs within partitions; Skirtings; Floor finishes; Brick ties (refer to S.E information); Weepholes; DPM/DPC/VCL/EPDM; Internal cills; Flashings; Rainscreen cladding carrier systems; Gutter chutes; Gutter overflows; Standing seams; In-fill insulation; Ironmongery; Blinds; Timber framing; Manifestation/wall graphics/wall finishes; External works; Brick expansion joints; Fire barriers/cavity closers

Civil & Structural
Steelwork connections; Steel reinforcement; profiled metal decking; masonry support lintels

M&E
Services supports or hangers; cabling and conduits; pipework bracketry; BMS central controls (TBC by contractor); main switchboard controls (TBC by contractor); final connections to plant / sanitaryware; underfloor heating pipework; heating zones; earth bars; SP&N Meters; wiring; lighting circuits; A/V installations (TBC by contractor); internal transport; fire & security zone info; end of line resistors; relay modules; items associated with access control door furniture; door contacts; external services (with exception of incoming cables & pipework)

8. Applicable Standards

Table 11 : Standard Methods and Procedure
Title
PAS1192:2
Supported by BS1192:2007

9. Data Standards

9.1 Model Setting out and Orientation

Table 12 : Site Origin	
Site Control File Ref:	TBC
Name of Lead Designer:	Sophie Logan – Hoskins Architects

Table 13 : Shared Co-ordinates at known location / survey point on site	
E/W	227,500
N/S	675,640
Elevation (m)	43140
Rotation (º)	19.19°

Table 14 : Building Origin – DETAILS SHOWN ARE EXAMPLES EXACT DETAILS	
Shared Co-ordinates at	Intersection of OS Grid N675640 & E227500
Level (m)	0
E/W	227,500
N/S	675,640

Elevation (m)	43140
Rotation (º)	19.19°

9.2 File Naming Convention

Table 15: Template for file/ container naming																**Opt**		**Opt**
Project	**-**	**Originator**	**-**	**Volume/ Zone/ Building**	**-**	**Level**	**-**	**File Type**	**-**	**Discipline/ Role**	**-**	**No.**	**-**	**Status**	**-**	**Rev**
~~AAA~~	**-**	~~BAM~~	**-**	~~ZZ~~	**-**	~~ZZ~~	**-**	~~M3~~	**-**	~~W~~	**-**	~~000 01~~	**-**	~~S0~~	**-**	~~P1.1~~
Note – The inclusion of a Status and Revision in the file/container name is optional under BS1192-2:2007. **All naming conventions were discussed and reviewed at BIM Start Up Meeting. Only Model Naming Convention will be enforced owed to consultant's internal auditing / QA procedures**																		

Table 16 : Model naming			
File names for models should be formatted as: [project][originator][zone][level][discipline][number]			
	IFC & RVT	**NWC / NWD**	**DWFx**
BAMC	*GHC-BAM-XX-**M3**-Federated Model*	*GHC-BAM-XX-**M3**-Federated Model*	*N/A*
Architect	*GHC-HA-00-ZZ-M3-A-0101_BaseModel_For Information*	*GHC-HA-00-ZZ-M3-A-0101*	*GHC-HSK-00-00-**3M**-A-(2015-XX-XX)*
Structural	*30000592-BHK-XX-00-M3-S_Greenock_HCC_Revit Model_For Information*	*30000592-BHK-XX-00-M3-S_Greenock_HCC*	*GHC-BHK-00-00-**3M**-S-(2015-XX-XX)*
Civils	*30000592-BHK-XX-00-M3-S_Greenock_HCC_Revit Model_For Information*	*30000592-BHK-XX-00-M3-S_Greenock_HCC*	*GHC-BHK-00-00-**3M**-C-(2015-XX-XX)*
M&E	*TUV-XX-M3-500-001_Roof Plant Model_For Information*	*TUV-XX-M3-500-001_Roof Plant Model*	*GHC-TUV-00-00-**3M**-ME-(2015-XX-XX)*
Others	*GHC-????-00-00-**3M**-Y-0000*	*GHC-????-00-00-**3M**-Y-0000-Coordination*	*GHC-????-00-00-**3M**-Y-(2015-XX-XX)*

When emailing notification of file uploads or for any other email correspondence pertaining to the project, all email subject line headings must be prefaced with the acronym for the Project Name

Table 17 : Project Code	
Code	**Project Code(S)**
ATE	All Project Documents

Where an organisation needs to use their own internal project numbers, then they can be indicated in the drawing title block using a separate 'project number' box.

Table 18 : Originator Codes

Originator codes for project team

Code	Originator Company Name	Information Style		Role
		2D	3D	
NHS	*NHS Greater Glasgow & Clyde*	✓		**The Client**
XXX	*TBC*			**Project Advisor**
BAM	BAM Construct UK		✓	**Main Contractor**
HSK	*Hoskins Architects*		✓	**Architect**
BHK	*Baker Hicks*		✓	**Structural Designer**
TUV	*TUV-SUD*		✓	**Services Designer**
HS	*Harrison Stevens*		✓	**Landscape Architect**
XXX	*Graven*		✓	**Interiors Architect**
BHK	*Baker Hicks*	✓	✓	**Civil Designer**
TUV	*TUV-SUD*	✓		**Daylighting**
NA	*New Acoustics*	✓		**Acoustic Consultant**
JDC	*JDC Ecology*	✓		**Ecologist**
XXX	*TBC*			**Environmental Consultant**
JGA	*Jeremy Gardner Associates*	✓		**Fire Engineer**
XXX	*TBC*			**Lifts S/C**
XXX	*TBC*			**Steel Frame S/C**
XXX	*TBC*			**Precast**
XXX	*TBC*			**Glazing**
XXX	*TBC*			**Envelope**

To be discussed and agreed with the Design Team Members and where possible reflect any NHSGGC requirements

9.3 Volume (Zone or Building)

Volumes of PAS1192-2:2013, for spatial co-ordination a project may be split into Volumes, Zones, Buildings or Levels to suit it size and complexity. Where a project is subdivided then the codes should be agreed and recorded in Table 19

Table 19 : Volume (Zone or Building) Codes

Project Code	Discipline	Code	Volume/Zone/Building
All	All	**XX**	No applicable zone
All	All	**ZZ**	Multiple zones
All	All	**Z0**	External Works
All	All	**Z1**	*TBC*
All	All	**Z2**	*TBC*
All	All	**Z3**	*TBC*
All	All	**Z4**	*TBC*

9.4 Layer Naming Convention

Details of the naming convention to be employed will require to be agreed with NHSGGC requirements and details added to this section.

9.5 Model Accuracy and Tolerances

Models should include all appropriate dimensioning as needed to convey design intent, analysis, and construction, including level of detail.

9.6 Annotations, dimensions, abbreviations and symbols

Details of the annotations etc. to be employed will require to be agreed with NHSGGC requirements and details added to this section.

9.7 Attribute Data

Specific attribute data has not been provided. Attribute data requirements to be developed with NHSGGC and FM provider.

10. IT Solutions

10.1 Software Versions

Table 20 sets out the software (including versions) to be used by all design, supply chain and Task Team members to develop the Project Information Model (PIM) at any given project stage.

Note: Any changes to software, including software versions, should be avoided during the life of a project. Where absolutely necessary they should only be amended following consultation with, and agreement, by all parties.

Note: Subsequent use of models and copyright will be compliant with the CIC/BIM Pro BUILDING INFORMATION MODEL (BIM) PROTOCOL and BS7000-4:2013 section 22.

Table 20: Software Requirements

Model / Subject Matter	Software	Version	Native Format	Exchange Format	Employer	Design	BAM	FM
Architectural	Vectorworks	2017	TBC	TBC			X	
Architectural	Vectorworks	2017	TBC	IFC	X	X	X	X
Civil & Structural	Revit	2017	RVT	RVT		X	X	
Civil & Structural	Revit	2017	RVT	IFC	X			
M&E	Revit	2017	RVT	RVT		X	X	
M&E	Revit	2017	RVT	IFC	X			
Clash Review	Navis	2018	NWC	NWD	X	X		
Handover	Navis	2016	NWC	NWD	X			X

Table 23 describes software used to manage, collaborate and validate the PIM to ensure the employer's information requirements are achieved.

Table 21 : BAM standard validation software

Software	Version	Names/Company	Requirement
4P	N/A	Project Team	Grant access to 4P, complete training & test (***to be provided by Hub West Scotland as administrators of CDE***)
BIM 360 Glue	4.51.34.200	Project Team	Send requests & issue guidance bim-gn-08 including white list items for firewall
BIM 360 Field	N/A	Project Team	Send requests & issue guidance bim-gn-09
Navisworks	Freedom	Client	Issue guidance bim-gn-07
Solibri	V9.6	Project Team	Viewer for IFC exchange format

10.2 Project Software Exchange Formats

This table sets out some of the common exchange formats that may be used on the project when transferring information/data between different model authoring platforms:

Table 22 : Software Exchange Formats

File Type	Software (Export)	Software (Import)	Exchange File Format
Models	Vectorworks	Autodesk Revit	IFC
	Autodesk Revit	Autodesk Revit	RVT
	Autodesk Revit	Autodesk Navisworks	NWC
	Autodesk Revit	Tekla	IFC 2x3
	Tekla	All	IFC 2x3
	Autodesk Civil 3D	Autodesk Revit	DWG
	Autodesk Civil 3D	Autodesk Navisworks	NWC / NWD / DWG
	Autodesk Civil 3D	ArchiCAD	IFC 2x3
	Autodesk Civil 3D	Tekla	IFC 2x3
Reporting	Solibri Model Checker	All	BCF
Documents	All	N/A	PDF
Drawings	All	N/A	DWG / PDF
Schedule or spreadsheets	All	N/A	XLS / XLSX / TXT / PDF

10.3 Document Upload Format to Common Data Environment (CDE)

All documents are to be uploaded in ‘pdf’ format only, which represents the formally issued version.

10.4 Additional File Formats

The following drawings are to be provided in .dwg format on request.

Table 23: Additional File Formats		
Work Packages	Drawing Type	Format
Setting Out GA's	General arrangement and setting out drawings	**.dwg

10.5 Maximum File Sizes

To facilitate the exchange of information and ensure software performance is maintained the file sizes as set out in Table 4.5 should not be exceeded.

Table 24: Maximum File Sizes	
Platform	**Max File Size**
Revit or IFC	200mb limit – Individual discipline models
NWC/MWD	500mb limit – Federated models

11. Security and integrity of project information

Based on the EIR

Any file when uploaded to the collaboration site should be secure to the standard required by HMG Security Policy Framework. (***Hub West Scotland to advise as administrators of CDE***)

Besides any security or integrity requirement received from the employer, the standard policy for BAM's information exchange applies. A standard disclaimer, as below, is appended to all outgoing e-mails

"All communication contains information that is confidential and may also be privileged. It is intended for the exclusive use of the addressees. If you are not the person or organisation to whom it is addressed, you must not copy, distribute, or take any action in reliance upon it. If you have received the communication in error, please notify BAM Construct UK Limited immediately (Tel: +44 (0)1442 238 300). BAM Construct UK Limited will not accept liability for contractual commitments made by individuals employed by this company outside the scope of our business. Please note that neither BAM Construct UK Limited nor the sender accepts any responsibility for viruses and it is your responsibility to scan attachments (if any).

BAM Construct UK Limited. Registered in England. Company Registration No: 3311781. Registered office: Breakspear Park, Breakspear Way, Hemel Hempstead, Herts HP2 4FL"

12. Master Information Delivery Plan (MIDP)

The Master Information Delivery Plan contains the aligned Task Team Information Delivery Plans (TIDP) will be issued separately to the BEP. The Master Information Delivery Plan is owned and maintained by the Project Delivery Manager additional ownership of information is established by a RACI with the Information Authors.

Definition: Documents means any Information produced for the project this may include and is not limited to Drawings, Schedules, Reports, Specifications, 3D geometric Models and Structured Data (COBie).

The Master Information Delivery Plan contains the aligned Task Team Information Delivery Plans (TIDP) will be issued separately to the BEP. The Master Information Delivery Plan is owned and maintained by the Project Delivery Manager additional ownership of information is established by a RACI with the Information Authors.

Definition: Documents means any Information produced for the project this may include and is not limited to Drawings, Schedules, Reports, Specifications, 3D geometric Models and Structured Data (COBie).

12.1 Contents of MIDP

Information included in the MIDP is not limited to the below sections and must reflect the requirements of the EIR.

Documents:

- Documents to be produced by the project team to comply with the EIRs.
- Documents to be produced by the project team to comply with BAM's operational / handover requirements.

12.2 Document Deliverables

- Sub -Contractor – Provide As-built drawings in PDF format with fully bookmarked pages in accordance with sub-contractor interview meeting minutes
- Design Team – Produce final documents in PDF format generated from the Design Intent Model including hard copies as described in appointment documentation.

12.3 Digital Deliverables

All digital deliverables are to be submitted using confirmed CDE and may be redistributed using USB/DVD/CD with the data clearly organized and software version(s) labelled.

12.4 3D Geometric Deliverables – Construction Co-ordination Model

The Contractor (BAM) shall be responsible for providing the federated Model(s) in NWD format for all building systems.

- Designers and Sub-Contractor – Native file formats of the final Construction Coordination Model(s) for building systems used in the multi-discipline coordination process and in accordance with sub-contractor interview meeting minutes to be provided to BAM for exporting to IFC / NWC format.

12.5 3D Geometric Deliverables – Design Intent Model

The Design Team is to ensure that the "Design Intent model" will be current with all approved bulletins up to end of RIBA Stage 4 only. Provide the Model information and native file format(s) of Design Model to BAM for exporting to IFC / NWC format for collaboration / clash review.

12.6 Data Deliverables

- Sub-Contractor – Provide room and product data information described in previous sections of this document in accordance with sub-contractor interview meeting minutes
- Design Team – Provide room/space data (spaces and zones) in approved format to be included in Contractor handover database within Project Information Model.

13. Subsequent use of information

13.1 Information Approvals

To ensure that information is checked some form of agreed approvals process needs to be in place to enable design teams and the contractor (or client) to approve and sign-off the development of the design information for a project. The persons listed on the 'Approval of Information' table are assigned as team members responsible for the approval of information.

13.2 PIM authorization process

Validation of the model provides a guide for certifying the model file for issue, the intention being that the recipients of the model can rely on it and file is fit for use and will not require additional work to fit within the project framework. The following checks should be performed as a minimum to assure quality.

Checks	Definition	Responsible Party	Software Program(S)	Frequency
Visual Check	**Ensure no unintended model components and the design intent has been followed**	**Design Team**	**Revit / Vectorworks**	
Interference Check	**Detect problems in the model where two building components are clashing**	**Design Team**	**Navisworks BIM 360 Glue**	**Weekly**
Interference Check	**Detect problems in the model where two building components are clashing**	**BAM**	**Navisworks**	**Fortnightly**
Standards Check	**Ensure that the BIM and AEC CADD Standard have been followed (fonts, dimensions, line styles, levels/layers, etc.)**			
Model Integrity Checks	**Describe the QC validation process used to ensure that the Project Facility Data set has no undefined, incorrectly defined or duplicated elements and the reporting process on non-compliant elements and corrective action plans**			
Defects Avoidance		**Contractor/ Sub-Con**	**BIM 360 Field**	
Snagging / Sign-Off		**Contractor/ Sub-Con**	**BIM 360 Field**	

Art and Therapeutic Design and Healthy Environments

NHSGGC has adopted a progressive approach to integrate Art and Therapeutic Design into all new capital developments in response to the Health Department Letter issued by the Scottish Executive in 2006.

The letter recognised the growing evidence base that 'good design in healthcare' makes a measurable difference to the experience and health outcomes of patients; visitors and staff.

To enable development of art and healthy environment strategies groups populated by wide range of stakeholders are established within the governance structure of each Capital Project to influence and steer strategy.

The New Greenock Health and Care Centre Art and Environment Strategy Group was established in autumn 2015.

The first task for the group was to over see recruitment of a **-** LEAD ARTIST/ CURATOR/ PLANNER TO DEVELOP a Therapeutic Design and Art Vision for the New Greenock Health and Care Centre

The Lead Artist Stephen Hurrel was recruited in April 2016. He was invited to work creatively with the project architects, landscape architect and engage with service providers, service users, local arts, and regeneration, heritage and community stakeholders.

Working alongside Architects, Gareth Hoskins and local stakeholders to form an inspirational vision for the New Greenock Health and Care Centre. The commissioners were looking for an overarching art, architecture and green space concept which both acknowledges and celebrates the significant history of the area and explores the idea of a forward looking, health promoting, health and care centre.

OUTILINE OF ARTS STRATEGY FOR GREENOCK HEALTH AND CARE CENTRE

BACKGROUND

At the start of the project a period of research was undertaken in order to understand the context of the Health Care Centre, in terms of its location, the history of the area, contemporary connections, as well as the wider geographic and environmental perspective.

As 'nature within health care settings' has proven to be successful in the past, as it is a counter to the clinical environment, it was agreed that this would be a good starting point.

The location of the new Health Care Centre can be seen to exist in an urban context, sitting within a wider natural environment. As an overview, it is located on a sloped hillside that connects with hills and lochs at the back and the sea to the front.

Exploring location further the lead artist considered connections with different instances of water within the immediate environment. This led to a strategy concept with a focus on three 'water habitats' over three different levels:

(i) Top: fresh water lochs at ‘The Cut’ and Loch Thom reservoir
(ii) Middle: rivers that flow from lochs down to sea
(iii) Bottom: the sea (The River Clyde joining the Firth of Clyde and beyond)

The **overarching theme** provides a starting point for ideas, projects and artworks for the new health centre.

Water habitats, encompasses both natural and industrial aspects of the area, ranging from plants, birds, fish, etc. to nautical environments and historical reference points. These habitats will provide a wide choice of subject matter and inspiration for artists working in relation to the Health Care Centre.

The overarching theme and water habitats will be used as **a basis** to:

(i) develop Artist’s Briefs

(ii) develop ideas for design aspects of the building such as furniture, textiles, etc.
(iii) create colour palettes for the building, landscaping and associated artworks

(iv) inform the feel of spaces, i.e. areas that are contemplative, calming or active

(v) They will also provide a **framework** in which to:

- connect the artworks to the wider environment (geographic, historical, nautical, natural environment and ecology)
- connect to wider community; i.e. to develop workshops, education and community-based projects
- connect art and science i.e. utilising microscopic imaging, scientific process as starting points for artworks, artist and scientist/health practitioner collaborations

ENGAGEMENT

Following a period of research and engagement in Stage One of the project

Service Meetings took place in July 2016, all face-to-face, as follows;

Anne Jamieson, Health Visiting, Greenock Health Centre

Lynda Fleming, Dental, Greenock Health Centre

Fiona Houlihan and Rona Craig, Fiona Stalley, Child and Adolescent Mental Health Service(CAMHS), Greenock

Janice Hetherington, Orangefield GP practice manager

Hilda McAleese, Dr Hogan's practice manager

Debbie Maloney, Centre for Independent Living

Karen Patton Orr and Jason Orr, Rig Arts

Bruce Coyle and Jacqui Anderson, Physiotherapy (now called Muscular Skeletal (MSK)

Moira Young (Hub Co-ordinator), Sheena Forsyth (Lead Nurse)

SANDYFORD team at Boglestone Clinic, Port Glasgow

Bruce McGuiness: Podiatry, Greenock Health Centre

YOUR VOICE, Karen Haldane

Susan Steell, Parklea Branching Out, Port Glasgow

Paul Bristow, Operations Manager – Regeneration, Port Glasgow

Rikki Payne, Creative Learning Manager, Inverclyde Kirsteen Docherty, Head Teacher, St. Patrick's Primary School.

Ongoing meetings have taken place with Hoskins Architects (Sophie Logan) to discuss and assess how art and design may best fit in with design and layout of the building. These discussions have also involvedMelissa Orr, Snr Landscape Architect at Harrison Stevens and more recently the appointed interior design firm Graven (Lauren Li Porter).

Many of these meetings include a support team consisting of Jackie Sands, HI Senior: Arts and Health, NHS Greater Glasgow and Clyde Health Improvement and Public Health, Eugene Lafferty(and John Stevenson since 2018), Project Managers, Property & Capital Planning, NHS and Jeanette Hawthorn, Head of Business Support/Administration, Inverclyde Health and Social Care Partnership (HSCP)

Regular meetings with the Arts Strategy Group takes place approximately every six weeks as a way to monitor progress and direction and to provide feedback and suggestions. The group consists of NHS staff members who can offer individual insights based on personal experience.

Current Status

August 2018, in terms of building design and layout, the project is at Stage E, awaiting approval.

The Stage E report includes a note of all the locations where artworks will be located within the building. The Lead Artist has specified formats for the display or exhibition of art and design in these locations. This includes:

- two exhibition spaces/formats for art produced by people, groups and schools within the community
- Several glass display cases, integrated into the walls of the building, which will accommodate specially produced artworks.

Some of the artwork for the above exhibition formats will be generated through a key Community Engagement Project titled '**Found, Fragmented and Forgotten'**.

This commission has been awarded to the local arts organisation **Rig Arts,** who will produce research material around this theme, and in relation to the over-arching theme of 'water habitats', and will run workshops with local people, including a cross-generational project. Karen Orr of Rig Arts has made an introductory presentation to the Arts Strategy Group and they are now progressing with the engagement part of the project.

A commission, to produce sculptural artwork for the enclosed courtyard has been awarded to local glass artist Alec Galloway.

Alec recently presented ideas and sketches to the Arts Strategy Group, for approval. The Artist will now progress with detailed designs, which he will present to the Group again, prior to production and fabrication of the artworks.

The Lead Artist will be undertaking several commissioned projects that integrate art/design with the fabric of the building.

This includes creating work for walls, glass balustrades and a display case.

The Lead Artist Stephen Hurrel will oversee the whole process of each commission and will discuss/direct projects in association with the commissioned artists.

Each commissioned artwork or location/format for the display of artworks, have enabling costs associated with them when enabling is required.

Phase 1: Presentation Overarching Vision end of June 2016

The art, architecture, landscape and master plan vision was presented and approved in June 2106. The strategy works to reflect stakeholder priorities and aspirations and will be inclusive where possible of participatory art opportunities, artist residencies and processes which bring community benefit through art procurement.

Phase 2: June 2016 – September 2020

The approved concept will progress to design development and implementation. It is expected that there will be a mixed approach where the Architect. Landscape Architect and a specially contracted Lead Artist will oversee delivery of the programme elements.

Each therapeutic design and art programme builds a budget for delivery of the integrated art and therapeutic design elements. The budgets start with a seed fund which serves as leverage to encourage stakeholders from a number of sources: exchequer funds; NHS endowments, charitable sources including e.g.; Glasgow Children's Hospital Charity, government initiatives such as The Green Exercise Partnership, Art and Business Scotland, Creative Scotland funds.

The overarching objective of the art and therapeutic design, health environment programme is to ensure there is successful delivery in context, of bespoke therapeutic design and art strategy which brings a cultural dimension into the healthcare environment which is about *Place Making.* This responds to the 2011 version of BREEAM criteria which requires that arts coordination capacity is established and an art policy and an art strategy has been prepared for the development at the feasibility/design brief stage and endorsed by the senior management and addresses the following:

- Enhances the healthcare environment
- Builds relationships with the local community
- Builds relationships with patients and their families
- Relieves patient and family anxiety by contributing to treatment or recovery areas
- Greening the healthcare environment with inclusion of living plants(where appropriate)
- Training and generation of creative opportunities for staff

The key objectives of this strand within NHSGGC are to:

- Maintain High Level Influence around the strategic integration of art and therapeutic design concepts into Building Design delivering to Health Department Letter (HDL58) requirement 'A *policy on Design Quality for NHS Scotland'* standards and the NHSGGC Design Action Plan.[1]
- Provide specialist advice, capacity building and training to the arts and health sector, partners to ensure this approach is understood and service improvements are made.
- Set up cross sector groups and work in context to ensure new developments are meaningful, appropriate and sustainable.

[1] The NHSGGC Design Action Plan in response to*' A Policy on Design Quality for NHS Scotland'* which require all Health Boards to develop and implement a Design Action Plan. The Design action plan identified the integration of art and therapeutic design as a key strand of activity within all major refurbishments or new capital developments.

- Oversee all art sector recruitment, contracting orientation and supervision to ensure effective organisation, service improvement, arts development and delivery is achieved.
- Enable forthcoming new capital builds, services and refurbishments in Acute Hospitals, Community Health and Social Care Centres and In Patient Mental Health Units include art strategies

The NHSGGC approach utilises design interventions to achieve a balance between the aesthetic and the functional enhancing design works to improve accessibility; way finding; definition of entrances, non clinical areas; the quality of external green space through the creation of human scale environments which support: patient dignity, personalisation, distraction, cultural and physical activities, aspects of care through art and design for patients with conditions such as dementia.

Art and Healthy Environment strategies: Therapeutic design and art engagement programmes are facilitated by the Health Improvement and Capital Planning teams supported by HI Senior for: Arts and Health, working with a combination of professional artists and designers, curators, city and education partners and supporters.

The Greenock Health Centre Art Strategy Seed Fund

Health Centre	Seed Fund	Strategy Concept Phase 1	Art Production/ Project Management Phase 2
Greenock	£95,000	£4,000 fee	£91,000

The All Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report (Creative Health: The Arts and Health and Wellbeing) published in 2017 provides a detailed account of the patient, public, civic benefits associated with the enhancing of health of healthcare environments through art and design, the use of art and design processes as part of patient involvement and engagement and the impact of participation in art related activities in health and social care.[2]

NHSGGC investment reflects the significant building programme undertaken across our healthcare buildings with the Art and Design elements comprising less than 0.1 - 0.2% of the overall capital expenditure for all builds.

[2] See *Creative Health: The Arts for Health and Wellbeing* (July 2017) report by the All Party Parliamentary Working Group on Arts, Health and Wellbeing for a wide-ranging overview with evidence presented by stages in the life-course

New Greenock Health Centre

OD Plan

<table>
<tr><td>1.0</td><td>Introduction</td></tr>
<tr><td>1.1</td><td>The Organisational Development plan details the arrangements for the smooth transition of staff and continuity arrangements for clinical care within the relocation to the new Greenock Health Centre facility. It involves the co-locating of over 300 staff, 5 GP practices and the previously separate buildings namely Larkfield Children and Family Centre, Inverclyde Independent living Centre, Gibshill, Boglestone Clinic, and the Cathcart Centre.</td></tr>
<tr><td>1.2</td><td>The Organisation is committed to supporting staff through the change by providing opportunities for individuals and teams to consult, engage and develop the necessary skills and practices in order to make a successful transition to the new health centre and accompanying new ways of working.</td></tr>
<tr><td>1.3</td><td>The change necessitates a move from the current model to the future model as detailed:
<table>
<tr><th>From</th><th></th><th>To</th></tr>
<tr><td>Out dated facility in need of repair</td><td rowspan="8"></td><td>High quality complex care facility</td></tr>
<tr><td>Silo working and boundary setting</td><td>Integrated person centered care, boundary spanning and care pathways that exploit the co-location</td></tr>
<tr><td>Services disparately located</td><td>Services co-located</td></tr>
<tr><td>Patients accessing potentially multiple sites</td><td>Patients accessing a one stop shop for Primary Care</td></tr>
<tr><td>Paper reliance and storage challenges</td><td>Paperlite and less need for storage</td></tr>
<tr><td>Static working which facilitates supervision, containment of staff and face to face communication between team members</td><td>Agile working which facilitates more effective use of staff time while supporting communication and feelings of team cohesiveness, and containment.</td></tr>
<tr><td>Allocated desk space and clinic space for services, teams and individuals</td><td>6 desks per 10 staff, bookable rooms and processes to support planning and allocation of space to support service delivery</td></tr>
<tr><td>Service specific vision</td><td>Overarching service vision and common shared values and</td></tr>
</table>
</td></tr>
</table>

	objectives
1.4	The change from the current model to the new model necessitates new ways of working afforded by co-location and agility of the workforce. The from: to approach details key steps to achieve the change, identifies enablers so that can be built upon and identifies potential road blocks so these can be minimised or eradicated. Stakeholder engagement and improvement methodology is the foundation of the plan.
1.5	Specific areas of change and that present challenges and potential opportunities for new ways of working include: • The availability of discrete desk and office space • Paperlite practice • Lone working and robust governance around this • Agile and flexible working • New co-located "neighbours" creating new connections and opportunities for enhanced communication • Strategies for maintaining team cohesion and containment with an agile, flexible workforce • Process creation and implementation i.e. booking rooms and clinic space • Management of paper files both in use and those archived • Exploring building design impact on staff wellbeing i.e. outside green space • Recognising and acting on opportunities for new ways to deliver services i.e. new integrated pathways
1.6	Relevant polices that help inform the plan include lone working, work force change, agile working*, mobile radios*, home working and work-life balance policies.
1.7	The plan is delineated into 3 discrete phases with the following time scales and focus: • Phase 1 Current: commenced January 2018 • Phase 2 January 2019 • Phase 3 January 2020
1.8	In addition to the 3 discrete phases, activities such as communication and engagement with staff will continue throughout the project providing ongoing opportunities for staff to be informed and to be involved in decisions that affect them.
1.9	Communication will be multi-representational and regular via: • Team brief • Team meeting monthly agendas • Short Vlogs showing progress on site and short interviews with key project team members i.e. project manager, architect or site worker • Email • Engagement events
1.10	Improvement methodology will help inform the establishment of new ways of working and supporting processes. Small tests of change (PDSA) are proposed where groups/teams carry out trial processes or new ways of working and report back regarding success, enablers, challenges so the process can be refined and retested. Phase 1 into early phase 2 provides an opportunity to gather intelligence pre-change.

	Agile working practices are being tested in Children's Services and will be part of changes for teams within Addiction Services and Learning Disability Team (CLDT). Both teams are moving locations and will have similar environmental changes on a smaller scale to the Health Centre relocation and will provide insights into how agile working can be implemented successfully on the larger scale. Transition work (managing the human dimensions of change)in relation to these moves i.e. staff engagement sessions, resilience and support plans for teams and communication will help inform the Health centre OD plan.
1.11	Bridges (2012) model of transition (appendix 1) will be used to support the psychological components of the change recognising that different people move through transitions quicker and more easily than others. Stages are conceptualised as linear however the actual psychological response to change is highly individual in both intensity and timing and some people may move back and forward through stages. The OD plan takes cognisance of these human factors and includes multiple and different opportunities for individuals and teams to be informed, involved and supported. The 3 stages within Bridges model highlight typical reactions to change and suggestions in relation to what can be helpful at each stage. The OD plan has been written with these stages in mind: • Letting Go. Support and opportunities to share experiences can be helpful in supporting the "letting go" of old ways of working and exploring who's losing what. For example, concerns regarding team cohesiveness and how to provide supervision and containment of team members must be acknowledged and solutions sought prior to the relocation. Marking the ending may be important and stakeholder input will be key in deciding how this might be done. • Neutral Zone. Supporting staff through the neutral zone involves increasing feelings of connection and proving information. Engagement events at this stage can be supportive and reduce the propensity for negative narrative. • New Beginnings. There is a need to embed new ways of thinking and resilience within the staff group involved.
1.12	There is a need for policies such as lone working are robustly implemented to ensure that safety is not undermined by new ways of working. A system to support lone working should be considered for small tests of change before committing to any new system.
2.0	**Phase 1: commenced January 2018**
2.1	Actions underway: • Identification of lead person (sponsor) and designated change champion for each service involved in the move. Lead staff from each service are members of the Delivery Group and may be willing to fulfil this role also. The lead person will provide strategic leadership and monitor change activity within service while the champion will provide direct support and encouragement and information to the team. A gap analysis will be undertaken to ensure coverage across the HSCP. • Change management learning sessions- 2 manager sessions have taken place already to provide information on Transitions (the psychological process of change). Sessions to increase knowledge and skills in Lean and improvement methodology (PDSA, 5S, process mapping) will be planned to support Leads and designated staff to lead efficiency capitalisation. Transition sessions are planned for other services and teams experiencing change in working practices and location; the outcomes and feedback from sessions will inform the transition

	focus for the Health centre. • Identification of teams to try out new ways of working i.e. agile working. Engagement with groups (questionnaires, focus group, and interviews) will provide intelligence regarding enablers, road blocks and solutions collated. Children's services are piloting agile working currently. This is underway; learning from these tests and upcoming Addiction Team and CLDT experiences will inform this plan. • Bi-monthly delivery group meetings are in place and will provide opportunities to scope out change progress, enablers and any road blocks early. Forum to share intelligence- report back on PDSA/learnings. • Early consideration of any decisions that may need to take into account the upcoming change. This may be in relation to new processes, equipment, or practice. For example, starting a repository for policies at a team level to reduce need to keep paper copies in order to be paperlite earlier. Early 5S processes. • Early identification of processes that need to change or be created to support the change i.e. bookable rooms, containment, supervision and team communication. There will be team or service specific processes and also integrated ones that capitalise on the new co-location of teams. These may just be in awareness at this stage. • Thinking early about letting go of old ways of working and for many the old location. Sharing thoughts, feelings and what might be difficult or good about change. Preparing for the new. • Regular communication regarding progress and Vlogs. Greenock Health centre Pages available via HSCP page on Inverclyde Council website: https://www.inverclyde.gov.uk/health-and-social-care/new-greenock-health-and-care-centre • Provide a Phase 1 checklist to support i.e. what you can do now, what you should be considering. This will be planned with the project board and produced for autumn 2018.
3.0	**Phase 2: commences January 2019**
	Actions include: • Spread of small tests of change to include more teams/groups, and then all group prior to the commencement of stage 3 with the aim of establishing new ways pre-move. Continue to collate intelligence. Some teams may have discrete needs that need to be considered. • Ramp up preparations. If some teams have not considered and started to design processes to support change this should be done now. Standard operating procedure i.e. for booking rooms, having meetings and staying connected to team members. • Lead person and change champion are key to supporting team directly and raising success and any issues through the quarterly meetings. • Considerations like file management processes and moving plans should be drawn up and considered in this stage. • Assessment of lone working compliance and /or issues across teams involved in change carried out to ensure robust staff safety and staff governance. Incidences of policy/technology breakdown raised and assessed. Action planning as required supporting full and robust implementation. • Increasing communication regarding progress and Vlogs. • Provide a Phase 2 checklist to support i.e. what you can do now, what you should

	be considering. • Wider engagement event to demonstrate progress, detail what can be done now and how change can be easier for staff and therefore for patients/clients held. • Learning needs analysis across staff/service groups. • Provision of training and skills development to meet identified needs/gaps. • Encouragement of new ways of thinking and working and taking advantage of new co-locations and closer working relationship. Engagement to support vision of service delivery.
4.0	**Phase 3: commences January 2020**
	Actions include: • New ways of working should be widespread now. Adjustments and solutions to any issues to ensure good compliance. • Ongoing assessment of learning needs and meeting gaps although should be less required now. Consider new staff and induction to new ways. • Lone working processes must be well embedded now- assessment and confirmation of same. • Processes in place for dissemination regarding paper file storage and transfer areas- SOP. • Arrangements in place for labelling and appropriate holding areas identified on site or off site- SOP. • Lead person and change champion remain key to supporting team directly and raising success and any issues through meetings which are now 6 weekly. • Increasing communication regarding progress and Vlogs. • Provide a Phase 3 checklist to support i.e. what you should do now i.e. 5S if not already done, packing up and how to ensure correct delivery, moving from paper to electronic – don't take what can be accessed on line, personal items. • Colour coordinated plan with corresponding signage for HC arranged to support delivery of work articles to correct office/team. Communication to teams/staff of which colour they are and coloured labels provided. • Approaching the move date it will be necessary to rationalise service delivery for a short time. This will include priority patients or clients. Routine clinics should be cancelled for a short period to support the move. • Equipment that is job essential should be labelled as such and either moved personally if able or clearly identifiable to avoid disruption. • As HC nears completion Vlogging and site visits should be utilised to help staff see where they will be after the change. • Clear and easy to understand signage should be in place well before moving in to ensure that staff and patients are not lost which causes stress. • Teams will wish to get into the HC on or around the move causing some congestion. Plans to avoid this should be i.e. staggered moving in. • Some staff may have been located in Greenock HC for over 35 years and it is important to provide opportunities to for staff to share memories of Greenock Health Centre if they wish. Photographs and anecdotes can be collated *where?*
4.1	Once moved into new HC there will be a period of recalibration. Processes that may have been working may be temporarily disrupted. Lead person and Change champions remain a good support to teams and individuals.

4.2	There will be new boundaries with other colleagues due to new co-locations and shared spaces. There should be time allowed for "getting to know the neighbours".
4.3	Monthly meetings to explore any on-going issues that need resolved. Delivery group becomes the user group.
4.4	Ongoing review of lone working, new ways of working and SOPs.
5.0	**Current Actions**
5.1	HV team- agile working. Support: PDSA, what's working? Consider focus group with staff involved.
5.2	Addiction and CLDT teams will be commencing agile working practices. Support with transition underway and addressing any concerns in relation to IT and connectivity. Information and support sessions for Addiction team in relation to IT, agile working, new environment and managing transition (how we support each other and self; being resilient).
5.3	Timescales for phases now agreed
5.4	Scope out Lean/RTTC skills- ask Doug Mann if Inverclyde information is available. Plan 5S, lean, service improvement learning sessions.
5.5	Create planning booklet: stop, think, plan. Hints and tips to think of and do with the move in mind.

PROJECT TITLE	**xx**	**PROJECT No.**	**xx**
Prepared By:	**xx**	Date:	**xx**

Project Board and Governance

Senior Responsible Officer:	**xx**
Last Project Board was held on:	**xx**
Risk Register last updated on:	**xx**
Governance Status	**xx**

Executive summary

xx

Financial Summary

Risk			**Low**
FC Contract Price	**xx**		
	Previous years	18/19	19/20
Spend to date	**£**	**£**	**£**
Forecast Spend	**£**	**£**	**£**
Comment: xx			

Clients' Brief and Change Request Status

Brief Document Status:	*Update on progress. Identify any clarifications required and/or items still to be specified.*
Change Requests Status:	*List those under consideration/in progress/completed and the cost/programme implications associated with each project.*

Programme and Progress

Programme Risk:		**Med**	
Key dates including Works Start and Finish Dates and upcoming events			

Design & Technical Report

Programme Risk:		**Med**	
Update on design and technical progress			

Public Utilities

Programme Risk:	**Low**		
Report any issues that arise			

Legal & Commercial

Programme Risk:	**Low**		
Report any issues that arise			

Furniture, Fittings and Equipment

Programme Risk:	**Low**		
Will be reviewed closer to handover in conjunction with commissioning plan			

Risk

HUB Project Risk Register included within Appendix B.

Risks removed since last month	Risk Score reduced from last month	Risk score increased from last month	New Risks added since last month

Red Risk Summary

Risk No	Risk Description	Mitigation	Score

NHS Project Risk Register included within Appendix A.

Risks removed since last month	Risk Score reduced from last month	Risk score increased from last month	New Risks added since last month

Red Risk Summary

Risk No	Risk Description	Mitigation	Score

Health and Safety Update

Comment on any reported Health & Safety issues.

Construction Quality

Comments from Site Monitor

Community Benefits

Attach or include Hub's Community Benefits tracker

Appendix - O -Tables for Financial Case (revenue-financed capital version)

Summary of revenue financed capital costs

		Change to OBC (*FBC only*)	
Capital Cost	Total £000s	Total at OBC £000s	Movement from OBC £000s
Construction Cost			
Additional itemised costs			
Total Construction costs	18,330	18,431	-101
Fees	2,460	2,765	-305
Additional itemised costs			
Total fees and other costs			
Furniture (funded through GG&C Capital)	1272	1272	
IT (included in equipment)			
Medical Equipment			
Additional itemised costs			
Total furniture and equipment	1272	1272	0
Risk Allowance/Inflation (£476k risk +£148K inflation)	0	624	-624
Total estimated costs within hub/NPD contract	20,790	21,196	-406
Reduction to financing requirement from capital contributions			
Total estimated cost net of capital contributions			

Summary of conventional capital funded costs

		Funding			Change to OBC (*FBC only*)	
Capital Cost	Total £000s	Existing Resources £000s	Partner contributions £000s	SG Funding £000s	Total at OBC £000s	Movement from OBC £000s
Construction Cost						
Quantified Construction Risk						
Additional itemised costs						
Total Construction costs						
Site acquisition						
Enabling works						
Fees						
Additional itemised costs						
Total fees and other costs						
Furniture						
IT						
Medical Equipment						
Additional itemised costs						
Total furniture and equipment						
Additional Quantified Risk						
Total estimated cost excl optimism bias						
Allowance for optimism bias						
Total estimated cost						
Capital contributions to hub/NPD contract						

Profile of conventional capital expenditure including capital contributions

Year	Total Capital Spend £000s	SG Funding Requirement £000s
Year 1		
Year 2		
Year 3		
Year 4		
etc		
Total		

Estimated Unitary Charge

	£000s
Financing, repayment and SPV costs (100% SG funded)	1585
Lifecycle costs (50% SG funded)	100
Hard FM costs (100% locally funded)	102
Other costs	
Total estimated Unitary Charge	1787
Scottish Government funding	1635
Local funding	152
Contributions by partners	
Total estimated Unitary Charge	1787

Health and Social Care Partnership
Chief Officer: Louise Long

INVERCLYDE HSCP Health and Social Care Partnership

Inverclyde Council
Municipal Buildings
Clyde Square
Greenock
Inverclyde
PA15 1LY
Tel: 01475 712722
Fax: 01475 712731

louise.long@inverclyde.gov.uk

Our Ref: 64/2018/LL/AM

Your Ref:

Date: 18th September 2018

Ms Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde
JB Russell
Gartnavel Hospital
G12 OXN

Dear Jane

Inverclyde Health and Social Care Partnership and NHS Board's Capital Planning Team have been actively involved in developing the Greenock Health and Care Centre scheme through its various stages.

There is jointly confirmed acceptance of the strategic aims and investment objectives of the scheme, its functional content, size and services.

This letter is confirmation that the financial costs of the scheme can be contained within the agreed and available budget and a willingness and ability to pay for the services at the specified contribution level.

In the unlikely event that the scheme's costs breach the agreed ceiling joint support is requires be re-validated.

The scheme is affordable via the DBFM route.

Yours sincerely

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP