NHS
Greater Glasgow and Clyde

West Dunbartonshire

Health & Social Care Partnership

TRANSFORMING CARE IN CLYDEBANK

Outline Business Case

12th October 2017

Transforming Care in Clydebank

Appendices **78**

1. Initial Agreement Letter – Health & Social Care Directorate
2. Benefits Realisation Plan
3. Design Statement
4. Schedule of Accommodation
5. Project Programme
6. Risk Register
7. Healthcare Acquired Infection (HAI) Scribe Assessment Report
8. Value for Money Scorecard
9. Communication and Engagement Plan
10. Stakeholder Letter of Support

Artist's Rendering of Planned Interiors of New Health and Care Centre

Clydebank's youth centre Y Sort-It is up on the hill on one of the town's finest sightlines, Kilbowie Road. This is 'tap ae the hill' territory, or Radnor Park as it's officially known. 'We have quite a lot of these sayings that only we use', 9 year old Lauren explains. She's in Y Sort-It with the other Young Hubbits, making a model of her dream health centre with paper mache. Creativity, community and active living are all encouraged here, not to mention empowerment; the young people are making the decisions about how the service is run. They were the first organisation in Scotland to be awarded government funding that was solely managed by 16-25 years olds. Limitless horizons are a theme here.

From Y Sort-It, look south and you can see the River Clyde, the Titan Crane and the evergreen Newshot Island beyond, which is a feeding and resting point for migratory birds travelling to and from regions such as North America, Siberia and West Africa. Look north and you can see the Kilpatrick hills that wrap around the town. Duncolm, Fynloch, Middle Duncolm, Darnycaip, Doughnot Hill, Auchineden, Craigarestie, Berry Bank, Brown Hill, Cochno Hill, Knockupple, Craighirst,. This is Clydebank's timeless landscape. Lauren lists the view from her bedroom window as one of her favourite things, second only to her choice of libraries in the town – six altogether, each with their own appeal. 'I do love the water and the mountains. They bring a peacefulness to Clydebank.'

By Lauren (Y Sort-It)

As quoted in the *River to Recovery – An Arts Project for the new Clydebank Health and Care Centre* (Ruth Olden, 2016)

1. Overview

1.1 West Dunbartonshire as a whole faces the considerable challenges of restructuring its economy following the decline of heavy industry, dealing with the impacts of the recession and managing a declining and ageing population. Overall, West Dunbartonshire has a worse general level of health than the Scottish average – this is also the picture within Clydebank. Clydebank has high levels of poverty and an increasing elderly population, with many burdened with long term conditions. This is driving growing demand for health and social care services alongside an increasing imperative to co-locate teams, integrate services and deliver seamless care.

With changing demographics and increasing levels of need, over the next ten years the health and social care landscape will change significantly. Those changing demographics, an increase in demand for services, and the likelihood of more people with complex multi-morbidities – alongside reduced public sector resources – means that the public sector has to work together to deliver services in different ways and make the most of all of the investment available.

1.2 In accordance with the Public Bodies (Joint Working) Act 2014, Greater Glasgow & Clyde Health Board (NHSGGC) and West Dunbartonshire Council established their local integration joint board – known as West Dunbartonshire Health & Social Care Partnership (WD HSCP) Board – in July 2015. The WD HSCP arrangement has been built on the successes and experience of its predecessor Community Health & Care Partnership (CHCP) that had been operating effectively since October 2010. The approved HSCP Strategic Plan sets out the key priorities and commitments for health and social care for the area – and includes support for a replacement health and care centre to deliver improved outcomes for the communities of Clydebank.

1.3 Community health services in Clydebank serve 50,000 people. Whilst all of these services are being developed as increasingly integrated health and care arrangements, the dispersed locations from which staff are based inhibits their ability to develop synergies in terms of new ways of joint working and support. Moreover the significant constraints of three facilities in particular – namely Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie Road – significantly limit their scope to realise the benefits of integration for their patients and local people more broadly. This is especially true of the main Clydebank Health Centre, where the poor state and ongoing maintenance of the building mean that from a repairs perspective it is expensive to maintain. The asbestos that is integral to the building's structure means that even relatively simple repairs are extremely costly; and that extension of that building is cost-prohibitive. Despite the commitment of staff the current facilities are unable to provide the standard of patient experience set out in the

national quality strategy or of a standard acceptable to either the NHSGGC or the WD HSCP Board.

1.4 This transformational project is being led by WD HSCP, which is responsible for the provision of all community health and social care services in West Dunbartonshire. An Initial Agreement for the project was endorsed by the WD HSCP Board Audit Committee in January 2016; and approved by the NHSGGC Health Board in February 2016, prior to then being formally submitted to the Scottish Government Health Directorate's Capital Investment Group (CIG). Following consideration at its meeting of 15th March 2016, CIG recommended approval of the Initial Agreement to the Director-General Health & Social Care and Chief Executive NHS Scotland, who subsequently wrote to the NHSGGC Chief Executive on the 7th April 2017 to confirm that they had accepted that recommendation and so invited the submission of an Outline Business Case (OBC) (Appendix 1).

1.5 The purpose of this OBC then is to identify the preferred option for implementing the strategic / service solution confirmed at Initial Agreement stage. It will demonstrate that the preferred option optimises value for money and is affordable. It will also set out the supporting commercial and management arrangements to be put in place to successfully implement that option.

1.6 As indicated within the approved Initial Agreement and is now further corroborated within this OBC, the preferred solution option is a single and new-build facility.

Output	**Option – New Build Queens Quay**
Capital Expenditure (Capex & development costs)	£19,250,246
Annual Service Payment	£1,777,703

1.7 The proposed new Clydebank Health & Care Centre would accommodate six General Practices; District Nursing; Health Visiting; Physiotherapy; Podiatry; Dietetics; Diabetic Specialist Nursing; Primary Care Mental Health; Speech & Language Therapy; Community Older People Team; Hospital Discharge Team; Home Care Team; Pharmacy Team; Continence Team; Outpatients Clinics; and Community Administration.

1.8 The overall cost position has increased from £18,997,810 at the previous Initial Agreement stage to £19,250,246. There has been no increase in the building area of 5,722m^2 since the Initial Agreement though. A number of changes have increased costs, including technical matters, site issues and design development. The most significant items include a compliance requirement for cold water systems to be chilled;

requirements for additional mechanical ventilation; and an element of ground remediation to deal with specific site conditions. Some of this has been addressed by utilising risk allowances included at the Initial Agreement stage; an element of value engineering; and a reduction in inflation allowances based on published Building Cost Information Service (BCIS) indexes. The overall costs have been examined by the NHSGGC's technical advisers, who have confirmed that the costs represent value for money. Discussions took place with Scottish Government in March 2017 when these increases became apparent. Following upon this, confirmation was provided by Scottish Government that NHSGGC should proceed with the submission of an OBC on this basis.

1.9 A new integrated facility for Clydebank already has widespread stakeholder support, including from local politicians and the local Community Planning Partnership. Such a replacement health and care centre build will enable the co-location of multi-disciplinary services - including integrated health and social care teams - within a new facility giving one stop access and improved accessibility for patients to an increased range and improved quality of services (including additional acute outreach clinics); a considerably improved working environment for staff; space for community and third sector partners and carer's organisations involved in the co-production of supported self care; meeting and training space for all our staff (supported by a commitment to shared and agile technology for staff) and local community groups. Moreover, the development of a new and enhanced health and care centre within Clydebank has already been identified as a key contribution that NHSGGC could make to the wider regeneration plans for Clydebank.

Artist's Rendering of Planned Entrance to New Health and Care Centre

1.10 This OBC is structured in accordance with the refreshed Scottish Capital Investment Manual (SCIM), particularly the 'five case model' methodology for developing a robust and comprehensive business case and which is centred on the need to address the following issues (each of which has formed the basis for a dedicated section herein):

- Does the proposal support a compelling case for change, providing national and local strategic synergy? – the Strategic Case.
- Will the proposal optimise value for money? – the Economic Case.
- Is the proposal commercially viable? – the Commercial Case.
- Is it financially affordable? – the Financial Case.
- Is it achievable and deliverable? - the Management Case.

1.11 As well as complying with the requirements of the SCIM, the local approach to shaping the development of this key project has been informed by the positive learning and best practice established in the successful delivery of the Vale Centre for Health and Care as recommended in the latter project's Office for Government Commerce (OGC) Gateway Review.

1.12 In accordance with SCIM guidelines the development of any new infrastructure project requires a full site options appraisal. Given the background to this project, CIG agreed that Scottish Futures Trust should be invited to engage with NHSGGC to examine the available options against the project's benefits realisation and investment objectives. This process was detailed within the approved Initial Agreement.

1.13 As confirmed within the Initial Agreement, through the above process the Queen's Quay Regeneration Development site in Clydebank was confirmed as the optimal available site for delivering on the project's investment objectives.

1.14 Furthermore, the terms of the site's provision by the Council means it will be delivered at a lower cost to the project, allowing current funding to be used most effectively. In locating the new facility on this prime site, the regeneration benefits of the project will be considerably enhanced and further deliver a positive effect on the health and wellbeing of the people of Clydebank.

1.15 With that in mind, each of following sections of this OBC is prefaced by a vignette that has emerged from one of the Arts projects that was commissioned to inform the development of the transformation proposed by – specifically to explore Clydebank's return after industry. These are some of the stories of Clydebank's "makers and menders": people who have not only lived the change, but who are also enacting change in response: stitching, fixing, digging, sharing, skilling, and storytelling, to tend to health, wellbeing, community and environment in the area. These stories speak to an enduring "Bankie" spirit, and all its collective purpose.

1.16 What emerges is a fierce local activism, borne of loyalty, and a strong sense of belonging to a home turf. There is a desire for learning and betterment and reconnection with the environment. There is generosity and humour. And there is also an undeniable resilience that, while borne of necessity on one level, has on another level propelled Clydebank's greatest experiments in community, creativity and green learning that have been observed in recent years. The new Clydebank Health and Care Centre proposed here is uniquely positioned to engage with such stories of post-industrial recovery, to champion them, and to be inspired by the hopes and aspirations that they represent.

Every Friday the Clydebank walking group walk along the river's edge of John Brown's which has, up until recently, been off limits. It's a blustery day but everyone is glad to take in the fresh air. Amongst the walkers is Raymond Cross, a former employee of John Brown's who began his welder apprenticeship here aged 16. Raymond points to the large dirty shed, long gone, where he first got a handle of the welder's rod making small parts under the guidance of Tam Elder. Next he was moved to the assembly bay where he spent two years working alongside a Plater and his mate. 'In this section you found new friends, some to be lifelong friends, as a lot of men were at the same stage as you'. He still remembers the day he was finally summoned to join the welding foreman on the berth: 'now it got dangerous and exciting, having to climb and crawl into small places'. All the welders were paired up, and together assigned their own section that they took full responsibility for. 'In most cases it took a while to find someone that you would be compatible with, and once this was achieved you stayed with that person. They called it a big family and you can imagine why'. Raymond was proud of what he was, and what he was leaving behind, and he was good at it - so much so that he was the first welder to be sent out on to the berth to work on the keel of the QE2. His foreman announced to him one day: 'Go out there and make history'.

All the men worked extremely hard – six days a week, sometimes Sundays, lots of late nights, and families at home paid the price. 'They spent more time with their workmates than their wives, and they were working so hard that they didn't even have time to think about it. There was a real lack of affection in those days', Raymond recalls. 'It was a very macho, competitive environment, their jobs were hard. They drank after work to come down, and eventually they drank because they couldn't face up to what home life had become. This only got worse with the drip drip failure of industry, with the uncertainty of contracts, and the deterioration of working conditions. The workmen suffered stress and many other related problems that stayed with them, and when they were finally let go, it was like man and wife finally meeting again after a long time away, and it didn't always work out'. That's why you get so many groups like this – there was terrible loneliness and isolation, and people needed ways to new ways to build their relationships. Things are much better for families these days. 'Nowadays you see men pushing prams and trollies. That would never have happened back then. I don't think we should long for the past, but learn from it. The gates of the yard created separate universes for men and women back then - too much inequality. I hope that we can learn from that and move forwards'.

With thanks to Raymond (Clydebank Walking Group)

As quoted in the *River to Recovery – An Arts Project for the new Clydebank Health and Care Centre* (Ruth Olden, 2016)

2. Strategic Case

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

- Have the current arrangements changed?
- Is the case for change still valid?
- Is the choice of preferred strategic / service solution(s) still valid?

2.2 Fundamentally, there have been no material changes to the strategic case since the Initial Agreement was prepared and approved. Whilst there has been a change to the current arrangements in terms of the existing sites that were originally proposed as being rationalised through this project, the answer to the the second and third questions continue to be an unequivocal "yes".

<u>Have the current arrangements changed?</u>

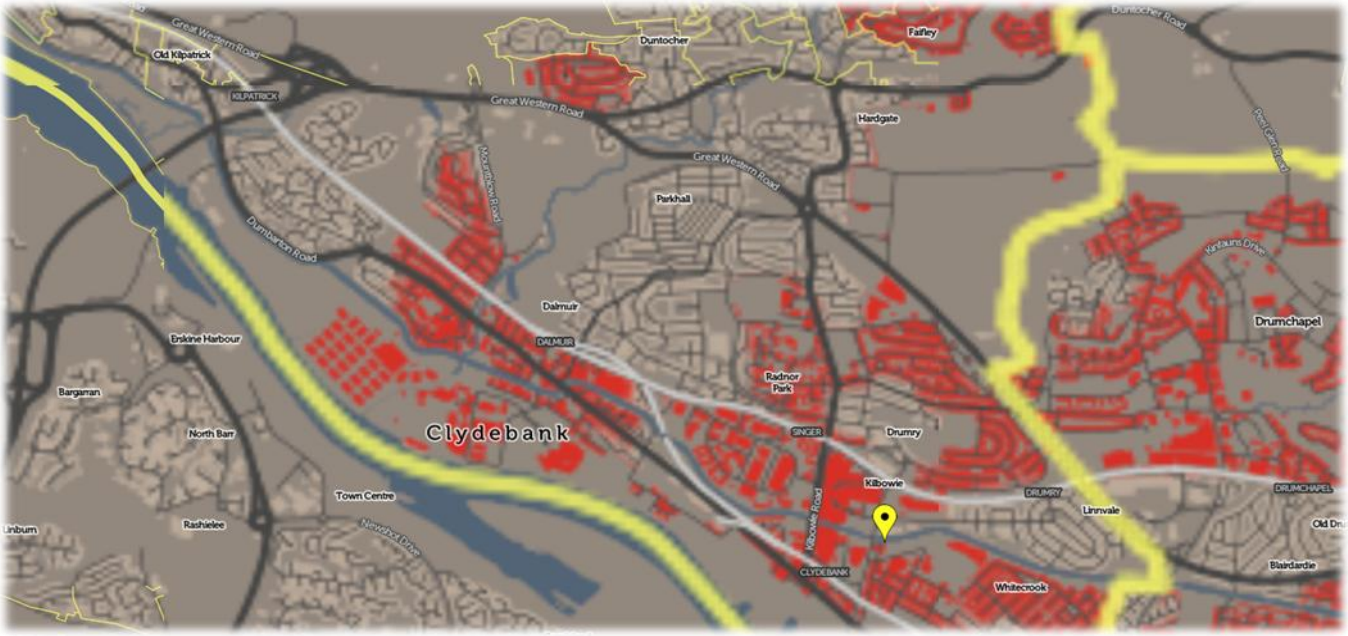
2.3 As detailed within the Initial Agreement, West Dunbartonshire as a whole faces the considerable challenges of restructuring its economy following the decline of heavy industry, dealing with the impacts of the recession and managing a declining and ageing population. According to the most recent *Scottish Public Health Observatory Health and Wellbeing Profile* for the area (published 2016):

- Life expectancies in 2011, at 74.1 years for males and 78.7 years for females, were lower than the Scottish average of 76.6 years for males and lower than the Scottish female average of 80.8 years.
- Cancer registration in 2011–2013 was, at 715, higher than Scotland's overall rate of 634.
- The rate for patients hospitalised with asthma in 2011–2013, 117, was higher than the Scottish rate of 91.
- The rate for emergency hospitalisations in 2011–2013, at 8650, was higher than the rate for Scotland (7500).
- In 2011–2013, the coronary heart disease rate was, at 554, higher than the Scottish level of 440.
- The percentage of people prescribed medication for anxiety, depression or psychosis in 2014/15 was, at 20%, higher than Scotland overall (17%).

- The rate for adults aged 65 years and over with multiple hospital admissions in 2011–2013, at 6140, was higher than that in Scotland (5160).

2.4 Overall, West Dunbartonshire has a worse general level of health and socio-economic deprivation than the Scottish average – this is also the picture within Clydebank (as illustrated in the map overleaf). Clydebank has high levels of poverty and an increasing elderly population, with many burdened with long term conditions. This is driving growing demand for health and social care services alongside an increasing imperative to co-locate teams, integrate services and deliver seamless care.

Clydebank – lowest 20% Scottish Index of Multiple Deprivation datazones in red (ISD)



2.5 Community health services in Clydebank serve 50,000 people and currently operate from five sites: Clydebank Health Centre; Hardgate Clinic; West Dunbartonshire Council owned premises at Kilbowie Road; Beardmore Resource Centre; and Goldenhill Clinic. Whilst all of these services are being developed as increasingly integrated health and care arrangements, the dispersed locations from which staff are based inhibits their ability to develop synergies in terms of new ways of joint working and support. Moreover the significant constraints of three facilities in particular – namely Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie Road – significantly limit their scope to realise the benefits of integration for their patients and local people more broadly.

2.6 The Initial Agreement proposed rationalising all five of the above sites as part of this project. However, after carefully reviewing the current arrangements as part of the preparation of this OBC, the Project Board have come to the considered conclusion that the Goldenhill Clinic and the leased premises at Beardmore Resource Centre should no longer be considered as part of this project; and that the focus be sharpened to addressing the inadequacies of Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie .

2.7 There have been no negative changes to the strategic background since the Initial Agreement was prepared and approved – as summarised in the table below.

Response to strategic background	**Status Confirmation**
Who is affected?	*The range of stakeholders affected by this proposal remains the same as detailed within the approved Initial Agreement.*
Links to NHSScotland's strategic priorities	*The proposal's links with NHSScotland's strategic priorities remain the same as detailed within the approved Initial Agreement.*
Links to other policies and strategies	*The proposal's links with other policies and strategies have been further strengthened since the Initial Agreement was approved.*
Influence of external factors	*External factors influencing this proposal remain the same as detailed within the approved Initial Agreement.*
Service Activity Changes	*Service activity remains the same as detailed within the approved Initial Agreement.*
Changes to service model	*The service model remains the same as detailed within the approved Initial Agreement.*

2.8 As acknowledged within the above table, there have been a number of new policies and strategies that have reinforced the strategic case for the project as follows.

2.9 The *National Clinical Services Strategy* (2016) sets out a framework for the development of health services across Scotland for the next 10 to 15 years. It gives an evidence-based high level perspective of why change is needed and what direction that change should take. It emphasises the importance of:

- Taking a person centred approach
- Ensuring services are safe, sustainable, efficient and adaptable over time
- Ensuring care is provided closer to home wherever possible

- Ensuring services are integrated between primary and secondary care
- Providing affordable solutions to utilise available funding as effectively as possible.

2.10 That Strategy highlights the need for effective integrated working between primary and community care; and across health and social care. It promotes an objective to increasingly arrange for co-location of primary and community care services, in a way that enables them to work as manageably sized, close-knit teams with excellent inter-professional communication, and "one-stop" access for people.

2.11 The *National Health & Social Care Delivery Plan* (2016) emphasises that community and hospital-based care needs to be integrated and rebalanced to ensure that local health services are more responsive and supportive to the needs of individuals, not least those with chronic conditions who would be better supported in primary and community care. That requires reforming the latter to deliver a stronger, better resourced and more flexible service for people.

2.12 *Realising Realistic Medicine: The Chief Medical Officer for Scotland Annual Report 2015/16* asserts that people receiving health and care should be at the centre of clinical decision-making. In doing so, the Chief Medical Officer emphasises the necessity to and the imperatives for reducing harm and waste; tackling unwarranted variation in care; managing clinical risk; and innovating to improve.

2.13 In November 2016, the Scottish Government and British Medical Association published *General Practice: Contract and Context - Principles of the Scottish Approach*, setting out a shared vision for how general practice can be improved so that GPs can become clinical leaders of expanded teams of health professionals working in the community. The Vision is for General Practice to be at the heart of the healthcare system; for those who need care to be more informed and empowered than ever, with access to the right person at the right time, while remaining at or near home wherever possible; and for multi-disciplinary teams in every locality, both in and out of hours, involved in the strategic planning and delivery of services.

2.14 Building on the above and its own *Clinical Services Strategy* (2015), NHSGGC's Acute Services Committee agreed an approach to planning the changes required to transform Acute Services in line with the direction set by these initiatives - *Transforming Delivery of Acute Services Programme* (2017). This approach explicitly reflects:

- An appreciation that while there continue to be increasing amounts of money spent on the NHS, that the growing demands from patients and the changing health needs of the population will only be met by shifting resources from acute hospitals to the community.

- A commitment that more support will be developed in the community to enable people to stay locally and out of acute hospitals unless necessary.
- An expectation that new approaches to the effective delivery of care and support for people with multiple health conditions will result from better integration and investment.

2.15 In the *Nursing 2030 Vision* (2017), the Chief Nursing Officer similarly emphasises the drive towards high-quality, compassionate, efficient and effective health and social care systems that provide accessible and responsive services.

2.16 The recently published *National Health & Social Care Standards* (2017) seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity; and that the basic human rights that everyone is entitled to are upheld. The Standards are based on five headline outcomes, the last of which is particularly pertinent to this OBC:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

2.17 All of the above are reflected within and reinforce the strategic commissioning outcomes detailed within the *West Dunbartonshire Health & Social Care Partnership Board's Strategic Plan 2016-19* – namely:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.

2.18 As detailed within the approved Initial Agreement, in September 2015 an AEDET assessment of the existing Clydebank Health Centre building was carried, facilitated by Health Facilities Scotland (HFS).

Existing Clydebank Health Centre – Exterior

2.19 That AEDET assessment highlighted only one area where the existing building worked well, namely that internal space has been well utilised. It also highlighted a variety of areas where the existing building was seen as being inadequate, notably lack of space; poor quality environment internally, both for staff and patients/service users; poor internal layout; poor access to the building; and poor sustainability. Importantly, this assessment has provided a benchmark against which these new proposals for change can and have been compared and tested.

Existing Clydebank Health Centre – Interior (Waiting Room)

2.20 A follow-on workshop was undertaken later in September 2015 to develop a Design Statement for any new facility, facilitated by Architecture and Design Scotland (A&DS). The design quality objectives and Design Statement developed through that process and then articulated within the Initial Agreement have remain unchanged through the development of this OBC – with the design for the new facility:

- To be clearly accessible for the communities that it is designed to serve.
- To be straightfoward to navigate for all, with clear wayfinding and lines of sight.
- To foster a safe and calming environment, including through good use of natural light and ventilation.
- To promote a sense of community amongst staff within and across disciplines/services, encouraging dialogue, collaborative working and joint learning.
- To convey a welcoming and considerate impression, internally and externally, reflective of the community.

Is the case for change still valid?

2.21 The case for change has not changed materially since the Initial Agreement was developed and approved – if anything, it has only been strengthened given the more recent policies and strategies summarised in 2.9 to 2.17 above. The table below summarises that case for change that was described and evidence in detail within the Initial Agreement.

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
Future service demand	Existing capacity is unable to cope with current or future projections of demand. There is no natural flow between clinical areas to maximise a multidisciplinary approach.	Multidisciplinary working is has been impeded by the constraints of the layout. Patient demand cannot be met due to constraints of accommodation.
Dispersed service locations	Existing service arrangements affect service access and travel arrangements. Currently managing the upkeep and backlog maintenance of old buildings, most of which are no longer fit for purpose.	Service access is currently fragmented for this locality when compared with other catchment areas.

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
Ineffective service arrangements	The current Clydebank Health Centre was built at a time when the NHS was more focused on less complex episodes of illness and treatment; and less recognition of the need for privacy, respect and dignity as integral to the delivery of health services. It is no longer acceptable to have key services on upper floors if the lifts are unreliable, for example and while we have this situation, some sections of our communities have poorer access to services.	More integrated approaches are not supported by dispersed teams, particularly when the patient has to navigate across a number of sites and locations to access the range of supports needed.
Service arrangements not person centred	The existing Health Centre facility does not have interior flexibility to re-shape clinical areas and accommodate related teams or services. This means that patients need to navigate an often complex array of locations to receive multi-disciplinary support. As more and more people are living with multiple long term conditions and wishing to be more active in the management of their own health, our existing service arrangements present more barriers than solutions.	People will be discouraged from engaging with our services as it can be complicated and expensive. This increases the risks of individuals coming to services late in their disease progression; treatment options being more limited, and outcomes being less good than they could have been.
Accommodation with high levels of backlog maintenance and poor functionality	Increased safety risk from outstanding maintenance. Clydebank Health Centre is now nearing the end of its useful life in terms of suitability for service provision. There has been a programme of works to address the need to remove asbestos, and	There is currently no room to expand the facility due to footprint of the building and site constraints. As a result the existing facility has failed to keep pace with the requirements of modern

Cause of the need for change	Effect of that cause on the Organisation	Need for action now
	therefore more routine works have had to be de-prioritised, further adding to the backlog (backlog maintenance is currently costed at £557,090).	primary care health provision.

2.22 The investment objectives have also not changed materially since the Initial Agreement was developed and approved – and again, if anything, their appropriateness has only been heightened given the more recent policies and strategies summarised in 2.9 to 2.17 above. The table below summarises those investment objectives, which were described in detail within the Initial Agreement.

Effect of that cause on the organisation	What needs to be achieved to overcome this need? (Investment Objectives)
Stifling effect of inequalities on population of Clydebank	The primary determinants of health are well recognised as being economic, social and environmental. Within West Dunbartonshire we are formally committed to a determinants-based approach to health inequalities, with our local-term goal being to have tackled population-level health inequalities as a result of our having collectively addressed its root causes through the local Community Planning Partnership – by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. *INVESTMENT OBJECTIVE 1:* *Contribute to economic regeneration of Clydebank as a whole.*
Existing service arrangements affect service access and travel arrangements	Our current arrangements have developed based on the location of buildings rather than the natural flow of services and how they should be used. Patients frequently have to travel between locations to access the full range of support they need, and staff use up valuable clinical time travelling between these locations too. The location of the current health centre means that travelling by car is the most convenient mode for most, and for those without access to a car, the alternatives are costly and inconvenient - and this disproportionately affect those most

Effect of that cause on the organisation	What needs to be achieved to overcome this need? (Investment Objectives)
	vulnerable to poor health outcomes. To overcome this, we require improved access to primary care and associated services that are patient centred, safe and clinically effective. *INVESTMENT OBJECTIVE 2:* *Improve local access to a greater range of modernised services.*
Inefficient service performance	Since our new integrated arrangements commenced in place in 2015 there has been a much greater emphasis on joint working. This has not just been with the Council, but also the wider community planning partnership and local voluntary sector organisations. To help us build on this approach, key services (including but not restricted to health services) need to be located together, and their relationships with good overall health and wellbeing made explicit. *INVESTMENT OBJECTIVE 3:* *Increase integration of multi-disciplinary teams and services.*
Service is not meeting current or future user requirements	Current arrangements dispersed over a number of locations do not meet modern requirements or expectations for good, supportive care that promotes independent living. To meet user requirements for equitable and clear service pathways and connections, we need facilities that can provide a natural flow of services, and reinforce the services' relationships with each other. To achieve this, we need a modern fit for purpose accessible facility that will facilitate and promote interagency and interdisciplinary working, and address health inequalities by having better integrated teams. Community and primary care staff – including those working within general practice - need access to professional development and training, and facilities to support this would be built into new arrangements. *INVESTMENT OBJECTIVE 4:* *Increase capacity and adaptability of facilities in which services delivered and based.*
Increased safety risk from outstanding maintenance and	Improve safety and effectiveness of accommodation by providing accommodation that will deliver improved energy efficiency, reducing CO2 emissions in line with the Government's 2020 target and contributing to a reduction in whole life costs. Meet statutory

Effect of that cause on the organisation	What needs to be achieved to overcome this need? (Investment Objectives)
inefficient service performance	requirements and obligations for public buildings. The current backlog maintenance is compounded due to the asbestos in the existing Clydebank Health Centre, making repairs so costly that there is insufficient capital funding to undertake most repairs. The roof leaks in many places and parts of the interior drop off from time to time, occasionally causing injury to patients or staff. *INVESTMENT OBJECTIVE 5:* *Improve safety and quality of facilities in which services delivered and based.*

Is the choice of preferred strategic solution still valid?

2.23 The preferred strategic solution described and confirmed within the Initial Agreement is still valid - and again, if anything, its appropriateness has only been heightened given the more recent policies and strategies summarised in 2.9 to 2.17 above.

2.24 The Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie Road facilities have been assessed as not meeting the basic needs nor being able to address the above investment objectives - so a Do Nothing option is not viable. The poor state and ongoing maintenance of the main Clydebank Health Centre in particular mean that from a repairs perspective it is expensive to maintain. The asbestos that is integral to the building's structure means that even relatively simple repairs are extremely costly; and that extension of that building is cost-prohibitive. The preferred solution then continues to be a fully integrated health & care service model for Clydebank based within a single and new-build facility.

2.25 A replacement health and care centre build would enable the co-location of multi-disciplinary services - including integrated health and social care teams - within a new facility giving one stop access and improved accessibility for patients to an increased range and improved quality of services (including additional acute outreach clinics); a considerably improved working environment for staff; space for community and third sector partners and carer's organisations involved in the co-production of supported self care; meeting and training space for all our staff (supported by a commitment to shared and agile technology for staff) and local community groups.

2.26 The proposed new leading edge facility would then meet a number of significant needs that the existing community service arrangements within Clydebank - and specifically those within the current Clydebank Health Centre - are fundamentally unable to, i.e. the new Centre will:

- Improve access to and range of services.
- Improve patient, carer and visitor experience.
- Enable integration of service provision.
- Enable integrated team working.
- Improve quality of clinical care, including meeting decontamination requirements.
- Enable better use of information and communication technology.
- Improve physical work environment for staff.
- Provide high quality learning facilities for staff and students.
- Improve environmental management and sustainable development contribution.
- Provide improved modern parking and drop off facilities, plus enhanced access for pedestrians, cyclists and those using public transport.
- Improve space utilisation and enhance adaptability for future change.

2.27 The NHSGGC, the HSCP and West Dunbartonshire Council are all committed to implementing new agile working arrangements that enable more flexible work styles supported by new technology, new office layouts and different approaches to people management. Experience has shown that many benefits can be gained, including:

- Increased productivity.
- Reduced travel time and costs.
- Better use of office space.
- Property rationalisation.
- Property disposal.
- Reduced pollution.
- Greater employee satisfaction.

2.28 All of these elements of the Centre will be further refined through the FBC, construction and commissioning phases of the project.

2.29 The internal layout and infrastructure for the proposed Centre is being developed with those best practice principles in mind, notably with respect to the optimal use of up-to-date information technology (IT).

2.30 The national Health and Social Care Delivery Plan identified digital technology as key to transforming health and social care services (and which will be further elaborated within the forthcoming Digital Health and Social Care Strategy for Scotland). Work on IT infrastructure has developed with representation from West Dunbartonshire Council and NHSGGC IT team members. The intent is to develop a system similar to that at the Eastwood Health and Care Centre, where NHS and Council systems are aligned, so that staff can make use of any workstations or terminals around the building, allowing flexibility of use and easy access to networks. In addition, funding has been provided to support back-scanning of records to minimise space requirements and simplify archive storage.

2.31 The new centre will also include wi-fi coverage for all staff and service users. Facilities for self-check-in terminals will be provided at each reception point. Telemedicine tools will be in place, in line with their current pilots with Scottish Government through the Technology Enabled Care (TEC) pilots for frailty, COPD and diabetes. Tele-conferencing and interactive white boards will be installed in large meeting rooms.

2.32 An IT sub Group of the Project Delivery Group has been formed and feeds into the Project Board. The costs for IT - including wi-fi installation - are included in the present cost plan; and Group 2 and 3 IT equipment are included within the capital equipment allowance within the overall project budget.

2.33 As described within the Initial Agreement, the development of a new and enhanced health and care centre within has already been identified as a key contribution that NHSGGC can make to the wider regeneration plans for Clydebank. As confirmed within the Initial Agreement, the Queens Quay Regeneration Area is the preferred location for this new facility, as per the project's Site Options Appraisal process that was facilitated by SFT and detailed within the Initial Agreement.

2.34 Queens Quay is West Dunbartonshire Council's key regeneration project. Its aim is to provide a better environment for the people of Clydebank and importantly to attract new residents and families to a regenerated riverside location. The wider Queens Quay site is subject to a planning permission in principle which was granted in September 2016 for mixed use development comprising a predominantly residential development to the west with a mix of retail, commercial and leisure uses around the basin and a health quarter to the north of the basin.

2.35 The proposed health quarter incorporates land for a new HSCP operated residential care-home and day facility (which secured planning permission in May and for the health and care centre proposed here. As such, the proposed new health and care centre is not just about the construction of a new asset, but more importantly how such a new facility will contribute to a transformation in the type of care provided with and for local people; and the economic and social transformation of the Clydebank area more broadly.

In Clydebank's Men's Shed there is a blackboard with two chalked headings: 'Skills we have to offer', and, 'Skills we'd like to learn'. Under the first is listed welding, fly fishing, carpentry, French polishing, baking, gardening; under the second is furniture making, guitar making. Founding member George says that it's important they define themselves by their capacities; it's part of the kinds of legacies that they're dealing with. 'Many of these men have worked in industry all their lives, and they've lost their jobs or retired. Loneliness creeps in, confidence falls away, and they feel devalued. What you can do has always been so tied up in a Clydebank mentality – it's still important. Knowing what you can do, and that you can share that with others makes you feel good.' The Men' Shed is still new but they have big renovation ambitions for the old scout hall that they've moved into. They will have a workshop filled with their own handmade workbenches and donated tools. Here they will begin a big up-cycling program, building furniture, instruments, and anything else that needs making for the wider community. George has brought in an electric guitar he has recently made using an old floorboard. 'See the things yeh can dae!? Necessity is the mother of invention, as Frank Zapper used to say!'

George came to volunteering after his own personal struggle. 'I was going through a bad patch, and finding it hard to leave the house. Women pick up the phone and meet for a coffee to talk things through, but it's not so easy for men.' Having met others in a similar situation he decided to set up a learner's group in Clydebank, for companionship and continuing education. Today, the Linnvale Lifelong Learners have many strings to their bow: there is the Sewing Group, the Cinema Group, the TLC group (who are learning about mindfulness and meditation), the Blether Group, and the Jewellery Group. The Men's Shed is a much anticipated addition. 'We're all trying to better ourselves – 'How am I gonnae manage to do that for myself?' 'How am I gonnae manage to get that for myself?' If you could take that, and do that for the community; if you could figure out the rights for your brother, and your sister, your neighbour, your street, suddenly you find yourself thinking differently, acting differently. I'm hopeful about Clydebank. There is always someone who sees a need, and does something about it. And these men have a huge amount to offer. They might well have retired but they're no deid yet'.

With thanks to George (Clydebank Men's Shed)

As quoted in the *River to Recovery – An Arts Project for the new Clydebank Health and Care Centre* (Ruth Olden, 2016)

3. Economic Case

3.1 The main purpose of the Economic Case at OBC stage is to undertake a detailed analysis of 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 Initial Agreement.

3.2 The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services. This analysis includes the following steps:

- Identify a short-list of implementation options.
- Identify and quantify monetary costs and benefits of options.
- Estimate non-monetary costs and benefits.
- Calculate Net Present Value of options.
- Present appraisal results.

3.3 The approach taken to developing the economic appraisal for this project was informed by best practice recommendations from Audit Scotland[1] and the National Audit Office[2]. A fundamental principle has been that options be appraised on their costs and benefits, not on personal preferences of key stakeholders or individuals.

3.4 The process built on the highly participative approach to stakeholder engagement that has been a hallmark of the project and that was detailed within the Initial Agreement; and informed by all of the engagement and deliberations undertaken since the inception of the project. All of that intelligence has been considered and reflected upon by the multi-stakeholder Project Board. The formal option appraisal was undertaken by the Project Board on the 3rd May 2017, with the

[1] Audit Scotland (2014) *Options appraisal: are you getting it right?*
[2] National Audit Officer (2011) *Option Appraisal: Making informed decisions in government*

outcomes then further tested with a variety of service user/patient representatives throughout May 2017 prior to this OBC being finalised.

Short-List of Implementation Options

3.5 As detailed within the Initial Agreement, in scoping the options for re-provision of services, it has been confirmed that the future model of service provision needs to be delivered from premises that are fit-for-purpose; and through a development that delivers on the following business objectives:

- Improve local access to a greater range of modernised services.
- Increase integration of multi-disciplinary teams and services.
- Improve safety and quality of facilities in which services delivered and based.
- Increase capacity and adaptability of facilities in which services delivered and based.
- Contribute to economic regeneration of Clydebank as a whole.

3.6 As detailed within the Initial Agreement, four options have been investigated:

- Option 1 - Do nothing.
- Option 2 - Extend existing facilities within constraints of existing site.
- Option 3 - New Health Centre on existing site.
- Option 4 - Develop new build integrated facility on new site.

3.7 As confirmed within the Initial Agreement, in considering how the new way of working can be achieved, it has already been identified that the current Clydebank Health Centre has limitations that will significantly compromise delivery. The specific limitations have been considered and detailed at AEDET workshops, and a range of solutions have since been discussed at the Project Board, based on the investment objectives and the parameters defined SCIM. Consequently it has been agreed that to do nothing is not a feasible option due to the poor repair of the existing building; its considerable and growing backlog maintenance; and the growing needs of the local population. However, as per the SCIM guidance, Option 1 (Do Nothing) has been included in the economic appraisal detailed here.

3.8 As detailed within the Initial Agreement, with respect to Options 3 and 4 above a review of potential sites was undertaken by key stakeholders from NHSGGC Capital Planning, HSCP leaders and leads from West Dunbartonshire Council's planning and technical team. The requirement was for a site capable of accommodating circa

2500m^2 footprint and 200 car parking spaces in Clydebank. This requires a site of circa 3 acres. Five potential sites were identified: the existing Health Centre site (expanded); the Queens Quay Regeneration site and three sites of former schools.

3.9 All of the five were examined by Anderson Bell Christie (ABC) architects, who have been selected to deliver the project. They tested each site for capacity to accommodate the necessary physical requirements. Upon reviewing the available sites it became clear that due to the dispersed nature of the population served by the centre (circa 50,000 people) a location on primary public transport routes would be essential. It became clear that whilst two of the school sites could easily accommodate the physical requirements, their location within residential areas was not sufficiently visible to the wider community, nor easily accessible by public transport. It was also clear that the existing health centre location, whilst on a main route, was divorced from the centre of Clydebank. Not only would this site require significant compromise in design development options due to the long narrow nature of the site, it crucially lacked the potential for the collaboration that is essential to meet the service redesign objectives. Only two sites had the potential to meet the benefits realisation requirements: these were Queens Quay and the former St Andrews School at North Douglas Street.

3.10 The following site selection criteria were then utilized (which aligned with the benefit criteria):

- Public and Staff Access – 30%.
- Co-location with other public services – 20%.
- Contribution to regeneration – 20%.
- Environmental Quality – 20%.
- Future Expansion – 10%.

3.11 By comparing both remaining locations against these key criteria a round of consensus scores were awarded by the group against each site. The weighted total of these scored 97% versus 67%, producing a preferred option by a wide margin. Whilst it was agreed that the St Andrews site could be developed satisfactorily, albeit at a cost, on every criteria Queens Quay offered a significantly stronger response. It was apparent that, due to the long-term planning exercise undertaken by the Council, the key requirements had effectively been designed into the masterplan, leading to very high scores in each category.

3.12 Queens Quay is West Dunbartonshire Council's key regeneration project. Its aim is to provide a better environment for the people of Clydebank and importantly to attract new residents and families to a regenerated riverside location. At the heart of the plan is public investment which to date has seen the relocation of West Of Scotland College to a riverside location; the redevelopment of Clydebank Town Hall and Gallery; and the development of a new and state-of-the-art leisure centre. The Council has further committed to locating its new residential care-home and day facility on the site too. Securing the town's principle health facility in this location is seen as a crucial investment to consolidate what has been committed to- date.

3.13 The Queens Quay the site will be remediated and levelled by the developer, which would reduce hub development costs. The development agreement also requires the developer to provide the key infrastructure elements of a spine/access road and utilities as part of an enabling works element. In addition – and importantly – the Council has undertaken to provide the Queens Quay site to the NHS free of charge.

Monetary Costs and Benefits of Options

3.14 Tables overleaf set out the initial capital and revenue cost inputs to the GEM model related to each option.

Initial Cost Implications:	Option 1: Do Nothing £'000	Option 2: Extend existing facilities within constraints of existing site £'000	Option 3: New Health Centre on existing site £'000	Option 4: Develop new build integrated facility on new (Queens Quay) site £'000
Opportunity Costs	375	375	375	0
Initial Capital Costs	0	16,200	20,521	19,821
Transitional Period Costs	0	0	0	0
Costs of Embedded Accommodation	0	0	0	0
Total of initial cost implications	375	16,575	20,896	19,821

3.15 Opportunity costs have been added for Options 1, 2 and 3 as NHSGGC would not be selling the land that the current Health Centre sits on. Initial capital costs have been derived from benchmarking of previous projects for Options 2 and 3; and Option 4 has been taken from Stage 1 Addendum cost at quarter 3 of 2018. In addition, transitional costs are considered to be nil; and cost of embedded accommodation is considered to be nil.

Revenue Cost Implications over 25 years:	Option 1: Do Nothing £'000	Option 2: Extend existing facilities within constraints of existing site £'000	Option 3: New Health Centre on existing site £'000	Option 4: Develop new build integrated facility on new (Queens Quay) site £'000
Life Cycle Costs	14,547	15,247	2,453	2,453
Clinical Service Costs	N/A	N/A	N/A	N/A

Revenue Cost Implications over 25 years:	Option 1: Do Nothing £'000	Option 2: Extend existing facilities within constraints of existing site £'000	Option 3: New Health Centre on existing site £'000	Option 4: Develop new build integrated facility on new (Queens Quay) site £'000
Non-clinical Support Service Costs	2,654	3,354	4,005	4,005
Building Related Running Costs	27,001	31,119	22,013	22,013
Net Income Contribution	N/A	N/A	N/A	N/A
Revenue Costs of Embedded Accommodation	N/A	N/A	N/A	N/A
Displacement Costs	N/A	N/A	N/A	N/A
Total recurring revenue cost implications	**44,202**	**49,720**	**28,471**	**28,471**

3.16 Lifecycle Costs have been calculated for Options 1, 2 and 3 from using the information from NHSGGC's capital planning and management system (VFA), which details replacements over that period. For Option 4 the figure is from Stage 1. Clinical service costs are not affected. Non-clinical service costs are costs for domestic services; and building related running costs include heat, light and power and rates.

Non-Monetary Costs and Benefits of Options

3.17 The approach to weighting and scoring options here followed the approach recommended by Audit Scotland[3], i.e.:

- Identified the various criteria against which the options were going to be scored.

As further recommended, the investment objectives for the project have been used

[3] Audit Scotland (2014) *Options appraisal: are you getting it right?*

here.

- Gave each criterion a weighting to reflect relative importance.

  For logical consistency, the weighting applied for each investment objective correlated with the weighting used for the equivalent criteria within the site selection process (which themselves had been agreed upon by the stakeholders amongst the Project Board).

- Each option was then allocated a score to reflect how closely it meets the specified objectives.

  This was undertaken collectively by the stakeholders amongst the Project Board on the 7th May 2017, with everyone debating and agreeing a consensus score for each objective in relation to each option. Each objective for each option was scored on a scale of 1 to 10 –based on the categories below.

Category	Score	Definition
Excellent	10	The option performs **exceptionally well** in relation to the benefit criterion.
Very Good	8 or 9	The option performs **very well** in relation to the benefit criterion.
Good	6 or 7	The option performs **well** in relation to the benefit criterion.
Satisfactory	5	The option performs **satisfactorily** in relation to the benefit criterion.
Poor	3 or 4	The option performs **poorly** in relation to the benefit criterion.
Very Poor	1 or 2	The option performs **very poorly** in relation to the benefit criterion.

These were then tested – and corroborated by – a variety of additional stakeholder representatives during May 2017.

- Multiplied the weight of each criterion by the relevant score and sum to find the total weighted score for each option.

The above are set out within the table, with the option with the highest weighted

score ranked as the first and most desirable one to purse – namely Option 4.

Benefit Criteria	Weighting (%)	Weighted Score			
		Option 1: Do Nothing	**Option 2: Extend existing facilities within constraints of existing site.**	**Option 3: New Health Centre on existing site.**	**Option 4: Develop new build integrated facility on new (Queens Quay) site.**
Contribute to economic regeneration of Clydebank as a whole.	*20*	*20*	*40*	*80*	*200*
Improve local access to a greater range of modernised services.	*30*	*30*	*60*	*90*	*240*
Increase integration of multi-disciplinary teams and services.	*20*	*20*	*40*	*80*	*160*
Increase capacity and adaptability of facilities in which services delivered and based.	*10*	*10*	*20*	*50*	*90*
Improve safety and quality of facilities in which services delivered and based.	*20*	*20*	*40*	*100*	*180*
Total Weighted Score:		*100*	*200*	*400*	*870*
Rank:		*4*	*3*	*2*	***1***

Non-Financial Risk Appraisal

3.18 The approach to non-financial risk appraisal options here mirrored the approach above, i.e.:

- Identified the various risks against which the options were going to be scored.

  As above, these the causes of the need for change detailed within the Initial Agreement have been used here.

- Gave each risk an impact score.

  This was undertaken collectively by the stakeholders amongst the Project Board on the 7th May 2017, with everyone debating and agreeing an impact score for each risk. Each risk was scored on a scale of 0 to 10 – with a minimum score of 0 indicating no negative impact; and a maximum score of 10 indicating worst impact possible. These were then tested – and corroborated by – a variety of service users/patient representatives during May 2017.

- Each option was then allocated a probability score for each risk.

  This was undertaken collectively by the stakeholders amongst the Project Board on the 7th May 2017, with everyone debating and agreeing a consensus probability score for each risk in relation to each option. The scoring was on a scale of 0 to 10 – with a minimum score of 0 indicating no likelihood of occurrence; and a maximum score of 10 indicating certainty of occurrence. These were then tested – and corroborated by – a variety of service users/patient representatives during May 2017.

- Multiplied the weight of each criterion by the relevant score and sum to find the total weighted score for each option.

  The above are set out within the table below, with the option with the lowest weighted score ranked as the first and least risky option to purse.

Risk	**Impact Score**	**Risk Score (Impact x Probability)**							
		Option 1: Do Nothing		**Option 2: Extend existing facilities within constraints of existing site.**		**Option 3: New Health Centre on existing site.**		**Option 4: Develop new build integrated facility on new (Queens Quay) site.**	
		Prob	**Score**	**Prob**	**Score**	**Prob**	**Score**	**Prob**	**Score**
Stifling effect of inequalities on population of Clydebank	*7*	*7*	*49*	*6*	*42*	*5*	*35*	*3*	*21*
Existing service arrangements affect service access and travel arrangements	*6*	*7*	*42*	*7*	*42*	*6*	*36*	*3*	*18*
Inefficient service performance	*8*	*8*	*64*	*7*	*56*	*6*	*48*	*3*	*18*
Service is not meeting current or future user requirements	*8*	*8*	*64*	*7*	*56*	*4*	*32*	*2*	*16*
Increased safety risk from outstanding maintenance and inefficient service performance	*9*	*9*	*81*	*8*	*72*	*4*	*36*	*2*	*18*
Total Risk Score:		*300*		*268*		*187*		*91*	
Rank:		*4 (highest risk)*		*3*		*2*		*1 (lowest risk)*	

3.19 Net Present Value of Options

	Option 1: Do Nothing	Option 2: Extend existing facilities within constraints of existing site.	Option 3: New Health Centre on existing site.	Option 4: Develop new build integrated facility on new (Queens Quay) site.
Net Present Value / Cost (£)	14,645	26,260	30,456	29,007

Assessing Uncertainties

3.20 Sensitivity analysis of the Net Present Value (NPV)/ Cost of each option has been carried out to understand how reactive these results are to changes in underlying assumptions, with the results presented in the table below.

Sensitivity Scenario	Option 1: Do Nothing		Option 2: Extend existing facilities within constraints of existing site.		Option 3: New Health Centre on existing site.		Option 4: Develop new build integrated facility on new (Queens Quay) site.	
	NPV (£m)	Rank	NPV (£m)	Rank	NPV (£m)	Rank	NPV (£m)	Rank
Scenario 1: No Changes	14,645	-	26,260	1	30,456	3	29,007	2
Scenario 2:	14,645	-	26,260	1	30,456	3	29,054	2
Scenario 3:	14,645	-	27,224	1	32,434	3	30,915	2
Scenario 4:	14,645	-	26,260	1	30,456	3	29,961	2
Scenario 5:	14,645	-	27,885	1	31,486	3	30,037	2

3.21 Scenario 2 assessed the impact of a delay in the land receipt for the existing site in the Option 4. This scenario does not change the ranking of the NPVs.

3.22 Scenario 3 assessed the impact of a 10% increase in construction costs across the options. This scenario does not change the ranking of NPVs.

3.23 Scenario 4 assessed a 5% increase in capital costs in the preferred option only (i.e. Option 4). This sensitivity does not change the NPV ranking of the options. The construction costs at the Queen's Quay site would need to increase by over 190% to reverse the combined economic ranking of Queen's Quay site first and new build on the existing site second.

3.24 Scenario 5 assessed a 10% increase in running costs across the options. This option does not change the ranking of the NPVs.

3.25 Although Option 1 (Do Nothing) has been assigned an NPV for the purposes of this economic appraisal it has not been included in the above sensitivity analysis as it is not an option that would be taken forward.

3.26 Option 2 (extend existing facilities within constraints of existing site) unsurprisingly produced the lowest NPV - but does not deliver the required operational capacity or flexibility (due to a lower gross internal floor area [GIFA]) that two the new build options do. It therefore scores significantly lower on the qualitative ranking and third in the overall combined economic ranking.

3.27 Sensitivity analysis was then also undertaken to examine how reactive the ranking of options in the non-financial benefits appraisal were to changes in weights and scores used -the table below summarise the results of this.

Non-financial benefits Sensitivity Scenario	Option 1: Do Nothing		Option 2: Extend existing facilities within constraints of existing site.		Option 3: New Health Centre on existing site.		Option 4: Develop new build integrated facility on new (Queens Quay) site.	
	Weighted Score	Rank	Weighted Score	Rank	Weighted Score	Rank	Weighted Score	Rank
Scenario 1: no changes	100	4	200	3	400	2	870	1
Scenario 2: Equal weight	100	4	160	3	420	2	880	1
Scenario 3: Exclude top rank score	70	4	140	3	310	2	630	1
Scenario 4: Mid-range	220	4	290	3	460	2	780	1

3.28 As is evident in the table, the sensitivity analysis undertaken yielded the same rankings across the four options, with Option 4 as the ranked consistently first.

The Preferred Option

3.29 Options 1, 2 and 3 were ruled out or rejected at Initial Agreement stage. As is evident from the table below, the NPCs when combined with the quality scores above show Option 4 is significantly better than the previously rejected options.

	Option 1: Do Nothing	**Option 2: Extend existing facilities within constraints of existing site.**	**Option 3: New Health Centre on existing site.**	**Option 4: Develop new build integrated facility on new (Queens Quay) site.**
Net Present Cost (£'000's) per weighted benefit score	£1,465	£1,313	£761	£333

3.30 The combined NPC per weighted benefit score figures clearly identify Option 4 as the preferred option. Although Option 1 has the lowest NPC, it scores poorly in the quality factors and is not an option for the Project Board. Options 2 and 3 also score relatively poorly on the quality criteria compared to Option 4.

3.31 The table below shows the rankings of both the economic appraisal and of the risk appraisal exercise which has been undertaken for each of the options.

Evaluation Results (out of 100)	**Option 1: Do Nothing**	**Option 2: Extend existing facilities within constraints of existing site.**	**Option 3: New Health Centre on existing site.**	**Option 4: Develop new build integrated facility on new (Queens Quay) site.**
	Rank	**Rank**	**Rank**	**Rank**
Economic Appraisal	4	3	2	1
Risk Appraisal	4	3	2	1

3.32 Although the NPCs of Options 2, 3 and 4 were similar, Option 2 and 3 were rejected at the Initial Agreement stage; and the monetary calculations with respect to Option 4 did not factor in a financial value for the identified plot of land on the Queens Quay site nor recognise that said land would be given to the NHS at no cost. As such Option 4 – i.e. develop a new build integrated facility on a new (Queens Quay) site - clearly delivers greater qualitative benefits when assessed.

3.33 Option 4 scored more highly across each of the project's investment objectives, namely:

- Contribute to economic regeneration of Clydebank as a whole.
- 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.

3.34 It is clear from the appraisal work undertaken that Option 4 is the preferred option that should be taken forward from the Economic Case, and assessed under the Commercial and Financial Cases.

Artist's Rendering of Planned Interior of New Health and Care Centre

The garden coordinator for Centre 81's Community Garden, Carolanne, has a big red bound book where she does all her carbon calculations. This morning, there are freshly picked courgettes, potatoes and a squash to weigh. The squash comes in at 3.9kg. The vegetables are fighting Whitecrook's carbon footprint: the more vegetables they can grow, the less people need to travel to the supermarket to buy veg that has been flown in, and trucked in from all over the world. This morning Carolanne is going to bag up berries, carrots and beetroot and give them out to the Whitecrook bingo ladies. 'People really do appreciate that they can get all this fresh at the end of their street'.

The garden itself was borne in unlikely circumstances. Carolanne had just moved to Whitecrook from Duntocher with a young family and was struggling to put her own roots down when she noticed the spare ground around Centre 81. The soil was full of weeds and waterlogged by the canal above, nevertheless, Carolanne got to work planting potatoes and carrots. 'I had no idea what I was doing – I'd never done anything like it in my life. I was the manager of Clydebank bowling alley for 9 years for goodness sake! Potatoes were not my thing! My monthly Kitchen Garden magazine was a lifesaver'. Things took off: the council donated raised beds and a polytunnel, and soon Clydebank Housing Association made a permanent job for her. In the early years, Carolanne entered her vibrant community garden into garden beauty awards with great success, but this year the priorities have changed: they've taken up the 'Keep Scotland Beautiful' Climate Challenge. To become a climate fighting garden they need 1000sq metres of productive land, but the garden is only 25sq metres so they have had to think beyond their fence line. 'I went knocking on the doors and managed to get 10 gardens involved. So we've gone in and taken up their turf and turned it into something useful. Other people are looking after pots of potatoes on their patios – it's all helping us make up our numbers.' The garden has also taken on 6 climate fighting chickens in recent years: Betty, Marley, Snowdrop, Rosie, Camelia, and Joan. Tradesmen living on the street helped to build the henhouse and they're sustained on produce from the garden. The community centre café uses their eggs to make their infamous omelettes peppered with courgettes and onions. 'They taste much nicer than the ones you get at the supermarket'. On the subject of climate change, Carolanne says that you don't need to be a scientist to be thinking and acting on the matter. 'It's the air we're all breathing after all. Only 40 years ago this place was black with smoke. This is the beginning of something different'.

With thanks to Carolanne (Centre 81 Community Garden)
As quoted in the *River to Recovery – An Arts Project for the new Clydebank Health and Care Centre* (Ruth Olden, 2016)

4. Commercial Case

4.1 The main purpose of the Commercial Case at OBC stage is to outline the proposed commercial arrangements and implications for the project. It will do this by revisiting the Commercial Case set out in the Initial Agreement; and responding, to the following questions:

- What is the appropriate procurement route for the project?
- What is the scope and content of the proposed commercial arrangement?
- How will the risks be apportioned between public and private sector?
- How is payment to be made over the life span of the contract?
- What are the main contractual arrangements?

What is the appropriate procurement route for the project?

4.2 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. As confirmed within the approved Initial Agreement, given that this is a community project it will follow the hub procurement initiative. It will be is revenue funded, and the contract arrangement will Design, Build, Finance and Maintain (DBFM).

4.3 As per the SCIM guidance, under the hub initiative there was and is no need to advertise in the Official Journal of the European Union (OJEU). The project has followed an agreed procurement process as per the hub initiative. Under the hub initiative there are five designated hub territories in Scotland: North, South East, West, East Central and South West. Clydebank is located within the hub initiative's West Territory. A Territory Partnering Agreement (TPA) was signed in 2012 to establish a framework for delivery of this programme and these benefits within the West Territory. The TPA was signed by a joint venture company, hub West Scotland Limited (hubco), local public sector Participants (which includes NHSGGC), Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP). The TPA prescribes the stages of the procurement process including:

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

4.4 Since this project includes design, construction and certain elements of hard Facilities Management services (i.e. the actual fabric and building systems), the TPA requires that DBFMco (a special purpose company) enters into SFT's standard form DBFM Agreement for hub projects.

4.5 The OJEU process was followed for the appointment of the Technical Advisers, as the appointment was for three NHSGGC capital projects the combined fees for which were estimated as exceeding the OJEU threshold of £164,176. Currie & Brown were consequently appointed to this role.

4.6 The appointment of the Financial and Legal Advisers were not subject to the OJEU process as their fees were not anticipated as meeting or exceeding the OJEU threshold . However, as they were estimated as exceeding £10,000, NHSGGC's Standing Financial Instructions required those appointments to go through the Public Contract Scotland process. Caledonian Economic were consequently appointed as Financial Advisers; and CMS appointed as Legal Advisers to the project.

4.7 The procurement timeline is built into the overall project programme as detailed in Appendix 6.

What is the scope and content of the proposed commercial arrangement?

4.8 This project seeks to transform a range of services operating out of three existing sites: Clydebank Health Centre (3808m^2); Hardgate Clinic (560m^2); and West Dunbartonshire Council owned premises at Kilbowie Road (100 m^2). Principle amongst these is the current Clydebank Health Centre, which is a Consortium of Local Authorities Special Programme (CLASP) Building constructed in the 1970's. It is located on Kilbowie Road, approximately 1.5 miles from the Queen's Quay site. The services delivered across these three sites include six general practices; Allied Health Professional services; outreach clinics; Mental Health services; District Nursing; Health Visiting; the Community Older People's Team; and the Community Hospital Discharge Team..

4.9 All of the existing services will transfer to the proposed new Clydebank Health and Care Centre. A Schedule of Accommodation (SOA) for the proposed new Health and Care Centre has been arrived at following a number of meetings with the users and project team – this details all of the services that will be located within the new facility (Appendix 4). The gross internal floor area (GIFA) for the proposed new Centre is 5,722m^2. The Health Planner for the project has attended the Design and Delivery Group meetings and met with various stakeholders to look at the operational policy documents provided by NHSGGC; and to review the accommodation required. A full report was produced by the Health Care Planner in March 2016 for the Project Board.

4.10 The number of staff (including HSCP social care staff) to be accommodated in the new facility is summarised in the table below.

Service Type	Number of Staff
General Practices (combined) Blue	113
Community Administration	15
Continence Team	3
District Nursing	30
Dietetics	4
DSN	1
Health Visiting	46
Physiotherapy	7
Podiatry	5
Primary Care Mental Health	4
SLT	4
Outpatients Clinics (everyday in bookable consulting rooms)	10
Community Older People Team	37
Hospital Discharge Team	22
Home Care	31
Pharmacy team (agile)	4
Total	**336**

4.11 NHSGGC has been liaising with SFT's Asset Management Team on possible future uses for the NHS-owned buildings – i.e. Clydebank Health Centre and Hardgate Clinic - being vacated once the new facility becomes available. The use of the Kilbowie Road premises will be returned to West Dunbartonshire Council. Any capital receipts that result from disposal of surplus NHS estate will be accounted for in line with recommendations contained in Chief Executive Letter (CEL) 32 (2010).

4.12 As set out within the approved Initial Agreement (and confirmed within the Economic Case of this OBC), the identified and preferred site for the new Health and Care Centre is located within the Queen's Quay area of Clydebank, within the Health Quarter Site of the new Regeneration Development (adjacent to Wallace Street).

4.13 As previously stated within the Strategic Case, the Queens Quay development is West Dunbartonshire Council's key regeneration project. The site was formerly the location of the John Brown Shipyard which was demolished in 2007. The aim of this ambitious regeneration project is to provide a better environment for the people of Clydebank and importantly to attract new residents and families to a regenerated riverside location.

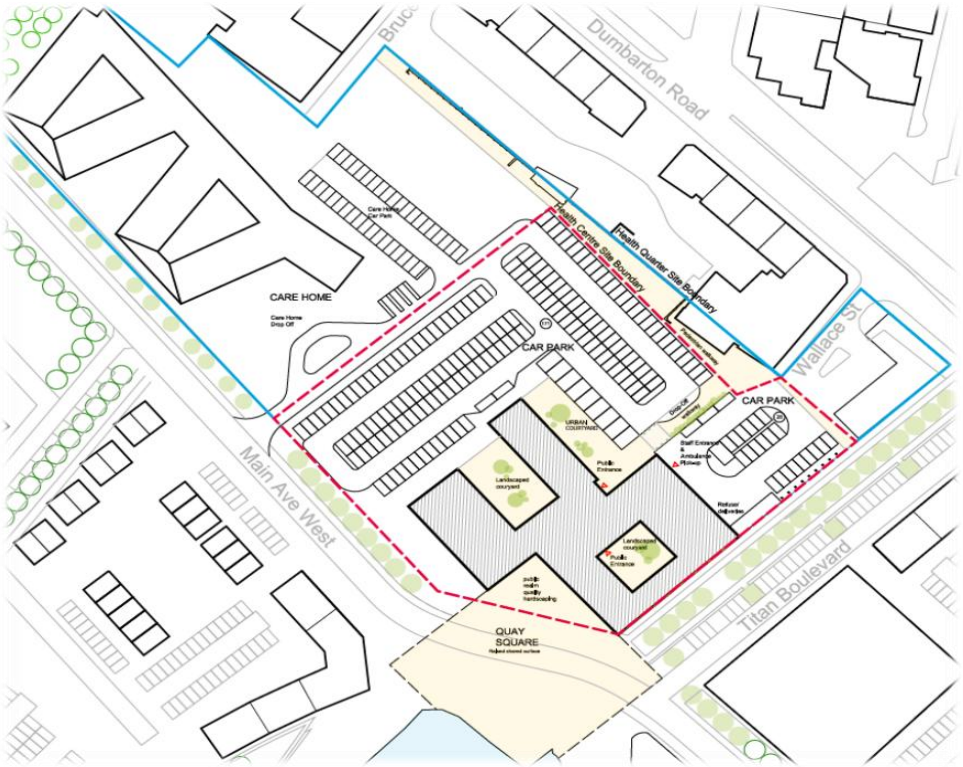
4.14 The wider Queens Quay site is subject to a planning permission in principle which was granted in September 2016 for mixed use development comprising a predominantly residential development to the west with a mix of retail, commercial and leisure uses around the basin and a health quarter to the north of the basin. The health quarter is currently under the ownership of Dawn\Clydebank Regeneration Limited (CRL). This area of land is in the process of being transferred to West Dunbartonshire Council; and thereafter, the area designated for the proposed Health and Care Centre will be transferred to the NHS under the same terms agreed between West Dunbartonshire Council and Dawn/CRL in respect of the wider Queens Quay Development Agreement, as part of the Council's contribution to facilitating greater integrated and improved care in Clydebank. This land has been negotiated by the Council to being provided to the project for nil charge.

4.15 A substantial amount of resource has been allocated to taking this project forward; and SFT have played a key part, through the KSR process, in helping progress some of the more complex issues regarding interfaces with adjacent developments and access.

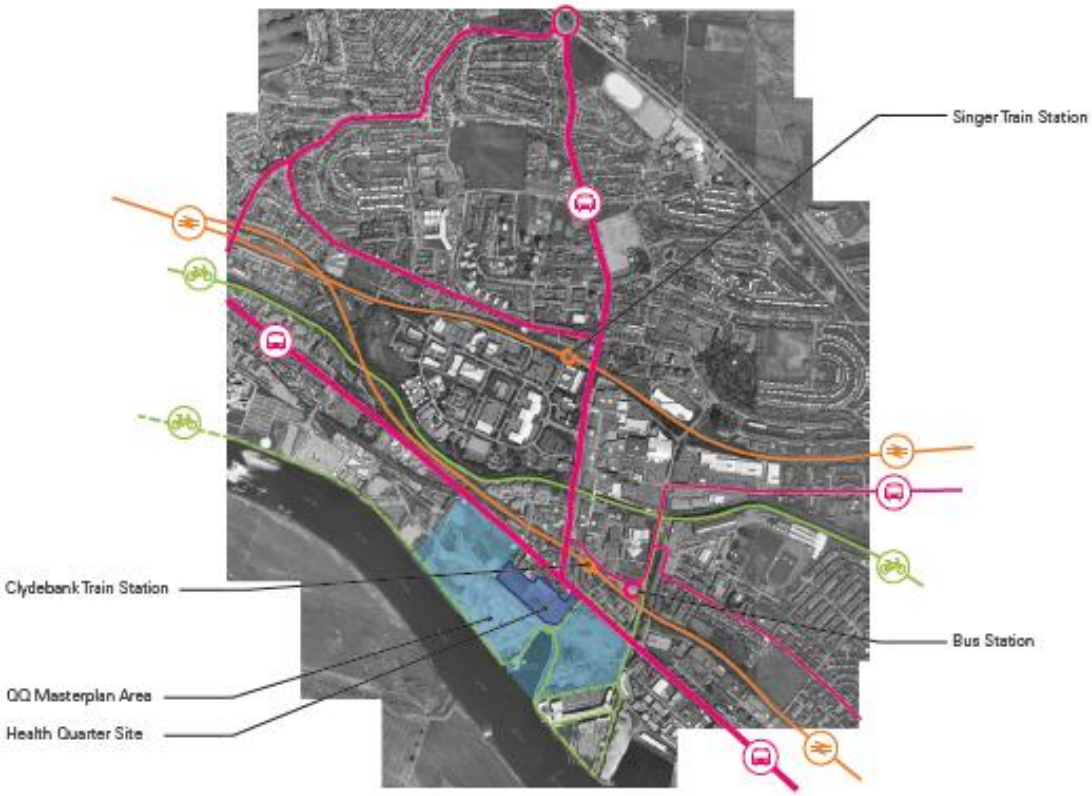
4.16 At time of writing the Development Agreement is in place and a Deed of Conditions developed. The site boundary is defined and NHSGGC has produced a Heads of Terms document with support from the Central Legal Office (CLO), who are actively engaged in the process. A projected site acquisition date is set for September 2018 with missives targeted to be agreed late 2017.

4.17 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 contaminants have been identified on the Queens Quay site, a Remediation Plan has been developed and was approved by the West Dunbartonshire Council Pollution Control Officer in August 2017. Dawn/CRL issued a formal letter to NHSGGC and the Council on 23rd August 2017 confirming a series of technical agreements and obligations that have been negotiated over the preceding six months. Both Dawn\CRL and West Dunbartonshire Council have agreed the site will be appropriately remediated as part of the land transfer and prior to construction commencing in Summer 2018 .The transfer of the relevant appropriated remediated land between these organisations is on–going, with the reassurance from all parties that all necessary negotiations and agreements will be completed during Stage 2 in time to allow an unqualified Stage 2 submission; and for transfers to take place in advance of Financial Close.

4.18 The site is bound on two sides by what will be new adopted roads. It will also be bound on the west by the new HSCP-operated older people's residential care home and day care facility; and partially on the north by a small development still to be established.



4.19 Public access is by way of the rear car park, or off what will be the main public realm space of the Queens Quay basin. Vehicular access is off a new private road shared between the Health and Care Centre and the adjacent older people's residential care home and day care facility. This is taken directly off the main distributor spine road provided as part of the Queens Quay master plan. There is a secondary restricted vehicle access to the north off Wallace Street. The site will also have good bus and rail linkages.



4.20 As part of the embedding of the design process in the various business case stages, the Scottish Government has, in addition to BREEAM assessments, advocated a formalised design process facilitated by Architecture and Design Scotland (A&DS) and Health Facilities Scotland (HFS) – namely the NHS Scotland Design Assessment Process (NDAP). NHSGGC has taken steps to comply with this process and consult with A&DS in the development of the design of the proposed new Health and Care Centre. A&DS facilitated the development of the Design Statement for the proposed new Centre on behalf of NHSGGC. The design statement for the proposed new Centre was included in the Initial Agreement: this has been reviewed and confirmed as still reflecting the needs and expectations of stakeholders, and so is included here for completeness (Appendix 3). This has been used as the key control document to measure the developing design against the project's design objectives**.** HFS confirmed the project having NDAP "supported" status in July 2017.

4.21 The design has then been further developed with stakeholders with respect to the Queens Quay site by using the Eastwood Health and Care Centre as the reference point. A key objective of that reference project was to develop and test different creative responses to the integrated services agenda and so demonstrate that "Excellent design is achievable within good value Affordability Caps." The outputs from the 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. hubco have arranged for the Architectural Practices involved with the Eastwood and Clydebank projects to meet on a regular basis, to enable sharing of best practice, lessons learnt, commonality and consistency of approach.

4.22 In addition, a Healthcare Acquired Infection (HAI)-Scribe Stage 1 infection control assessment of the preferred option site was carried out on 29th March 2017 with NHS GGC Infection Control. The Stage 1 Strategy and Risk Assessment completed is included here as Appendix 7.

How will the risks be apportioned between public and private sector?

4.23 Inherent construction and operational risks are to be transferred to the DBFMco at Financial Close. These are summarised in the table below.

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

	Risk Category	Proposed Allocation		
		Public	Private	Shared
11	Financing risks		Yes	
12	Legislative risks			Yes

4.24 As is clear from the table above, *operating risk* is a shared risk subject to NHSGGC and Sub-hubco responsibilities under the Project Agreement and joint working arrangements within operational functionality. *Termination risk* is also a shared risk within the Project Agreement with both parties being subject to events of default that can trigger termination. While Sub-hubco is responsible to comply with all laws and consents, the occurrence of relevant changes in law as defined in the Project Agreement can give rise to compensate Sub-hubco.

How is payment to be made over the life span of the contract?

4.25 SGGC will pay for the services in the form of an Annual Service Payment.

4.26 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.

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

4.28 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.

4.29 Costs such as utilities and operational insurance payments are to be treated as pass through costs and met by NHSGGC. In addition NHSGGC 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 NHSGGC.

What are the main contractual arrangements?

4.30 The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. 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 agreement for the new Clydebank Health and Care Centre will be based in the SFT's hub standard form Design Build Finance Maintain (DBFM) contract (the Project Agreement). The Project Agreement is signed at Financial Close. Any derogation to the standard form position must be agreed with SFT.

4.31 To increase the value for money for this project it is intended that the Clydebank Health and Care Centre will be bundled with the similarly timed new Greenock Health and Care Centre, and the Stobhill Mental Health Project. This will be achieved under a single Project Agreement utilising SFT's standard 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. The senior debt is provided by a project funder that will be appointed following a funding competition and the subordinated debt by a combination of Private Sector, SFT and Participant Investment.

4.32 NHSGGC 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.

4.33 DBFMco will be responsible for providing all aspects of design, construction, ongoing facilities management and finance through the course of the project term, with the only service exceptions being wall decoration, floor and ceiling finishes. Soft facilities management services (such as domestic, catering, portering and external grounds maintenance) are excluded from the Project Agreement.

4.34 NHSGGC 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.

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

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

4.37 NHSGGC 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.

4.38 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.

4.39 NHSGGC 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.

4.40 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 NHSGGC, installed by DBFMco and maintained by NHSGGC. Group 3 items of equipment are supplied, installed, maintained and replaced by NHSGGC.

4.41 As the NHS will own the site, the building will remain in ownership of the NHS but be contracted to DBFMco for a term of 25 years. On expiry of the contract the facility will remain with NHSGGC.

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

4.43 Not less than two 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.

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

4.45 Historically, NHSGGC does not hold formal leases with GPs in it's 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, West Dunbartonshire HSCP - using the methodology agreed by NHSGGC with the Local Medical Committee (LMC) for GP Premises Charges - has provided each of the Practices with an estimate of their rent and other charges for their new accommodation within the new facility based on the Schedule of Accommodation (SOA – Appendix 4). These costs have been accepted, subject to any minor revision on the agreed areas during Stage 2, and will be finalised in advance of FBC submission.

The Titans are the home team on Clydebank's BMX track. Young people from the local area are training hard here every Thursday evening: the sport offers them something that can be found nowhere else. 'The excitement!' 'The adrenaline!' 'The racing!' They all line up at the starting gate in their Titan team shirts and protective gear. 'Back wheels square, heads forward' coach Fred shouts. They're balanced on their pedals, poised against the start gate. 'Riders ready. Watch the gate'. Beep. Beep. Beep. CRASH. The gate slams into the ground and the riders sprint off, pelting around the tight bends, over extreme jumps and rollers, and on the finish line. 'Whaooo did you see that!? I did a manual on that one!' Fred explains to a new Titan: 'A manual is when you lift the front wheel off the ground, shift your body weight backwards and ride on the back wheel'. The new rider looks awed and terrified in equal measure. 'It's a sprinter's sport. A very powerful sport. They're fearless, and determined - you can see it in the way they pick themselves back up after a fall.

It's a sport made for Clydebank', club founder Kenny says. 'It would be great if everyone got behind the team'. The club has riders that are competing nationally and internationally and they have had great successes. 9 year old Harrison is 4th in Britain; he has been racing the worlds since he was 6, and he has dreams of winning an Olympic medal one day. Kenny and his friends started the club in 1979 when they were still at primary school, and it was his mum's appeals to the local council that brought Clydebank a proper track. Kenny remembers how important the space was for young people back then too. 'It was a difficult time. There was a lot of gang violence, and this one patch brought all the kids from the different schemes together. You couldn't imagine – back then it would have seemed impossible. They shared the track and eventually they started sharing their skills.'

The Titans have a big container next to the track full of BMX bikes and equipment, so training sessions are open to everyone, and they pride themselves in the kinds of development pathways that they forging our for young people in the area. Some go on to compete, and others go on to coach. 17 year old Mia has been riding here since she was 10, and she is training to become a BMX cycling coach. When she completes the course she will be the first female coach in Scotland. Kenny says, 'It's amazing to watch them develop. Just get them on a bike and they're flying'.

With thanks to the Titans

As quoted in the *River to Recovery – An Arts Project for the new Clydebank Health and Care Centre* (Ruth Olden, 2016)

5. Financial Case

5.1 The main purpose of the Financial Case at OBC stage is to demonstrate the affordability of the preferred option, both in the context of the Health Board's overall financial plans and in comparison with the other short-listed options. In practice, this involves determining:

- The financial profile and funding consequences (both capital and revenue) of the preferred option, as well as sufficient information on the consequences of other short-listed options to set the preferred option in context.
- The impact of the proposed project on the Health Board's accounts, primarily the Statement of Comprehensive Net Expenditure (SOCNE), cash flow and Balance Sheet.

5.2 It is proposed that the Clydebank Health and Care Centre project will be one of three schemes contained within the Clydebank, Greenock and Stobhill DBFM bundle being procured through hub West Scotland by NHSGGC.

5.3 The financial case for the preferred option - Option 4: New Build Clydebank Health and Care Centre on Queens Quay 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.

<u>Revenue Costs and Funding</u>

5.4 The table overleaf summarises the recurring revenue cost with regard to the Clydebank Health and Care Centre scheme. In addition to the revenue funding required for the project, capital investment will also be required for demolition of the existing Health Centre (£740k); equipment (£1,155k); and subordinated debt investment (£161.4k). Details of all the revenue and capital elements of the project together with sources of funding are presented in the table.

First full year of operation	2020/21
Additional Recurring Costs	**£'000**
Unitary Charge	1,777.7
Depreciation on Equipment	115.5
International Financial Reporting Standards (IFRS) – Depreciation	770.0
Heat, Light &Power, Rates and Domestics services	473.7
Client Facilities Management (FM) Costs	30.3
Total Additional Recurring Costs	3,167.2

5.5 The Unitary Charge (UC) is derived from both the hub West Scotland Stage 1 submission dated 28th April 2017 and the Financial Model Health Bundle 20170511; and represents the risk adjusted Predicted Maximum Unitary Charge of £1,777.7k pa based on a price base date of April 2016.

5.6 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 (18.25%) and this will be optimised prior to Financial Close.

5.7 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 the Scottish Government Health Directorate (SGHD) is £1,627.5k. This represents 91.5% of the total UC, leaving NHSGGC to fund the remaining £150.2k (8.4%) as per the UC split table overleaf.

Unitary Charge	Unitary Charge £'000	SGHD Support %	SGHD Support £'000	NHSGGC Cost £'000
Capex inc. Group1 Equipment (Net)	1,578.5	100%	1,578.5	0
Life Cycle Costs	98.1	50%	49.0	49.1
Hard Facilities Management	101.1	0	0	101.1
Total Unitary Charge including Risk	**1,777.7**		**1,627.5**	**150.2**
			91.6%	**8.4%**

5.8 Depreciation of £115.5k relates to a 6% allowance assumed for capital equipment equating to £1,155k including VAT, and is depreciated on a straight line basis over an assumed useful life of 10 years.

5.9 Heat, Light and Power (HL&P) costs are derived from existing Health Centre costs - a rate of £27.00/m^2 has been used. Rates figures have been provided by external advisors and an allowance for water rates of £19.00/m^2 has also been included. Domestic costs are derived from existing Health Centre costs and a rate of £28.00/m^2 has been used.

5.10 In relation to Client Facilities Management (FM) costs, a rate of £5.29/m^2 has been provided by NHSGGC's technical advisors based on their knowledge of other existing Public Private Partnership (PPP) contracts.

5.11 NHS staffing and non-pay costs associated with the running of the new Health and Care Centre are not expected to increase with regard to the transfer of services to the new facility.

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

NHSGGC Income & Reinvestment	£'000
Existing Revenue Funding	656.0
IFRS - Depreciation	777.0
Additional Revenue Funding – GPs & Pharmacy	32.5
Council Revenue Contribution	50.0
Total Recurring Revenue Funding	**1509.4**

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

5.14 All HL&P, rates and domestic budget provision for current buildings will transfer to the new facility. This is reflected above in the NHSGGC contribution.

5.15 Current budget provision for rent / rates of existing GP premises will also transfer to the new facility as reflected above. Within the table, Additional Revenue Funding relates to indicative contributions from GPs within the new facility.

5.16 The table below summarises the total revenue funding and costs.

Recurring Revenue Funding	**£'000**
SGHD Unitary Charge Support	1,627.5
NHSGGC Recurring Funding (as per above)	1,509.4
Total Recurring Revenue Funding	**3,136.9**
Recurring Revenue Costs	**£'000**
Total Unitary charge(service payments)	1,777.7
Depreciation on Equipment	115.5
Facility Running Costs	473.7
IFRS - Depreciation	777.0
Total Recurring Revenue Costs	**3,136.9**
Net Surplus at OBC stage	**0**

5.17 The above table highlights that at OBC and Stage 1 Submission stage, the project revenue funding is cost neutral. This will be reviewed during the Full Business Case (FBC) stage.

Capital Costs & Funding

5.18 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 in the table below.

Capital Costs	**£'000**
Land Purchase & Fees	0
Group 2 & 3 Equipment Including VAT	1,155.0
Subordinated Debt Investment	161.4
Total Capital cost	**1,316.4**
Sources of Funding	
NHSGGC Formula Capital	1,316.4
Total Sources of Funding	**1,316.4**

5.19 The land is currently under the ownership of Dawn/Clydebank Regeneration Limited and is in the process of being transferred to West Dunbartonshire Council, who will transfer to the NHS at no cost.

5.20 In relation to Group 2 & 3 Equipment, an allowance of £1,155.0k (including IT equipment and VAT) has been assumed for the project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance of £1,155.0k will reduce at FBC stage.

5.21 Subordinated Debt was reviewed after ESA10, and at this stage of the project it is assumed that NHSGGC will be required to provide the full 10% investment. Confirmation will be requested from the other participants during the Stage 2 process (the PSDP, SFTi and HCF). The value of investment assumed at OBC stage is £161.4k, for which NHSGGC has made provision in its capital programme.

5.22 The table below summarises the estimated non-recurring revenue costs.

Non Recurring Revenue Costs	**£'000**
Advisors Fees	95.5
Demolition (if required)	740.0
Decommissioning inc. IT & Telecoms	101.9
Commissioning	30.0
Security (6 months)	90.0
Total Non-Recurring Revenue Costs	**1,057.4**

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

5.23 As stated earlier (4.11), NHSGGC has been liaising with SFT's Asset Management Team on possible future uses for the NHS-owned buildings – i.e. Clydebank Health Centre and Hardgate Clinic - being vacated once the new facility becomes available. The use of the Kilbowie Road premises will be returned to West Dunbartonshire Council. The OBC is predicated on the basis that the existing Clydebank Health Centre and Hardgate Clinic, which are not fit for purpose, will be disposed of once the new facility becomes available. There will be a non-recurring impairment cost to reflect the rundown of the facilities. The net book value's as at May 2017 are, for Clydebank Health Centre £863.9k; and for Hardgate Clinic £326.5k. Any capital receipts that result from disposal of surplus NHS estate will be accounted for in line with recommendations contained in Chief Executive Letter (CEL) 32 (2010).

Statement on Overall Affordability

5.24 The overall cost position has increased from £18,997,810 at the previous Initial Agreement stage to £19,250,246. There has been no increase in the building area of 5722m^2 since the Initial Agreement though a number of changes have increased costs, including technical matters, site issues and design development. Since the IA the design has been developed to fall within the overall schedule of accommodation allowances at 5725m2.

5.25 The principle change has arisen through the detailed discussions with landowner Dawn/CRL and West Dunbartonshire Council around the scope of the provision of a clean site. The site is being provided to NHSGGC, free of charge and remediated to the standards required of the Council's Pollution Control Officer. At Initial Agreement stage the surveys were not completed to determine the exact requirements to define an acceptable remediation strategy. The remediation by Dawn /CRL will remove some material and provide a clean cap to the site. Through the development of the Stage 1 design, the structural piling/foundation solution and drainage/utilities requirements have been developed and this requires the hub contract to deal with locations where they will penetrate the clean capping. This has been included within Stage 1 and accounts for the majority of the cost increase (£465k). A proposal has also been developed to manage the extent of contaminated arisings required to go off-site. This requires NHSGGC obtaining ancillary right to adjacent land for temporary stockpiling of material before utilising this for backfill. This measure will prevent a further £350k additional costs.

5.26 Other areas of detail change are principally around the development of the Authority Construction Requirements (ACRs) in response to lessons learnt from previous NHSGGC health centre projects. The significant items include the provision of chilling for cold water to achieve Scottish Health Technical Memorandum (SHTM) compliance (£156k); amendment to Lift Care sizes to achieve SHTM compliance (£85k); and inclusion of vehicle charging points (£13k). Some of this has been addressed by utilising risk allowances included at the Initial Agreement stage; an element of value engineering; and a reduction in inflation allowances based on published Building Cost Information Service (BCIS) indexes. The overall costs have been examined by the NHSGGC's technical advisers, who have confirmed that the costs represent value for money.

5.27 Discussions took place with Scottish Government in March 2017 when these increases became apparent. Following upon this, confirmation was provided by Scottish Government that the Health Board should proceed with the submission of an OBC on this basis.

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

continually be monitored and updated as progress is made towards FBC completion and submission.

5.29 Below is a summary of the cost plan:

Clydebank Health Centre **£19,250,246**	
NPR GIFA	5,725m2
STAGE 1 GIFA	5,722m2
Stage 1 Predicted Maximum Cost	£19,250,246
FM Costs £/m2 (NPR £17/m2/annum)	£17.66/m2/annum (Q2 2016)
Lifecycle Costs £/m2 (NPR £19/m2/annum)	£17.15/m2/annum (Q2 2016)
Construction Costs	£16,679,593
Design Team Fees	£1,179,861
Hub Management Fee (PF11)	£386,795
Hub Management Fee (PF12)	£278,549
Hub-co Portion	£290,453
Surveys and Statutory Fees	£188,574
Other DBFM Fees	£111,331
Inflation	£135,089

5.30 The degree of cost certainty is in line with a hub Stage 1 submission. An agreed design has been developed in discussion with stakeholders and planners and the costs are based upon this. The site lies within a regeneration area and there are dependencies on completion of infrastructure works, district heating and completion of adjacent developments. The SFT Key Stage Review (KSR) placed a significant focus on this and concluded that enough had been put in place to minimise risk. The KSR was signed off by SFT reviewer and 2nd Reviewer. A fully costed risk register is provided as part of this OBC (Appendix 6), and includes development, construction and operational risks.

Financing & Subordinated Debt

5.31 As stated earlier (4.31), to increase the value for money for this project it is intended that the Clydebank Health and Care Centre will be bundled with the similarly timed new Greenock Health and Care Centre, and the Stobhill Mental Health Project. 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 bundled projects.

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

5.33 The table below details the current assumed finance requirements from the different sources, as detailed in the Financial Model Health Bundle 20170511 that was submitted with hubco's Stage 1 submission.

	£000
Senior Debt	18,559
Subordinated debt (inc rolled up interest)	161.4
Equity	0.01
Total Funding	18,720.4

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

5.35 The expectation is that subordinated debt will be provided in the following proportions:

- Private Sector Partners (hubco) – 60%.
- Hub Community Foundation (HCF) Investments– 20%.
- NHSGGC – 10%.
- SFT Investments – 10%.

5.36 The value of the required subordinated debt investment is summarised in the table below.

	NHSGGC	SFT Investments	HCF Investments	hubco	Total
Proportion of subordinated debt	10%	10%	20%	60%	100%
£ subordinated debt	161,414	161,414	322,828	968,485	1,614,141

5.37 NHSGGC confirms that it has made provision for this investment within its capital programme.

5.38 It is assumed the subordinated debt will be invested at Financial Close; and therefore there would be no senior debt bridging facility.

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

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

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

5.41 The principal terms of the senior debt, which are included within the financial model, are set out in the table below.

Metric	Terms
Margin during construction	1.70%
Margin during operations	1.60%-1.85%
Arrangement fee	1.5%
Commitment fee	0.76%
Maximum gearing	92%

5.42 Although a NORD term sheet or confirmation of NORD's terms at the time of writing this OBC not been received from hubco, NHSGGC's financial advisors have confirmed that these terms modelled are in line with NORD's approach in the market currently.

5.43 The key inputs and outputs of the financial model are detailed in the table below.

Output	Clydebank
Total Annual Service Payment (NPV)	£19.724m
Nominal project return (Post Tax)	5.61%
Nominal blended equity return	10.50%
Gearing	90.82%
All-in cost of debt (including 0.5% buffer)	4.3%-4.55%
Minimum ADSCR[4]	1.159
Minimum LLCR[5]	1.178

5.44 The all-in cost of senior debt includes an estimated swap rate of 2.0% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to Financial Close. Recent swap rates for an average loan life of around 15 years were trading at around 1.45% - hence the interest rate buffer 1.0% of adverse movements, given the current model's average loan life of 16.14 years.

5.45 The financial model will be audited prior to Financial Close, as part of the funder's due diligence process. A separate paper has been provided that outlines the financial efficiencies through bundling this project with the bundled with the similarly timed new Greenock Health and Care Centre, and the Stobhill Mental Health Project (as per 4.31).

Risks

5.46 The key scheme specific risks are set out in the Clydebank Health and Care Centre Risk Register, which is included as Appendix 6 to this OBC. This encompasses construction and operational risks; has been developed by joint risk workshops with hub West Scotland; and totals £494,900. The register scores risks according to their likely impact (red, amber, green). It is anticipated that the majority of these risks will be fully mitigated, or mitigated to manageable levels in the period prior to FBC submission and Financial Close.

[4] 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.
[5] The Loan Life Coverage Ratio 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.

5.47 The Unitary Charge (UC) 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 NHSGGC. This is mitigated by the funding mechanism for the Scottish Government revenue funding, whereby Scottish Government's funding will vary depending on the funding package achieved at financial closed.

5.48 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 NHSGGC's financial advisers; and periodic updates from hubco and its funders of the deliverable funding terms (through the Funding Report). This will incorporate review of the preferred lender's commitment to the project as well. This will allow any remedial action to be taken as early in the process as possible, should this be required. hubco's financial model currently includes a small buffer in terms of the interest rate, which also helps mitigate against this price risk adversely impacting on the affordability position.

5.49 At Financial Close, the agreed UC figure will be subject to indexation, linked to the Retail Prices Index. This risk will remain with NHSGGC over the contract's life for those elements which NHSGGC has responsibility - namely 100% of hard FM costs; and 50% of lifecycle costs. NHSGGC will address this risk through its committed funds allocated to the project.

5.50 The affordability analysis incorporates that funding will be sought from GP practices who are relocating to the new Health and Care 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 NHSGGC's responsibility for the demand risk around the new facility.

5.51 The project team will continue to monitor these risks and assess their potential impact throughout the period to FBC and Financial Close.

<u>Accounting Treatment and ESA10</u>

5.52 This section sets out the following:

- The accounting treatment for the Clydebank scheme for the purposes of NHS GGC's accounts, under International Financial Reporting standards as applied in the NHS.
- How the scheme will be treated under the European System of Accounts 2010 (ESA10), which sets out the rules for accounting applying to national statistics.

5.53 The project will be delivered under a Design Build Finance 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.

5.54 The Scottish Future Trust's (SFT) paper *Guide to NHS Balance Sheet Treatment*[6] states that "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".

5.55 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 Public Private Partnership (PPP) contracts. This position will be confirmed by NHSGGC's auditors before the FBC is adopted. As such, the scheme will be "on balance sheet" for the purposes of NHSGGC's financial statements.

5.56 NHSGGC will recognise the cost, at fair value, of the property, plant and equipment underlying the service concession (the Health and Care 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.

5.57 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.

5.58 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.

5.59 The new Health and Care Centre 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 the Scottish Government Health Directorate to cover this capital charge, thereby making the capital charge cost neutral.

5.60 As a condition of Scottish Government funding support, all DBFM projects, as revenue funded projects, need to meet the requirements of revenue funding. The key requirement is that they must be considered as a "non-government asset" under ESA10. The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubco. On this basis, it was expected that the Clydebank scheme would be treated as a "non-government asset" for the purposes of ESA 10. Following clarification and the provision of guidance - A guide to the statistical

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

treatment of PPPs - by EUROSTAT on 29th 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.

5.61 A key area of focus has been addressing the balance-sheet issue in relation to dealing with risk-share in respect of site contamination. NHSGGC has engaged with SFT, hub West Scotland and its external advisers to progress this. Since confirmation of the funders to the project is awaited, it has been challenging to achieve meaningful dialogue. However hub West Scotland successfully engaged with Nord and their technical advisers to explore the proposed option which forms the basis of the Stage 1 Addendum. An email confirmation was provided by Nord, noting that they would be content to go to financial close on the basis of this proposal; and SFT confirming on the 12th July 2017 that "...we had worked through the classification issue and had come to the view that this approach would result in a private sector classification of the project."

5.62 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.

Value for Money

5.63 Stage 1 has been completed, and following review and challenge from NHSGGC and it's advisers, a Stage 1 Addendum submitted. This OBC is based upon the Stage 1 addendum.

5.64 The Stage 1 submission – including the Predicted Maximum Cost - provided by hubco has been reviewed by external advisers and validated as representing value for money and compliant with the TPA.

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

5.66 A Value for Money scorecard has been completed using the template developed by SFT, reflecting the Stage 1 Addendum and this OBC's overall Financial Case. That scorecard is included here as Appendix 8. The Total Project Cost reflects the Prime Cost plus the additional remediation costs associated with developing on a brownfield site in a former shipyard area. As can be seen, the current proposals exceed the benchmarks by 10% and 10% for Prime Cost and Total Project Cost. However, the current SFT benchmark for Prime Cost has not been updated to reflect 2016 building regulations changes nor the 2016 enhanced BREEAM requirements. Furthermore, the current costs include

additional costs for chilled cold water to meet SHTM requirements as highlighted by HFS. NHSGGC has also updated it's ACRs to reflect lessons learnt from the delivery of its more recent health centre projects (i.e. those at Eastwood, Maryhill, Woodside and Gorbals), and these adjustments are not accounted for in SFT's benchmark rate.

Confirmation of Stakeholder Support

5.67 This project is being undertaken – and this OBC has been prepared – in accordance with NHSScotland policy on consultation and engagement.

5.68 The purpose of the project's Communication and Engagement Plan (Appendix 9) is to pro-actively support the Project Board to deliver and realise all of the specified benefits identified for this project (as articulated within the approved Vision and Design Statement for the Centre and its Benefits Realisation Plan). In accordance with NHS Chief Executive Letter (CEL) 4 (2010) *Informing, Engaging And Consulting People In Developing Health And Community Care Services*, effective communication and engagement is recognised as a core element of stakeholder management within this project.

5.69 The stakeholder support letter included as Appendix 10 confirms that consultation has been undertaken in this manner as required by SCIM.

Dalmuir allotments has 50 plots that are worked by local residents, each with a shed, a greenhouse and a wealth of crops – leeks, beetroots, carrots, potatoes, courgettes. It's been worked like this since the blitz: the land helped the community to get back on their feet again, to grow their own produce, and become self-sufficient during the scarcity of rationing. Six years ago an unexploded grenade was found by a plot holder transplanting an apple tree. The event fuelled speculation that has given the plots their poetry: "were growing vegetables on ruins". The plots also work hand in hand with the community. West Dunbartonshire's Pay Back team have taken on a plot free of charge, and in return they maintain the grounds. Their vegetables fill the shelves of local food banks. Five more plots are run by community groups in the local area. Secretary Patrick Canning has an open door policy. "We don't say no to anyone. So long as they're keen to do a bit of gardening, and get the work in." Patrick's father Alan held a plot here for 40 years, and Patrick was down here growing with him since he was a boy. Alan worked at Singers and the land and fresh air provided welcome respite after a day in the factory. Patrick has been on the committee for four years. "I do it in my father's memory".

People take on plots for all sorts of reasons, but really the common denominator is the wonder of growing. And there has been a small revolution on the plots in recent years. "It was a bit of a male dominated pastime back then, but we've got women coming in now, families, young ones, and people from different cultures." This diversity is reflected in the variety of plot schemes, the growing strategies, and the new ideas that pass between plots. A recent arrival, a mum of Jamaican origin has been laying down pistachio shells to replenish her soils and hanging CDs from her apple trees to attract the bees. Patrick is interested in the growing culture that she has come from. "If you have any patch of soil there, no matter what the size, you grow something on it. We're all learning from each other here". The plot neighbouring Patrick's will be taken over by a new plotter next weekend, and it has been planted full with potatoes in the meantime. "It's a welcome gesture we do, and it builds up the soil. Always our thoughts are on building up the soil".

With thanks to Patrick (Dalmuir Allotment Plots)

As quoted in the *River to Recovery – An Arts Project for the new Clydebank Health and Care Centre* (Ruth Olden, 2016)

6. Management Case

6.1 The main purpose of the Management Case at OBC stage is to demonstrate that the organisation is ready and capable of delivering a successful project. It will do this by revisiting the Management Case set out in the Initial Agreement; and responding, to the following questions:

- What are the project management arrangements that are in place?
- What change management arrangements are being planned?
- How will the project's benefits be realised?
- How are the project risks being managed?
- What commissioning arrangements are being planned?
- How will the success of the project be assessed?

<u>What project management arrangements are in place?</u>

6.2 As detailed within the Initial Agreement, the NHSGGC hub Project Steering Group has established governance and reporting structures which have been and will continue to be implemented to deliver this project. Project Boards report and approve through to the hub Steering Group to the NHSGGC Capital Planning Group and then the NHGGC Health Board.

<u>Reporting structure and governance arrangements</u>

6.3 The Clydebank Health and Care Centre Project Board reports to the NHSGGC Hub Steering Group which oversees the delivery of all NHSGGC Hub projects. The Project Board is chaired by the Project's Senior Responsible Office – the HSCP's Chief Officer - and comprises representatives from the senior management of the HSCP and NHSGGC (including Property & Capital Planning and Finance); the services that will be operating within the new Centre; hubco; and West Dunbartonshire Council. The Project Board represents the wider ownership interests of the project and maintains co-ordination of the development proposal.

Project Board Members:		
Project role & main responsibilities:	**Named person:**	**Experience of similar project roles:**
Organisation's senior business / finance representative - Representing the organisation's business & financial interests.	Soumen Sengupta, Head of Strategy, Planning & Health Improvement - HSCP	Soumen Sengupta has and has had responsibilities for a number of major primary care and capital planning projects throughout his career, including the £19m Vale Centre for Health & Care in Alexandria. He prepared the business case and secured funding for the £25m West Dunbartonshire Council/HUB transformation and replacement of older people's residential and day care provision within Clydebank and Dumbarton. He 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.
	Marion Speirs, Hub Accountant - NHSGGC Property & Capital Planning	Marion Spiers has acted as Financial Lead on all NHSGGC hub projects to date. These have included completed projects (Maryhill H&CC and Eastwood H&CC); projects currently on site (Inverclyde Integrated Care, Woodside

Project Board Members:		
Project role & main responsibilities:	**Named person:**	**Experience of similar project roles:**
		H&CC and Gorbals H&CC); and projects currently in development (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards). Julie Slavin has and has had responsibilities for estate development and capital planning in a number of her previous roles. She is the Project Board member representing Finance for the £25m West Dunbartonshire Council/HUB transformation and replacement of older people's residential and day care provision within Clydebank and Dumbarton.
Senior service representative - Representing the end user interests.	Chris McNeill, Head of Community Health & Care - HSCP	Chris McNeill has and has had responsibilities for a number of major primary care and capital planning projects throughout her career, including the £19m Vale Centre for Health & Care in Alexandria. She is the Project Lead for the £25m West Dunbartonshire Council/hub transformation and replacement of older people's residential and day care provision within Clydebank and Dumbarton.
Senior Technical / Estates / Facilities representative - Representing the technical aspects of the project	John Donnelly, Senior General Manager – NHSGGC Property & Capital Planning	John Donnelly 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 (Inverclyde Integrated Care, Woodside H&CC and Gorbals H&CC);

Project Board Members:		
Project role & main responsibilities:	**Named person:**	**Experience of similar project roles:**
		and projects currently in development (Greenock H&CC, Clydebank H&CC and Stobhill Mental Health Wards).
	Ian Docherty, Senior Project Manager – NHSGGC Property & Capital Planning	Ian Docherty has been involved across a number of recent health care projects and is currently the Technical Lead for Gorbals H&CC. He performed a similar role during the construction process for Eastwood H&CC.
Stakeholder representative(s) - Representing stakeholders' interests:	Katrina Moffat – General Practitioner	Katrina Moffat is a general practitioner and partner in one of the GP practices based within the current Clydebank Health Centre.
	Lesley Woolfries – WDC Capital Investment Team	The Capital Investment Team is delivering West Dunbartonshire Council's key strategic capital projects and are technical advisors to the HSCP for the delivery of the planned Clydebank Care Home & Day Care Centre which is the immediate neighbour of Clydebank H&CC within the Queens Quay Health Quarter. Lesley Woolfries sits on a number of Project Boards and has worked alongside the HSCP to deliver Crosslet Care Home & Day Care Centre in Dumbarton.
	Michelle McKenna - WDC Consultancy Service	Consultancy Services are appointed by HSCP as the 'Delivery Vehicle' for the proposed Clydebank Care Home & Day Care Centre and Michelle McKenna is the Project Manager. As the 'Delivery Vehicle'

Project Board Members:		
Project role & main responsibilities:	**Named person:**	**Experience of similar project roles:**
		for the Clydebank Care Home Project Consultancy Services provides the Project Manager, Cost Consultant and Architectural Team. In the role of Project Manager, Michelle performs a number of key management roles and reports to the Care Home Project Board.
	Gary Smithson - Hub West Scotland	Gary Smithson represents hub West Scotland, the development partner for NHSGGC. He is responsible for the overall project management in relation to hub West Scotland's development and delivery of the new Clydebank Health & Care Centre, reporting into NHSGGC. He has significant experience of project development and delivery and has most recently has worked alongside the HSCP to deliver Crosslet Care Home & Day Care Centre in Dumbarton; and is currently delivering the new Dumbarton Office for West Dunbartonshire Council.

Independent Client Advisors:	
Project role:	**Organisation & Named lead:**
Project Manager:	Soumen Sengupta, Head of Strategy, Planning and Health Improvement - HSCP
Business Case author:	Soumen Sengupta, Head of Strategy, Planning and Health Improvement - HSCP
Clinical / service lead:	Katrina Moffat – General Practitioner
Technical advisor:	Currie and Brown
Financial advisor	Caledonian Economics

Independent Client Advisors:	
Project role:	**Organisation & Named lead:**
Legal advisor	CMS
IM&T advisor	David Murphy, IT Manager NHSGGC
Medical equipment advisor	n/a
Commissioning advisor	Will be confirmed at Full Business Case Stage
Other advisors:	n/a

6.4 NHSGGC has extensive experience managing Hub Projects. The Clydebank Health and Care Centre Project would be NHSGGC Property & Capital Planning Department's seventh such development. NHSGGC 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 NPR.
- Ongoing review and revision of 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 Facilities Management provider (FES).
- Early engagement with Central Legal Office (CLO) with regards to 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.

6.5 NHSGGC has developed a scope of service for a Site Monitor role in response to the Cole Report (i.e. *The Report of the Independent Inquiry into the Construction of Edinburgh Schools* – February 2017). The scope was developed with input from NHSGGC, hub West Scotland and NHSGGC's Technical Advisers. This service is being deployed on the NHSGGC Woodside/Gorbals health centre bundle which is currently on-site. The same service and provision are planned for the Clydebank/Greenock/Stobhill bundle. Additionally NHSGGC has utilised Multi-Vista

progress photography/video recording on all of its hub projects to date. This is also planned to be implemented across the Clydebank/Greenock/Stobhill bundle.

6.6 The Project Structure is a tried and tested process as per detailed in section 6.2. 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 NHSGGC Property & Capital Planning Department.

6.7 A comprehensive project plan has been prepared and included here (Appendix 5), with the table below summarizing key milestones.

OBC Consideration\Approval	July/October 2017	Presentation to NHSGGC Capital Planning Group, NHSGGC Board, and Scottish Government Health Directorate Capital Investment Group (CIG) for approval.
Stage 2 Completion	July 2018	Detailed Design, Costs, Key Stage Reviews, Preparation of FBC
FBC Consideration\Approval	August/September 2018	As for OBC above
Financial Close	September 2018	Contract Agreement\Finalisation
Completion date	April 2020	Construction
Services Commencement	June 2020	Health and Care Centre Operational

<u>What change management arrangements are being planned?</u>

6.8 A clear change management approval process is in place with full discussion of costed change requests being discussed and agreed at the Project Board prior to any changes being implemented.

6.9 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.

6.10 A number of 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.

6.11 The Arts Strategy Group was established in February 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 Clydebank 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.

6.12 The new development has presented opportunities to rationalise a number of facilities from which services are currently provided - namely Clydebank Health Centre, Hardgate Clinic, and the West Dunbartonshire Council owned premises at Kilbowie - and bring those related services together at a single location as part of an integrated model of care. This is part of a wider piece of work ongoing to complete an accommodation plan for the HSCP incorporating both local authority and NHS premises.

6.13 A key driver for the development is for it to be revenue neutral - by rationalising the

three existing sites that current services have been delivered from revenue will be released for re-investment in the new centre.

6.14 The new development will not only assist with improved working between services and staff directly managed by the HSCP but will enable full engagement for GP practices to be involved in the integration agenda (as per the expectations of the *National Health and Social Care Delivery Plan*).

6.15 The new development will be NHSGGC's principal site within Clydebank; and one of the core locations from which the HSCP delivers its new models of integrated care within West Dunbartonshire.

6.16 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 Clydebank. In addition, the Centre will provide a community resource as part of the broader civic realm dimension of the overall Queens Quay Regeneration Programme.

6.17 As per 5.60, the purpose of the Communication and Engagement Plan (Appendix 9) is to pro-actively support the Project Board to deliver and realise all of the specified benefits identified for this project (as articulated within the approved Vision and Design Statement for the Centre and its Benefits Realisation Plan). This Plan reflects an appreciation that the successful delivery of this project hinges on providing credible assurance and fostering enthusiastic support amongst a wide set of

stakeholders (i.e. those individuals/groups/constituencies with varying degrees of interest and influence in the project). The strategy has four sequential components, which feed back into the benefits realisation plan separately agreed, i.e.:

- Identifying stakeholders.
- Analysing stakeholders.
- Effective communication.
- Assessing effectiveness.

6.18 In accordance with NHS Chief Executive Letter (CEL) 4 (2010) *Informing, Engaging And Consulting People In Developing Health And Community Care Services*, effective communication and engagement is recognised as a core element of stakeholder management within this project. As such, the requirement here is not solely to communicate in order just to inform or raise awareness, but to also:

- Generate confidence in and enthusiasm for the project and thereby foster a receptive and positive *authorising environment* for the project at each key decision point.
- Solicit high quality observations/suggestions/feedback on the design and site plan so as to ensure an optimal end product as per the Design Statement.
- Ensure that the varying expectations of different stakeholders are realistically tempered and fairly balanced throughout.

6.19 The approach for communication and engagement with respect to the Clydebank Health and Care Centre Project builds on the best practice utilised during the development and delivery of the award winning Vale Centre for Health and Care as

emphasised in the feedback and recommendations from the latter project's OCG Gateway Review:

"*While it is encouraging that there were so few negative events, many stakeholders identified positive learning from the delivery of the project. This included community engagement, user involvement in design, degree of senior management involvement, detailed design of built environment to promote interaction between service teams and to encourage education and training, and further opportunities for integration of health, social and community care".*

How will the project's benefits be realised?

6.20 A Benefits Realisation Plan for the project has been developed (Appendix 2).

6.21 The benefits identified within this OBC will be monitored and evaluated during the development of the project to maximise the opportunities for them to be realised and measurable indicators will be reviewed on a quarterly basis at the Project Board.

How are the project risks being managed?

6.22 The main project risks and mitigation factors have been identified at a high level at this OBC stage. These main risks at this stage are highlighted in the risk register included here as Appendix 6 (as per 5.46).

6.23 The Risk Register will be continually be reviewed and discussed at the Project Board. As the project develops through the FBC stages a more detailed and quantified risk register will be prepared.

What commissioning arrangements are being planned?

6.24 The NHSGGC Property & Capital Planning Senior 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.

6.25 A Transition and Commissioning Group will be established during the construction stage with membership from the various stakeholders in the project including, clinical user representation; non-clinical user representation; IT; Telecoms; Estates; Procurement; Facilities Management; Infection Control. The Group will be lead by the in-house Commissioning Team drawing on experience of previous new builds (including NHSGGC's Queen Elizabeth University Hospital) to develop an agreed commissioning programme in conjunction with users. The Group will also be

responsible for the development of a migration programme for the service move to the new facility; and co-ordination of all the service teams to achieve the migration timescale, in line with the contract programme.

6.26 As many of the new ways on working as possible will be implemented prior to the move albeit taking into account the restrictions of the current facilities. Agile working and paper "lite" will be promoted; and a backscanning exercise is already underway, which will create not only less storage requirement but provide secure data

How will the success of the project be assessed?

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

6.28 This will reflect an evaluation during the Construction Phase in the form of monitoring the project with regards to time, cost, the procurement process, contractor performance, and any initial lessons learnt.

6.29 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.

6.30 Longer term outcomes (Stage 4) will be evaluated two to five 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. Both quantitative and qualitative data will be collected during Stages 3 and 4 evaluation through the use of questionnaires and workshops. A key focus will be sharing the information gathered so that the lessons to be learned are made available to others.

APPENDICES

1. Initial Agreement Letter – Health & Social Care Directorate
2. Benefits Realisation Plan
3. Design Statement
4. Schedule of Accommodation
5. Project Programme
6. Risk Register
7. Healthcare Acquired Infection (HAI) Scribe Assessment Report
8. Value for Money Scorecard
9. Communication and Engagement Plan
10. Stakeholder Letter of Support

Artist's Rendering of Planned Exterior of New Health and Care Centre

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

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

The Scottish Government
Riaghaltas na h-Alba

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

Our ref: A13812000

7 April 2016

Dear Robert

Improving Health and Social Care in Greenock and Clydebank – Initial Agreements

The above Initial Agreement was considered by the Health Directorate's Capital Investment Group (CIG) at its meeting of 15 March 2016. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to submit an Outline Business Case.

A public version of the document should be sent to Colin Wilson (Colin.Wilson@gov.scot) within one month of receiving this approval letter. 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 on this requirement 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.

CIG also wanted to highlight that it was noted that the Initial Agreements were prepared under the refreshed Scottish Capital Investment Manual (SCIM) and that overall both documents were well written, clear, concise and effectively communicated your vision for the two projects. We would intend to use both these documents as examples of best practice, should other NHS Boards be looking for advice on how to write an Initial Agreement; I trust you are content with this proposed course of action.

As always, CIG members will be happy to engage with your team as the project progresses 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

TRANSFORMING CARE IN CLYDEBANK

OUTLINE BUSINESS CASE: BENEFITS REALISATION PLAN

As part of the development of work for the Public Bodies (Joint Working)(Scotland) Act, a high level set of health and social care quality outcomes has been developed to frame the expected benefits of health and social care integration. A full set of health and social care quality outcomes is expected to replace the quality outcomes described in the Healthcare Quality Strategy, aligned with the National Performance Framework and included in Single Outcome Agreements. Further refinement of these outcomes is underway; and a suite of indicators and measures for integration of adult health and social care is at present being developed under the auspices of the Ministerial Steering Group.

Benefits Realisation Plan						
1. Identification		***3. Control***		***4. Realise***		
Ref. No.	***Main Benefit***	***Who Benefits?***	***Who is responsible?***	***Investment Objective***	***Dependencies***	***Date of Realisation***
1.	It will improve quality of life through the care provided by the co-location of integrated teams enabling speedy access to modernised services.	• Service Users • Carers	• Services Leads within WD HSCP • General Practice	• 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	• 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	Review after 2 years of facility being operational

Benefits Realisation Plan						
1. Identification		**3. Control**		**4. Realise**		
				quality of facilities in which services delivered and based. Example of outcome measure: • Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment.		
2.	It will improve support to people to live independently.	• Service Users • Carers • Local Communities	• Services Leads within WD HSCP • General Practice	• 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	• 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	Review after 2 years of facility being operational

Benefits Realisation Plan						
1. Identification		**3. Control**		**4. Realise**		
				which services delivered and based. Example of outcome measure: • Number of patients in anticipatory care programmes.		
3.	It will increase the proportion of people with intensive needs being cared for at home.	• Service Users • Carers	• Services Leads within WD HSCP • General Practice	• 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.	• 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	Review after 2 years of facility being operational

Benefits Realisation Plan						
1. Identification		**3. Control**		**4. Realise**		
				Example of outcome measure: • Emergency admissions aged 65+ as a rate per 1,000 population.		
4.	It will ensure timely discharge from hospital.	• Service Users • Carers • Organisation	• Services Leads within WD HSCP • General Practice	• 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. Example of outcome measure: • Number of acute bed	• 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	Review after 2 years of facility being operational

Benefits Realisation Plan						
1. Identification		**3. Control**		**4. Realise**		
				days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over.		
5.	It will improve the design and functional suitability of the healthcare estate.	• Service Users, • Carers • Staff/Practitioners • Organisation	• NHSGGC Capital Planning & Facilities Management • Hub	• 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. Example of outcome measure: • Achievement of BREEAM Excellent rating.	• Stakeholder buy-in • Adoption of new ways of work – agile and use of IT – by staff and practitioners. • Application of high design quality in accordance with the NHSGGC Design Action Plan and guidance available from Architecture & Design Scotland.	Review after 1 year of facility being operational

Benefits Realisation Plan						
1. Identification		***3. Control***		***4. Realise***		
6.	It will improve access to services and contribute to regeneration of Clydebank	• Service Users • Carers • Local Communities • Organisation • Community Planning Partnership	• NHSGGC • WD Council	• Contribute to economic regeneration of Clydebank as a whole. • Improve safety and quality of facilities in which services delivered and based. Example of outcome measure: • Patient satisfaction results at both individual practice and locality level from (national) Health & Social Care Survey.	• Stakeholder buy-in • Effective delivery and success of Queens Quay masterplan and other regeneration initiatives. • Impact of Community Planning Partnership Local Outcome Improvement Plan.	Review after 3 years of facility being operational

DESIGN STATEMENT

In order to deliver the investment objectives and benefits described within the Initial Agreement, the new Clydebank Health and Care Centre development must possess the following attributes.

In reading the text below, the journeys and environments described are for all people, and the use of best practice in relation to inclusive design (physical accessibility, sense sensitive design and design for cognitive impairments) will be part of the detailed briefing (to follow) of how these experiences are to be achieved.

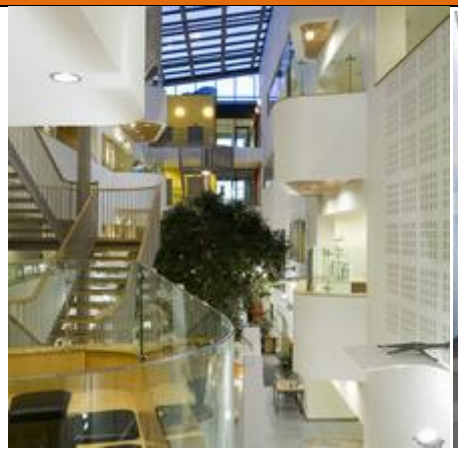
1 Non Negotiables for Service Users

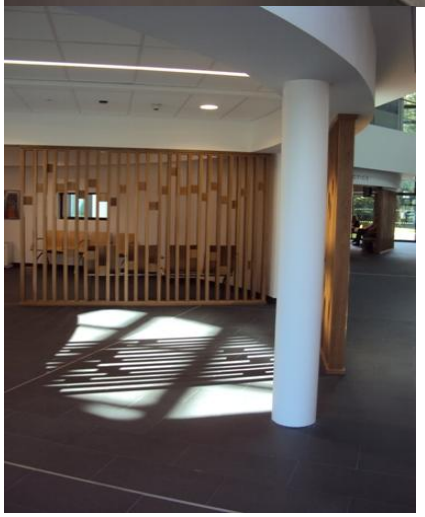
Non-Negotiable Performance Objectives ***What the design of the facility must enable***	**Benchmarks** ***The physical characteristics expected and/or some views of what success might look like***
1.1 It must be easier to get to the new facility than the existing one and the experience of arriving must feel safe and welcoming.	• The entrance must be close to public transport; within 5min of bus stops with routes serving a broad number of housing schemes and 10 min from train station. • Pedestrian routes (from street and within parking) should have priority over vehicle routes, be easily accessible (barrier free standard, not steep) and direct with line of sight to the entrance, supported by signage to reassure. They must be well lit and observable (you can see people in nearby buildings and they can see you) so that you don't feel you're alone or no-one would spot if there's a problem. Walking routes from the street and public transport must not be dominated by parking. Any routes within the site longer than 5min must have rest points included. • Parking areas must be easy and intuitive to use, with the layout designed to manage different levels of need and to discourage misuse. Disabled parking and pick-up/drop-off spaces to be within 20 metres of the entrance, clearly overlooked by staff areas and have different surface treatment (more like pedestrian areas) to signal different use. • Soft/green landscaping to be incorporated into external routes and spaces to provide shelter and welcome.

Non-Negotiable Performance Objectives ***What the design of the facility must enable***	**Benchmarks** ***The physical characteristics expected and/or some views of what success might look like***
	     

Non-Negotiable Performance Objectives ***What the design of the facility must enable***	**Benchmarks** ***The physical characteristics expected and/or some views of what success might look like***
	
1.2 The facility (both building and grounds) must feel part of Clydebank, with an open/public feel that encourages, and copes well with, use both to access services and for other reasons (community use, recreation etc). It must be welcoming, with some open useable space, not institutional, clinical or overpowering in its impression.	• External areas, such as parking, landscape and paving areas, must be designed to have a civic feel and allow use by the community both 'out of hours' (use of larger areas such as parking for events etc) and (for landscape/paving areas) during normal operation without impacting use/privacy of the building. • Clear intuitive way finding from out with the site to indicate presence of facility and route to it(even during hours of darkness).   

Non-Negotiable Performance Objectives ***What the design of the facility must enable***	**Benchmarks** ***The physical characteristics expected and/or some views of what success might look like***
1.3 All service users – irrespective of which service(s) they're using that day -must arrive into the same space. This must be light and welcoming, with direct view to help, and a clear route to the service being sought.	• Welcoming reception desk visible on entry that can check you into most services and guide you to other areas such as GP, Community services. • Route to each service should be clearly visible/ signposted. Stairs and lifts clearly marked for ease of access. • The Main entrance / foyer should be designed to be able to deal with heavy traffic within the during peak times.   
1.4 Walking routes for service users – both to and between services - must be short, easy, pleasant and intuitive.	• Routes to have line of sight connection between destination points for each part of the journey so the way can be understood. Any stairs and lifts needed to be visible from the initial orientation point. • Routes/destination points to have good day lighting and identity (a space, view or installation that you would recognised when seen again), supported by signage for reassurance. • Waiting areas within 10m of all consulting/treatment rooms to reduce walking distance for patients and allow option of staff collection for initial assessment of mobility/health.

Non-Negotiable Performance Objectives ***What the design of the facility must enable***	**Benchmarks** ***The physical characteristics expected and/or some views of what success might look like***
	 
1.5 The 'check in' experience must provide for personal preferences and privacy. Reception facilities must be open and calm to promote trust and confidence.	• Electronic check in at main arrival space, close to someone who can help if you're experiencing problems. • Reception desks to manage security unobtrusively (they must not to have glazing/barriers, but use deep lunge desks and easy escape to safety), and be acoustically separated from admin areas to reduce noise. Heating and ventilation must be managed to allow staff to sit in comfort. • There must be space close by to take any sensitive conversations. • Waiting areas should not be immediately adjacent to receptions so that all discussions cannot be easily overheard.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	   

Non-Negotiable Performance Objectives ***What the design of the facility must enable***	**Benchmarks** ***The physical characteristics expected and/or some views of what success might look like***
1.6 The waiting experience must allow for personal preferences and provide a comfortable, safe, calm and reassuring environment with distractions and access to information. (*see also 2. for other uses of this space*)	• Waiting areas must have good daylight, fresh air and views to external green space. • There must be options for where you wait, allowing people to wander and still feel connected, join in social groups, occupy children in play, or sit more quietly. • The spaces must deal well with noise (lower it) so that the place feels calm. • Staff areas must be visible (to feel connected with the appointment and safe) and there must be no hidden corners. • There should be access to safe external space for a breath of fresh air and a secured place for children to run around (courtyard). • Wi-Fi access/information points should be available for longer patient waiting times.
1.7 Consulting and treatment areas must feel private and inspire confidence.	• Fixtures/surfaces/furnishing must feel of good quality – that they will last and look/be clean and convey professional impression. • There must be good sound separation to other building areas. To be supportive of open and confidential/ sensitive discussions, assessments & treatments. • Daylight and natural ventilation must be able to be maintained alongside privacy of conversations.  

2 Non Negotiables for Staff

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
2.1 Staff must be able to arrive and leave reliably and safely.	• Routes to be to standard with ease of access. • Discrete staff entrance away from main public areas which allows them easy access to staff changing facilities and staff room. • Equipment store adjacent to drop-off area or where staff can bring and park their vehicle. Staff entrance should be well lit and secure out of hours.
2.2 The layout of the facility must maximise the potential for out of hours/community use.	• Entrance areas, meeting rooms, waiting areas and external spaces to be located and designed together to be used flexibly for community events and special functions such patient group sessions/ advice clinics/ no smoking groups/ baby clinics.
2.3 The facility must be designed to encourage staff out of individual rooms and to come together to share learning/experiences develop support and combat isolation.	• IT system to support hot-desking and ability to work on admin tasks in meeting/staff social spaces. • Meeting and social spaces to be placed where accessible to all services and designed to encourage use • Staff room to be located where it is easy to access.
2.4 The external environment must be designed to maximise its therapeutic use, both for formal therapies and social/respite uses.	• No unusable courtyards. External spaces to be briefed to use for formal and informal physiotherapy (requiring privacy from public areas). • Social and respite purposes for service users. • Third sector and out of hours secured use.
2.5 The design of the facility must support staff wellbeing and personal needs.	• The grounds and facilities should encourage green travel and exercise (showers, bike racks) • space must be available for quiet support conversations and counselling • Staff rest areas must be away from public spaces to allow staff to feel off duty. There must be a space staff can get a breath of fresh air in their day. • Lockers and changing areas must be positioned so that they are easily accessed as part of normal routes around the building.
2.6 materials and waste must be able to be managed unobtrusively.	• Delivery and waste collection entrance should be separate. • FM and facilities areas should be away from public/ patient areas.

3 Non Negotiable for Visitors

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
3.1 The facility must support the communication of health promotion and information on services for those visiting to support carers/ patients or in maintaining their own well being	• Display information through screens and information points. Information should be updated regularly and timely. • Information stands by Health improvement teams on up-to-date information.

4 Alignment of Investment with Policy

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
4.1 The development (both building and external) through its location and appearance contribute to regeneration of Clydebank.	The facility will be a part of regeneration of Queen's Quay and will be a facility to be used by local population to be easily accessible & available to use. Continuous community engagement and involve health improvement team for various health promotion activities.
4.2 Flexibility/ Adaptability for growing/ aging/ changing population	The building design and construction will enable flexibility. Safety, accessibility and equality will be the foundation of the design and construction. Will also have Build usable grounds/ courtyards; lot of green space to reduce CO2 emissions that will encourage physical activity for community and staff as well. There will be repeated group sessions involving all users from community and existing building to develop space internal / external to develop areas to achieve flexibility and soft spaces for all. We will also have changing places/ toilets for severely disabled and bariatric members of the community.
4.3 Sustainability	Building will promote health, social, environmental and economic sustainability. It will be based on current BREEAM at all stages.

The above statement was drafted through the participation of the following stakeholders/groups:

Karen McElwee - Practice Manager, Red Wing; Dr Bell - GP, Red Wing; Pauline MacWhirter - Practice Manager, Red Wing; Ralph Cunningham - GP, Blue Wing; Jane McNiven - Practice Manager, Green Wing; Neil Murray - GP, Green Wing; Beverley McCartney - Practice Manager, Orange Wing; Katrina Moffat - GP, Orange Wing; Murray Fleming - GP , Yellow Wing; Irene True - Practice Manager, Purple Wing; Dr Rai - GP, Purple Wing; Valerie McIver - District Nursing; Jackie Hamill - Health Visiting; Tracy Cassidy and Fiona Wright - Physiotherapy Team Leaders; David Bisset - Podiatry Team Leader; Mary Angela McKenna – Older People Operations Manager; Wendy Cox - Mental Health Services; Lynne McKnight - Integrated (Adult Services) Operations Manager;

Kim McNab - Carers of West Dunbartonshire; Anne MacDougall - Clydebank Locality Engagement Network; Jackie Maceira - Access Panel.

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

Clydebank Health Centre

Schedule of Accommodation

AFFORDABLE AREA
5725

Version 11A (titles adjusted) Dated 16-09-2016

REF	SERVICE		ROOM TYPE	DESCRIPTION	Corrections and updates from S Kapur email 14/07/16 Area	TOTAL m²	Corrections and updates following selection of alternative scheme 15/09/16 Area	TOTAL m²
	Green Wing Practice		Reception & Admin		40		40	
			Waiting Area		40		40	
			Consulting Surgery 1		15		15	
			Consulting Surgery 2		15		15	
			Consulting Surgery 3		15		15	
			Consulting Surgery 4		15		15	
			Consulting Surgery 5		15		15	
			Consulting Surgery 6		15		15	
			Consulting Surgery 7	GP trainee	15		15	
			Consulting Surgery 8		15		15	
			Consulting Surgery 9		0		0	
			Practice Nurse (HCA) rm 1		15		15	
			Practice Nurse (HCA) rm 2		15		15	
			Practice Nurse (HCA) rm 3		15		15	
			Clinic Room*	*** Integrated clinics which are practice based(HV's, AHP part of practice like one stop shops)**	18		18	
			Store		15		15	
			Practice Manager Office		10		10	
			Dirty Utility	50% part share 0f facility of room	3		3	
Sub Total					**291**	**291**	**291**	**291**
	Orange Wing Practice		Reception & Admin		35		35	
			Waiting Area		35		35	
			Consulting Surgery 1		15		15	
			Consulting Surgery 2		15		15	
			Consulting Surgery 3		15		15	
			Consulting Surgery 4		15		15	
			Consulting Surgery 5		15		15	
			Consulting Surgery 6		15		15	
			Practice Nurse (HCA) rm 1		15		15	
			Practice Nurse (HCA) rm 2		15		15	
			Clinic room*	*** Integrated clinics which are practice based(HV's, AHP part of practice like one stop shops)**	18		18	
			Store 1		12		12	
			Practice Managers Office		10		10	
			Dirty Utility	50% part share 0f facility of room	3		3	
Sub Total					**233**	**233**	**233**	**233**
	Yellow Wing Practice		Admin / Reception		35		35	
			Waiting Area		35		35	
			Consulting Surgery 1		15		15	
			Consulting Surgery 2		15		15	
			Consulting Surgery 3		15		15	
			Consulting Surgery 4		15		15	
			Consulting Surgery 5		15		15	
			Consulting Surgery 6		15		15	
			Consulting Surgery 7		15		15	
			Practice Nurse (HCA) rm 1		15		15	
			Practice Nurse (HCA) rm 2		15		15	
			Clinic Room*	*** Integrated clinics which are practice based(HV's, AHP part of practice like one stop shops)**	18		18	
			Store		12		12	
			Practice Manager		10		10	
			Dirty Utility	50% part share 0f facility of room	3		3	
Sub Total					**248**	**248**	**248**	**248**
	Purple Wing		Reception & Admin		25		25	
			Waiting area		20		20	
			Consulting Surgery 1		15		15	
			Consulting Surgery 2		15		15	
			Consulting Surgery 3		15		15	
			Consulting Surgery 4		0		0	
			Practice Nurse (HCA) rm 1		15		15	
			Clinic Room*	*** Integrated clinics which are practice based(HV's, AHP part of practice like one stop shops)**	18		18	
			Store		10		10	
			Practice Manager		10		10	
			Dirty Utility	50% part share 0f facility of room	3		3	
Sub Total					**146**	**146**	**146**	**146**
	Red Wing		Admin Reception/		45		45	
			waiting area		45		45	
			Consulting Surgery 1		15		15	
			Consulting Surgery 2		15		15	
			Consulting Surgery 3		15		15	
			Consulting Surgery 4		15		15	
			Consulting Surgery 5		15		15	
			Consulting Surgery 6		15		15	
			Consulting Surgery 7		15		15	
			Consulting Surgery 8		15		15	
			Consulting Surgery 9		0		0	
			Practice Nurse (HCA) rm 1		15		15	
			Practice Nurse (HCA) rm 2		15		15	
			Practice Nurse (HCA) rm 3		15		15	
			Clinic Room*	*** Integrated clinics which are practice based(HV's, AHP part of practice like one stop shops)**	18		18	
			Practice Manager		10		10	
			Store		15		15	
			Dirty Utility	50% part share 0f facility of room	3		3	
Sub Total					**301**	**301**	**301**	**301**
	Blue Wing Practice		Admin Reception		35		35	
			Waiting area		35		35	
			Consulting Surgery 1		15		15	
			Consulting Surgery 2		15		15	
			Consulting Surgery 3		15		15	
			Consulting Surgery 4		15		15	
			Consulting Surgery 5		15		15	
			Consulting Surgery 6		0		0	
			Consulting Surgery 7		0		0	
			Clinic Room*	*** Integrated clinics which are practice based(HV's, AHP part of practice like one stop shops)**	18		18	
			Practice Nurse (HCA) rm 1		15		15	
			Practice Nurse (HCA) rm 2		15		15	
			Practice Manager		10		10	
			Store		12		12	
			Dirty Utility	50% part share 0f facility of room	3		3	
Sub Total					**218**	**218**	**218**	**218**

Clydebank Health Centre

Schedule of Accommodation

AFFORDABLE AREA
5725

Version 11A (titles adjusted) Dated 16-09-2016

REF	SERVICE		ROOM TYPE	DESCRIPTION	Corrections and updates from S Kapur email 14/07/16 Area	TOTAL m²	Corrections and updates following selection of alternative scheme 15/09/16 Area	TOTAL m²
	Central Space		Main Reception & Share Practice Archive		40		40	
			Office 1		10		10	
			Waiting Area		50		50	
			Treatment Room 1		18		18	
			Treatment Room 2		18		18	
			Treatment Room 3		18		18	
			Continence Team (office only)		15		15	
			Mail Room / Caretaker (back door)	for mail sorting, sample room, franking room etc	20		20	
			DN Store	Health Visitors, Ground floor easily accessible.	15		15	
			Community Clinic Store	Communtiy supplies	15		15	
			Community Treatment Store	Communtiy supplies	15		15	
			Interview Room 1	Ground floor adjacent to main reception.	10		10	
			Interview Room 2	Ground floor adjacent to main reception.	10		10	
Sub Total					**254**	**254**	**254**	**254**
	District Nursing /		Senior Nurse x 1	Shared Manager Room	6		6	
	Health Visiting		Team Leaders x 1	Shared Manager Room	6		6	
			Storage	Now captured in central space.	0		0	
			DNs	Agile Working Space	128		128	
			Dieticians	Now combined with above.	0		0	
			HVs	Agile Working Space	118		118	
			Interview Room 1	Agile Working Space	10		10	
Sub Total					**268**	**268**	**268**	**268**
	Physiotherapy		Physiotherapy Gym		50		50	
			Physio Treatment Room 1		15		15	
			Physio Treatment Room 2		15		15	
			Physio Treatment Room 3		15		15	
			Physio Treatment Room 4		15		15	
			Physio Treatment Room 5		0		0	
			Physio Treatment Room 6		0		0	
			Physio Treatment Room 7		18		18	
			Walk in stotre		15		15	
Sub Total					**143**	**143**	**143**	**143**
	Podiatry		Waiting Area		0		0	
			Shared Podiatry / Physio office		15		15	
			Clinical Room 1		15		15	
			Clinical Room 2		15		15	
			Clinical Room 3		15		15	
			Clinical Room 4(Teaching room)		18		18	
			Store Room	(all instruments are disposables so need storage)	15		15	
Sub Total					**93**	**93**	**93**	**93**
	Speech and language Specialist Childrens Services		Team room	8 staff, a student and admin support (open plan office)	21.6		21.6	
			SCS / HV store	to store interactice learning material for children and child assessment tools	15		15	
Sub Total					**36.6**	**36.6**	**36.6**	**36.6**
	PCMH		Interview Room 1		10		10	
			Interview Room 2		10		10	
			Interview room/ group room 3		20		20	
			PCMH	Possible Agile Working Area	15		15	
Sub Total					**55**	**55**	**55**	**55**
	CHCP Building Management		Community Admin Office 1		10		10	
			Community Admin Office 2		15		15	
Sub Total					**25**	**25**	**25**	**25**
	COPT/ Adult Care team		Store		20		20	
			COPT Team room (39 person)	for 35 staff member & 4 students	105		105	
			Student placements (4 persons)	Now included above.	0		0	
			Senior manager room (4 person)		20		20	
			Adult care team	for 12 staff member				
			Team Leaders (4 person)		30		30	
			Interview room 1		10		10	
			Interview room 2		10		10	
			Admin room (16 person)	direct access point for all services	52		52	
Sub Total					**247**	**247**	**247**	**247**
	OAMH		Consulting room 1		0		0	
			Consulting room 2		15		15	
			Agile working room	for CMHT, nurses, OT, medical staff , psychology staff	0		0	
			Interview1		0		0	
			Interview 2		10		10	
			Interview 3	Case conference room	15		15	
			Admin Room		25		0	
Sub Total					**65**	**65**	**40**	**40**
	Hospital Discharge Team		Clinical agile staff (18 persons)	Full Time Office Based	48.6		48.6	
			Operations Managers (3 persons)	6 Fixed, 4 Agile	15		15	
Sub Total					**63.6**	**63.6**	**63.6**	**63.6**
	Kilbowie Road		Staff Desk Area	30 Staff - 9-5 Call Centre Format	120		120	
			Managers Office		10		10	
			team leaders office	2 team leaders	12		12	
Sub Total					**142**	**142**	**142**	**142**

Clydebank Health Centre

Schedule of Accommodation

AFFORDABLE AREA
5725

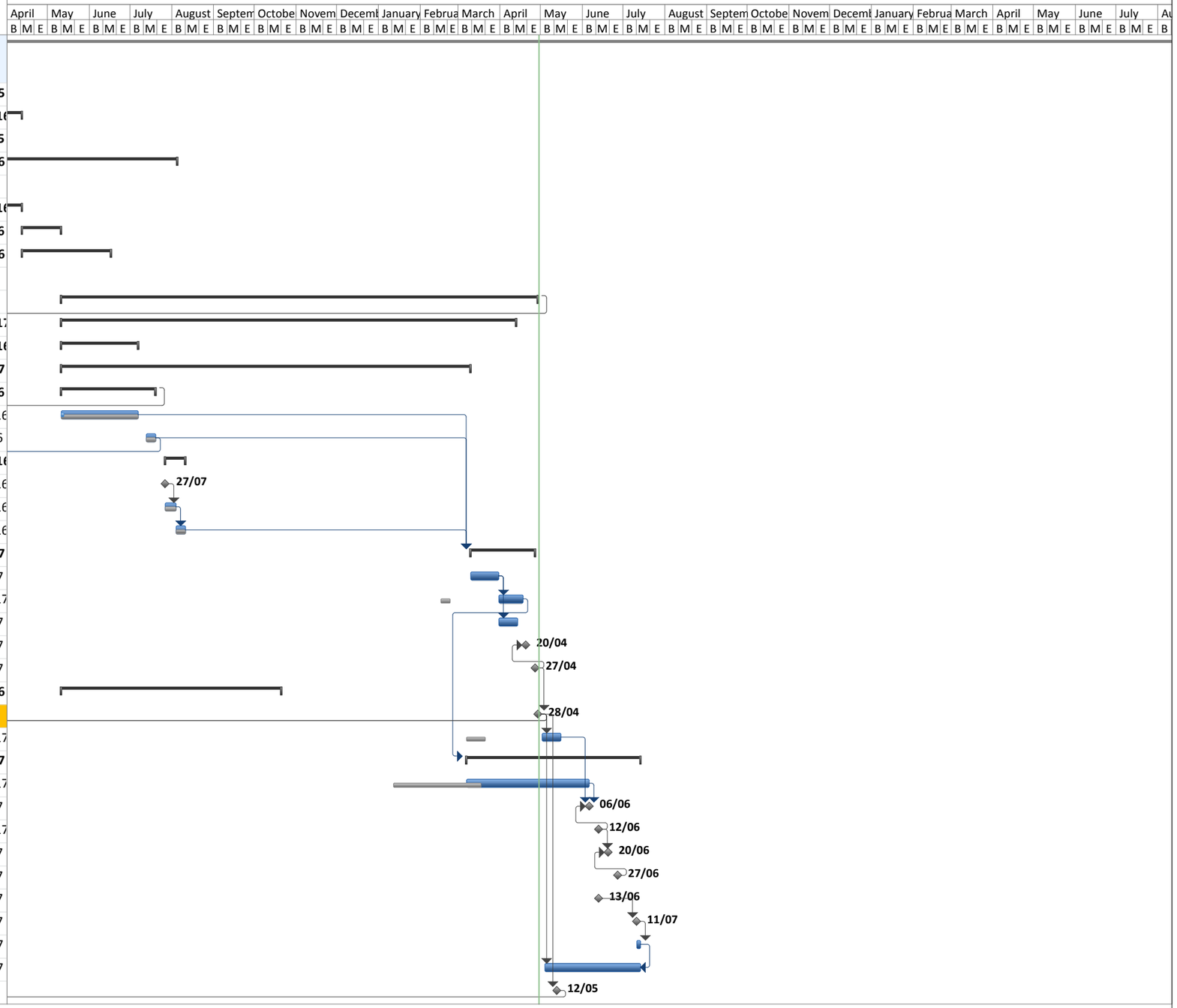
Version 11A (titles adjusted) Dated 16-09-2016

REF	SERVICE		ROOM TYPE	DESCRIPTION	Corrections and updates from S Kapur email 14/07/16 Area	TOTAL m²	Corrections and updates following selection of alternative scheme 15/09/16 Area	TOTAL m²
	Bookable		Meeting/Training Room		50		50	
	Community Rooms /		Meeting/Training Room		0		0	
	Treatment Suite		Quiet Room / Prayer Room		10		10	
			Health Education Room		40		40	
			Health Education Store		10		10	
			Community Consulting Room 1		15		15	
			Community Consulting Room 2		15		15	
			Community Consulting Room 3		15		15	
			Community Consulting Room 4		15		15	
			Community Consulting Room 5		15		15	
			Community Consulting Room 6		15		15	
			Community Consulting Room 7		15		15	
			Community Consulting Room 8		18		18	
			Community Consulting Room 9		18		18	
			Community Consulting Room 10		15		15	
			Community Consulting room 11	Bariatric room	18		18	
			Community Consulting room 12		0		0	
			Community consulting room 13*		0		0	
			Bookable Meeting Room 1	Maximum capacity, 18 Person	25		25	
			Bookable Meeting Room 2	Maximum capacity, 18 Person	25		25	
			Bookable Meeting Room 3	Maximum capacity, 18 Person	25		25	
			Dirty Utility		6		6	
			Dirty Utility		**6**		6	
			Breastfeeding Room		**7**		7	
Sub Total					**378**	**378**	**378**	**378**
	Staff Facilities		Staff Kitchen		25		25	
			Staff Room		100		100	
			Touchdown Area		30		30	
Sub Total					**155**	**155**	**155**	**155**
	FM		FM Store		15		15	
			Central Delivery Store		15		15	
			Domestic Waste	external	7.5		7.5	
			DSR`s	4No: Ground floor- 2 / 1st floor- 1 / 2nd floor- 1	40		40	
			Recuss Trolley Store	2No:	6		6	
			Clinical Waste		7.5		7.5	
			Disposal Holds x 8 (now 1no on ground floor nr DSR)		22		**10**	
Sub Total					**113**	**113**	**101**	**101**
	WCs & Changing		Fully Accessible WC	1 at 12.5 sqm	15		15	
			Standard Accessible WC	10 no. at 5 sqm	50		50	
			Ambulant WC	15no. At 5 sqm	45		45	
			Baby Change	2no. At 5 sqm	10		**5**	
			Staff Male Showers		25		25	
			Staff Female Showers		50		50	
					0		0	
Sub Total					**195**	**195**	**190**	**190**
	Main Entrance Foyer		Entrance & Circulation		180		180	
Sub Total					**180**	**180**	**180**	**180**
GP						**1437**		**1437**
NHS Primary Care Services						**1213.6**		**1188.6**
Local Authority Services						**142**		**142**
Bookable						**378**		**378**
Common Areas (FM, Toilets, Staff)						**643**		**626**
Speech and language / Specialist Childrens Services						**36.6**		**36.6**
					SUB TOTAL	**3850.2**	**SUB TOTAL**	**3808.2**
	Sub Total					**3850.2**		**3808.2**
	Add Circulation space		(All corridors, draft lobbies, potentially 5 Stairwells and up to 3 Lifts)		36%	**1386.072**	36%	**1370.952**
	Add Wall Allowance		(Internal partitions)		8%	**308.016**	8%	**304.656**
	Add Engineering Allowance		(Plant Room, Server Room, 5 Satelite Comms Rooms, DB Cupboards and Manifold Cupboards)		6%	**244.10268**	6%	**241.43988**
			Note DSR`s, Dirty Utility and Recuss now itemised seperatly.					
	Grand Total				**0.5**	**5788.4**	**0.5**	**5725.2**

Target Size (m^2)	**5725**	**Difference (m^2)**	**5788.4**	**5725.2**

Clydebank Health Centre Programme Version 8 280417

ID	Task Mod	Task Name	Duration	Start	Finish
0		**Clydebank Health Centre Overall hWS Programme**	**1158 days?**	**Mon 27/04/15**	**Wed 27/11/19**
1		**Project Initiation**	**8 days**	**Mon 27/04/15**	**Thu 07/05/15**
7		**NHSGGC Initial Agreement Approval**	**229 days**	**Fri 08/05/15**	**Mon 11/04/16**
26		**Design Team Procurement**	**42 days**	**Thu 30/04/15**	**Tue 30/06/15**
37		**Surveys to Be Carried Out**	**250 days**	**Fri 31/07/15**	**Thu 04/08/16**
62		**Site Options Appraisal**	**140 days**	**Fri 29/05/15**	**Fri 11/12/15**
74		**New Project Request Process**	**214 days**	**Mon 01/06/15**	**Mon 11/04/16**
91		**hWS Due Diligence Period**	**20 days**	**Mon 11/04/16**	**Tue 10/05/16**
98		**Main Contractor Procurement**	**46 days**	**Tue 12/04/16**	**Thu 16/06/16**
108		**FM Contractor Procurement**	**51 days**	**Fri 21/08/15**	**Fri 30/10/15**
118		**Stage 1**	**241 days?**	**Tue 10/05/16**	**Fri 28/04/17**
119		**Stage C Design Development**	**229 days?**	**Tue 10/05/16**	**Wed 12/04/17**
153		**ACR Preparation by Participant**	**40 days**	**Wed 11/05/16**	**Wed 06/07/16**
156		**Stage 1 Cost Report**	**205 days?**	**Tue 10/05/16**	**Thu 09/03/17**
167		**Legal/Commercial Items - Stage 1**	**49 days**	**Wed 11/05/16**	**Tue 19/07/16**
168		Participant to Provide Drafting for Schedule Part 5	40 days	Wed 11/05/16	Wed 06/07/16
169		Preparation of Material Amendments	5 days	Wed 13/07/16	Tue 19/07/16
170		**A&DS and HFS Design Review**	**10 days**	**Wed 27/07/16**	**Wed 10/08/16**
171		Issue Stage C Information to A&DS and HFS	0 days	Wed 27/07/16	Wed 27/07/16
172		Review of plans and meeting to be held	5 days	Wed 27/07/16	Wed 03/08/16
173		Review and Update of Drawings	5 days	Thu 04/08/16	Wed 10/08/16
174		**hWS Stage 1 Report**	**34 days**	**Fri 10/03/17**	**Thu 27/04/17**
175		Affordability Review with NHS GGC / Scottish Gov	15 days	Fri 10/03/17	Thu 30/03/17
176		Preparation of Stage 1 Report	12 days	Fri 31/03/17	Mon 17/04/17
177		Key Document / Key Information Review	10 days	Fri 31/03/17	Thu 13/04/17
178		Submission to hWS Board	0 days	Thu 20/04/17	Thu 20/04/17
179		hWS Board Approval	0 days	Thu 27/04/17	Thu 27/04/17
180		**Design Team Meetings**	**115 days?**	**Tue 10/05/16**	**Thu 20/10/16**
193		Issue of Stage 1 to Participant	0 days	Fri 28/04/17	Fri 28/04/17
194		NHS/SfT Key Stage Review Period	10 days	Tue 02/05/17	Mon 15/05/17
195		**Outline Business Case**	**91 days**	**Tue 07/03/17**	**Thu 13/07/17**
196		Preparation of Outline Business Case	63 days	Tue 07/03/17	Mon 05/06/17
197		Issue to Capital Planing Group	0 days	Tue 06/06/17	Tue 06/06/17
198		Capital Planning Group Meeting	0 days	Mon 12/06/17	Mon 12/06/17
199		Issue to Health Board Meeting	0 days	Tue 20/06/17	Tue 20/06/17
200		Health Board Meeting	0 days	Tue 27/06/17	Tue 27/06/17
201		Issue to SCIG	0 days	Tue 13/06/17	Tue 13/06/17
202		SCIG Meeting	0 days	Tue 11/07/17	Tue 11/07/17
203		Stage 1 Approval	3 days	Tue 11/07/17	Thu 13/07/17
204		Stage 2 Approval Period	50 days	Thu 04/05/17	Thu 13/07/17
205		Stage 2 Design Fee underwrite received from NHS GGC	0 days	Fri 12/05/17	Fri 12/05/17

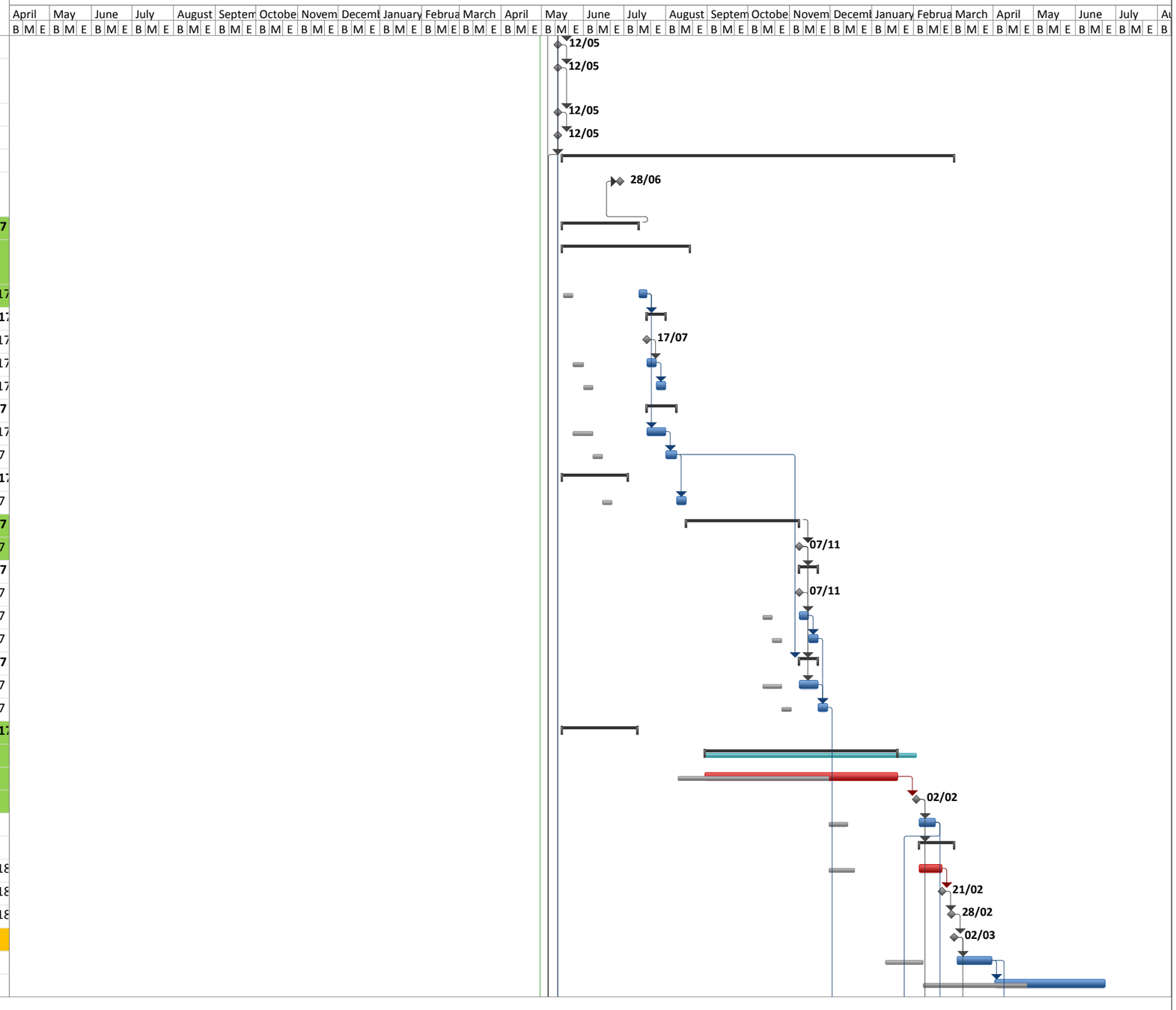


Project: Clydebank Health Centre
Date: Sun 30/04/17

Task	Project Summary	Inactive Milestone	Manual Summary Rollup	Deadline	Progress		
Split	External Tasks	Inactive Summary	Manual Summary	Critical			
Milestone	External Milestone	Manual Task	Start-only	Critical Split			
Summary	Inactive Task	Duration-only	Finish-only	Baseline			

Clydebank Health Centre Programme Version 8 280417

ID	Task Mod	Task Name	Duration	Start	Finish
206		NHS GGC Sign off of Standard Room Layout	0 days	Fri 12/05/17	Fri 12/05/17
207		Instrcuction to commence district heating system feasabilty	0 days	Fri 12/05/17	Fri 12/05/17
208		Confirmation of Stage 2 site boundary	0 days	Fri 12/05/17	Fri 12/05/17
209		Receipt of Sch Pt 5 rights of access and title conditions	0 days	Fri 12/05/17	Fri 12/05/17
210		**Stage 2**	**197 days**	**Mon 15/05/17**	**Fri 02/03/18**
211		Receipt of agreed masterplan remdiation strategy from NHS	0 days	Wed 28/06/17	Wed 28/06/17
212		**Stage D Design (refer BAM programme)**	**40 days**	**Tue 16/05/17**	**Tue 11/07/17**
220		**Develop Room Data Sheets and Room Layouts (1:50) (refer BAM programme)**	**67 days**	**Tue 16/05/17**	**Fri 18/08/17**
231		Finalise Scheme Design for Approval	4 days	Wed 12/07/17	Mon 17/07/17
232		**A&DS and HFS Design Review**	**10 days**	**Mon 17/07/17**	**Mon 31/07/17**
233		Issue Stage D Information to A&DS and HFS	0 days	Mon 17/07/17	Mon 17/07/17
234		Review of plans and meeting to be held	5 days	Tue 18/07/17	Mon 24/07/17
235		Review and Update of Drawings	5 days	Tue 25/07/17	Mon 31/07/17
236		**Stage D Cost Plan**	**15 days**	**Tue 18/07/17**	**Tue 08/08/17**
237		Review of Outline Scheme Design	10 days	Tue 18/07/17	Mon 31/07/17
238		Stage D Cost Plan Preparation and issue to hWS	5 days	Tue 01/08/17	Tue 08/08/17
239		**Risk Workshop (Stage D)**	**34 days**	**Mon 15/05/17**	**Mon 03/07/17**
243		hWS and NHS Review of Stage D Cost Plan	5 days	Wed 09/08/17	Tue 15/08/17
244		**Stage E Design and NBS (refer BAM programme)**	**60 days**	**Wed 16/08/17**	**Tue 07/11/17**
255		Stage E Design Reports and NBS to be Issued	0 days	Tue 07/11/17	Tue 07/11/17
256		**A&DS and HFS Design Review**	**10 days**	**Tue 07/11/17**	**Tue 21/11/17**
257		Issue Stage E Information to A&DS and HFS	0 days	Tue 07/11/17	Tue 07/11/17
258		Review of plans and meeting to be held	5 days	Wed 08/11/17	Tue 14/11/17
259		Review and Update of Drawings	5 days	Wed 15/11/17	Tue 21/11/17
260		**Stage E Cost Plan**	**10 days**	**Wed 08/11/17**	**Tue 21/11/17**
261		Stage E Cost Plan Prepared	10 days	Wed 08/11/17	Tue 21/11/17
262		Participant Review and Approval of Stage E	5 days	Wed 22/11/17	Tue 28/11/17
263		**Authority Construction Requirements Development**	**39 days**	**Tue 16/05/17**	**Mon 10/07/17**
267		**Market Testing Period (refer BAM programme)**	**93 days**	**Wed 30/08/17**	**Fri 19/01/18**
268		Market Testing Period	93 days	Wed 30/08/17	Fri 19/01/18
269		Submission of CPS and Final Price to hWS	0 days	Fri 02/02/18	Fri 02/02/18
270		Participant Review of Final Price	10 days	Mon 05/02/18	Fri 16/02/18
271		**hWS Stage 2 Report**	**20 days**	**Mon 05/02/18**	**Fri 02/03/18**
272		Preparation of Stage 2 Report	13 days	Mon 05/02/18	Wed 21/02/18
273		Submission to hWS Board	0 days	Wed 21/02/18	Wed 21/02/18
274		hWS Board Approval	0 days	Wed 28/02/18	Wed 28/02/18
275		**hWS Stage 2 Submission to NHS GGC**	**0 days**	**Fri 02/03/18**	**Fri 02/03/18**
276		NHS/SfT Key Stage Review Period	20 days	Mon 05/03/18	Fri 30/03/18
277		Stage F Design (underwrite required from NHS GGC)	60 days	Mon 02/04/18	Fri 22/06/18

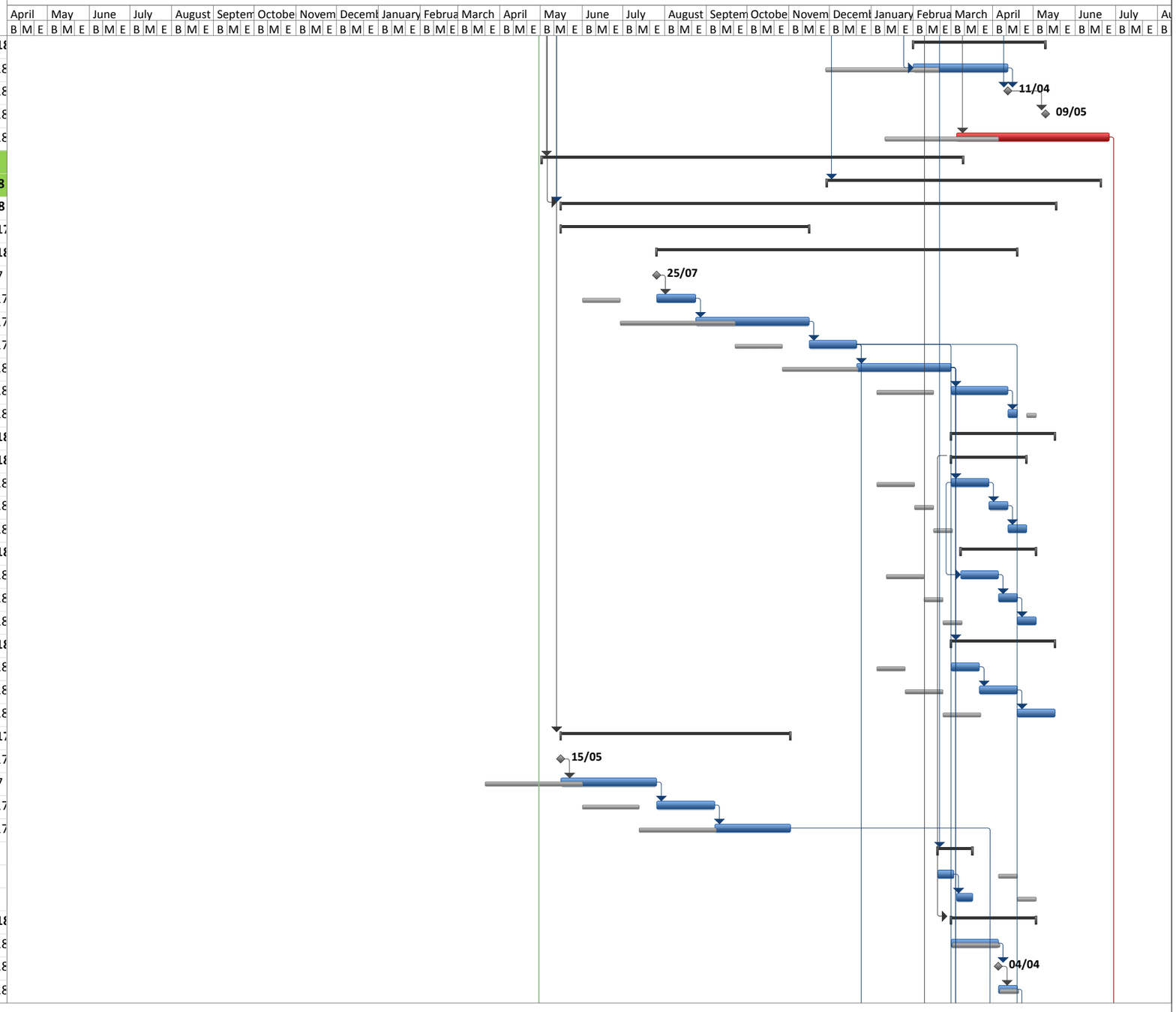


Project: Clydebank Health Centre
Date: Sun 30/04/17

Task | Split | Milestone | Summary | Project Summary | External Tasks | External Milestone | Inactive Task | Inactive Milestone | Inactive Summary | Manual Task | Duration-only | Manual Summary Rollup | Manual Summary | Start-only | Finish-only | Deadline | Critical | Critical Split | Baseline | Progress

Clydebank Health Centre Programme Version 8 280417

ID	Task Mod	Task Name	Duration	Start	Finish
278		**Final Business Case**	**70 days**	**Thu 01/02/18**	**Wed 09/05/18**
279		Final Business Case Preparation	50 days	Thu 01/02/18	Wed 11/04/18
280		Issue of Final Business Case to SCIG	0 days	Wed 11/04/18	Wed 11/04/18
281		SCIG Meeting	0 days	Wed 09/05/18	Wed 09/05/18
282		Stage 2 Approval Period	81 days	Mon 05/03/18	Mon 25/06/18
283		**Planning (refer BAM programme)**	**212 days**	**Tue 02/05/17**	**Fri 09/03/18**
294		**Building Warrant Application (refer BAM programme)**	**135 days**	**Wed 29/11/17**	**Tue 19/06/18**
301		**Commercial/Legal Items**	**251 days**	**Mon 15/05/17**	**Thu 17/05/18**
302		**Legal Updates On Progress**	**130 days**	**Tue 16/05/17**	**Wed 15/11/17**
310		**DBFM**	**180 days**	**Tue 25/07/17**	**Wed 18/04/18**
311		Issue DBFM	0 days	Tue 25/07/17	Tue 25/07/17
312		NHS Review DBFM	20 days	Wed 26/07/17	Wed 23/08/17
313		Negotiate DBFM	60 days	Thu 24/08/17	Wed 15/11/17
314		Finalise DBFM	25 days	Thu 16/11/17	Wed 20/12/17
315		Draft DBFM Technical Schedules	40 days	Thu 21/12/17	Wed 28/02/18
316		Finalise DBFM & Schedules	30 days	Thu 01/03/18	Wed 11/04/18
317		Finalise DBFM & Schedules	5 days	Thu 12/04/18	Wed 18/04/18
318		**Sub-Contracts**	**55 days**	**Thu 01/03/18**	**Wed 16/05/18**
319		**Construction Sub-Contract**	**40 days**	**Thu 01/03/18**	**Wed 25/04/18**
320		Draft s/c and issue to Contractor	20 days	Thu 01/03/18	Wed 28/03/18
321		Finalise s/c & Agree	10 days	Thu 29/03/18	Wed 11/04/18
322		Funder Review	10 days	Thu 12/04/18	Wed 25/04/18
323		**Services Sub-Contract**	**40 days**	**Thu 08/03/18**	**Wed 02/05/18**
324		Draft s/c and issue to FM Provider	20 days	Thu 08/03/18	Wed 04/04/18
325		Finalise s/c & Agree	10 days	Thu 05/04/18	Wed 18/04/18
326		Funder Review	10 days	Thu 19/04/18	Wed 02/05/18
327		**Interface Agreement**	**55 days**	**Thu 01/03/18**	**Wed 16/05/18**
328		Draft IA and Issue to Contractor & FM Provider	15 days	Thu 01/03/18	Wed 21/03/18
329		Finalise & Agree	20 days	Thu 22/03/18	Wed 18/04/18
330		Funder Review	20 days	Thu 19/04/18	Wed 16/05/18
331		**Property**	**120 days**	**Mon 15/05/17**	**Wed 01/11/17**
332		NHS to issue title information	0 days	Mon 15/05/17	Mon 15/05/17
333		hubco to review title info and comment	50 days	Tue 16/05/17	Tue 25/07/17
334		Produce draft lease and sub-lease	30 days	Wed 26/07/17	Wed 06/09/17
335		Finalise lease and sub-lease	40 days	Thu 07/09/17	Wed 01/11/17
336		**Insurance**	**20 days**	**Mon 19/02/18**	**Fri 16/03/18**
337		hWS appoint Insurance Advisor	10 days	Mon 19/02/18	Fri 02/03/18
338		Review Insurance and Agree	10 days	Mon 05/03/18	Fri 16/03/18
339		**Ancillary Documents**	**45 days**	**Thu 01/03/18**	**Wed 02/05/18**
340		Design Team Appointments	25 days	Thu 01/03/18	Wed 04/04/18
341		Warranties	0 days	Wed 04/04/18	Wed 04/04/18
342		Parent Company Guarantees	10 days	Thu 05/04/18	Wed 18/04/18

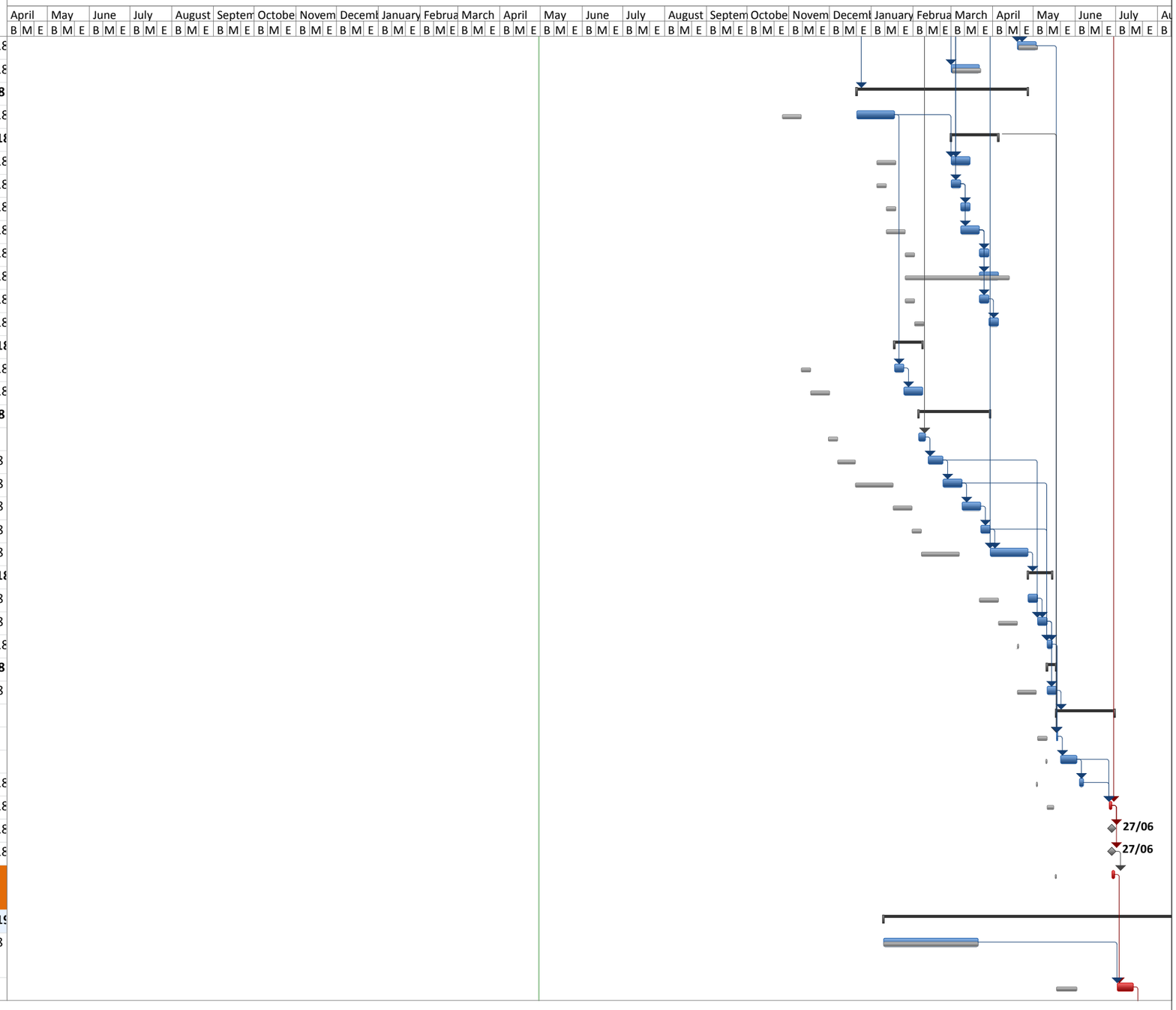


Project: Clydebank Health Centre
Date: Sun 30/04/17

Task | Split | Milestone | Summary | Project Summary | External Tasks | External Milestone | Inactive Task | Inactive Milestone | Inactive Summary | Manual Task | Duration-only | Manual Summary Rollup | Manual Summary | Start-only | Finish-only | Deadline | Critical | Critical Split | Baseline | Progress

Clydebank Health Centre Programme Version 8 280417

ID	Task Mod	Task Name	Duration	Start	Finish
343		Bonds	10 days	Thu 19/04/18	Wed 02/05/18
344		MSA	15 days	Thu 01/03/18	Wed 21/03/18
345		**Funding & Finance**	**81 days**	**Thu 21/12/17**	**Thu 26/04/18**
346		Appoint Due Diligence Team	10 days	Thu 21/12/17	Wed 17/01/18
347		**Legal Due Diligence**	**25 days**	**Thu 01/03/18**	**Wed 04/04/18**
348		Funder Review of DBFM and Sub-Contracts	10 days	Thu 01/03/18	Wed 14/03/18
349		Issue Draft Loan Agreement	5 days	Thu 01/03/18	Wed 07/03/18
350		Issue Ancillary Finance Documents	5 days	Thu 08/03/18	Wed 14/03/18
351		Finalise Loan Agreement	10 days	Thu 08/03/18	Wed 21/03/18
352		Incorporate Model Schedules in Loan Agreement	5 days	Thu 22/03/18	Wed 28/03/18
353		Finalise Ancillary Finance Documents	10 days	Thu 22/03/18	Wed 04/04/18
354		Draft Subordinated Loan Agreement	5 days	Thu 22/03/18	Wed 28/03/18
355		Finalise Subordinated Loan Agreement	5 days	Thu 29/03/18	Wed 04/04/18
356		**Technical Due Diligence**	**15 days**	**Thu 18/01/18**	**Wed 07/02/18**
357		TA to Issue Requirements List	5 days	Thu 18/01/18	Wed 24/01/18
358		Provide TA Information & Finalise Report	10 days	Thu 25/01/18	Wed 07/02/18
359		**Modelling**	**39 days**	**Mon 05/02/18**	**Thu 29/03/18**
360		Finalise Cost Plan	5 days	Mon 05/02/18	Fri 09/02/18
361		Update Financial Model (for Stage 2 Submission)	9 days	Mon 12/02/18	Thu 22/02/18
362		NHS Review Model & Agree	10 days	Fri 23/02/18	Thu 08/03/18
363		Model Audit - Q&A	10 days	Fri 09/03/18	Thu 22/03/18
364		Financial Model Audit Conclusion	5 days	Fri 23/03/18	Thu 29/03/18
365		Funder Valuation	20 days	Fri 30/03/18	Thu 26/04/18
366		**Investor Approvals**	**12 days**	**Fri 27/04/18**	**Mon 14/05/18**
367		Issue Draft Investment Report	5 days	Fri 27/04/18	Thu 03/05/18
368		Issue Final Investment Report	5 days	Fri 04/05/18	Thu 10/05/18
369		Shareholder Approval	2 days	Fri 11/05/18	Mon 14/05/18
370		**Sub-Hubco Approvals**	**5 days**	**Fri 11/05/18**	**Thu 17/05/18**
371		Board Approvals	5 days	Fri 11/05/18	Thu 17/05/18
372		**Financial Close**	**31 days**	**Fri 18/05/18**	**Fri 29/06/18**
373		Funder's Lawyers Confirm CP's Satisfied	1 day	Fri 18/05/18	Fri 18/05/18
374		Credit Committee	10 days	Mon 21/05/18	Fri 01/06/18
375		Assemble Docs in Closing Room	3 days	Mon 04/06/18	Wed 06/06/18
376		FC Model	2 days	Tue 26/06/18	Wed 27/06/18
377		Place Insurances	0 days	Wed 27/06/18	Wed 27/06/18
378		Document Signing	0 days	Wed 27/06/18	Wed 27/06/18
379		**Financial Close (subject to coordination with Greenock and Stobhill dates)**	2 days	Thu 28/06/18	Fri 29/06/18
380		**Construction Period (currently under review with BAM)**	**491 days?**	**Wed 10/01/18**	**Wed 27/11/19**
381		Long Lead in procurement by BAM (underwrite required from NHS GGC - TBA)	50 days?	Wed 10/01/18	Tue 20/03/18
382		Mobilisation Period (following FC)	10 days	Mon 02/07/18	Fri 13/07/18



Project: Clydebank Health Centre
Date: Sun 30/04/17

Task — Split — Milestone — Summary — Project Summary — External Tasks — External Milestone — Inactive Task — Inactive Milestone — Inactive Summary — Manual Task — Duration-only — Manual Summary Rollup — Manual Summary — Start-only — Finish-only — Deadline — Critical — Critical Split — Baseline — Progress

Clydebank Health Centre Programme Version 8 280417

hub West Scotland

ID	Task Mode	Task Name	Duration	Start	Finish
383		Construction Period	358 days	Mon 16/07/18	Wed 27/11/19

April | May | June | July | August | Septem | Octobe | Novem | Decemb | January | Februa | March | April | May | June | July | August | Septem | Octobe | Novem | Decemb | January | Februa | March | April | May | June | July | Au

B M E (repeated for each month)

Project: Clydebank Health Centre
Date: Sun 30/04/17

Task	Project Summary	Inactive Milestone	Manual Summary Rollup	Deadline	Progress
Split	External Tasks	Inactive Summary	Manual Summary	Critical	
Milestone	External Milestone	Manual Task	Start-only	Critical Split	
Summary	Inactive Task	Duration-only	Finish-only	Baseline	

Clydebank Health Centre OBC Risk Register - 20/07/2017

	Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact -Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 status
			Risk Title	Risk Description													
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	3	4	2	12		No associated legal cost allowed for 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)	29.8.16 - NHS progressing land transfer agreement discussions with WDC/DAWN. No title information issued to date. 12.2.17 - land meeting held 7.2.17 with NHS CLO. 19.7.17 - Draft Heads of Terms issued NHS to WDC 23/6/17 and Draft Authority Works Schedule issued as part of Stage 1 addendum 14.07.17.	1. Establish ongoing sequence of site legals sessions WDC (and possibly directly with CRL)/NHS	Closed
	S2	15.03.16	Land purchasedelay	potential for delay in transfer of site between NHS and WDC	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.	NHS (GL)	NHS (GL)	29.8.16 - NHS progressing land transfer agreement discussions with WDC/DAWN. 12.2.17 - hWS land issues highlighted to NHS CLO on 7.2.17. 19.07.17- as for S1 above and also noting critical 'drop dead' dates incorporated in Stage 1 addendum	As above for S1	Closed
	S3	15.03.16	Integration with existing structures -Centenary Wall and also other adjacent buildings	risk that existing wall/structures not stabilised/demolished in a timely manner	1,2	4	2	2	8	£100K provisional sum included in Stage 1 for change in north site boundary only	No allowance for any works in stabilising or removing neighbouring structures	Assess ownership. Survey existing wall Stage 1. Temporary works only allowed for in relation to existing wall. Existing wall to be removed from NHS site and from Health Centre project scope/liability	NHS (JD)	NHS (JD)	29.8.16 - existing wall remains outwith CHC site 6.12.16 - existing wall understood to be being demolished by WDC masterplan. Health Centre Boundary may be extended as a result 19.7.17 -now being progressed in mini-masterplan workshop meetings 12.06.17 and 27.06.17	Ongoing resolution at mini-masterplan meetings	Closed
	S4	29.8.16	Known contamination identified	Existing contamination not removed by DAWN/CRL in a timely manner	1,2	3	2	3	9		Additional cost and/or programme exposure	Site remediation obligations between NHS and WDC/CRL to include for removal of agreed hydrocarbon hotspot contamination at location TP14 pre FC.	hWS	NHS (JD)	29.8.16 - hWS to provide details on contamination to be dealt with by CRL/DAWN pre FC. 2.12.16 - Stage 1 costs include for remediation works. Refer master plan interface document 19.7.17 - Draft Heads of Terms issued NHS to WDC 23/6/17 and Draft Authority Works Schedule issued as part of Stage 1 addendum 14.07.17	Address at ongoing legals and also mini-masterplan sessions	Closed
	S5	15.03.16	Site Levels too low for FRA	Risk of site levels requiring to be raised to meet flood risk recommendations for Health Centre	1,2	4	1	2	8	£94,400	Previous Sweett Group cost allowance. Allowance retained for risk of further change during Stage 2	Purify through Stage 2 design activity	BAM	hWS	29.8.16 - FRA states FFL of 5.9m AOD required. 31.10.16 - FFL of 5.9M AOD being designed to 22.11.16 - overland flow undre review 12.2.17 - overland flow path agreed. 19.7.17 -now being progressed in mini-masterplan workshop meetings 12.06.17 and 27.06.17	Stage 2 design development including alignment of all three adjoining plots- address at ongoing mini-masterplan sessions	Closed
	S6	08.09.16	Excess of invasive weeds	Horsetail identified during SI / invasive weed survey - risk of additional treatment required by HCC project	1,2	5	2	2	10	£10,000		HWS to obtain confirmation that horsetail will be eradicated from site by CRL and NHS to include as land transfer requirement.	hWS	NHS (JD)	8.9.16 - findings identified to DAWN. DAWN reply awaited. Cost based on spray regime only. 2.12.16 - RFI raised to WDC that masterplan will eradicate 19.07.17- included in Authority Works Schedule	Follow up WDC response to RFI - include in WDC risks workshop Address at ongoing legals and also mini-masterplan sessions	Closed
	S8	6.12.16	Archaelogical survey requirement	Potential for WDC planning to seek archeaology survey for site.	2	3	3	1	9	£7,500		Purify through Planning approval	BAM	hWS	6.12.16 - hWS understands that adjacent Care Home do not envisage such surveys. WDC planning currently considering.	Dialogue with WDC Planners required	Closed
	S9	29.8.16	Ground obstructions identified	Risk that additional ground obstructions discovered	1,2	5	2	3	15		Additional cost and/or programme exposure	Site remediation obligations between NHS and WDC/CRL to include for removal of agreed obstructions pre FC	BAM	hWS	29.8.16 - hWS to provide details on ground obstructions. 2.12.16 - WDC requested to deal with TP15 obstruction. 19.07.17- included in Authority Works Schedule	Address at ongoing legals and also mini-masterplan sessions	Transferred to DBFMCo stepped down to BAM
	S10	2.12.17	Remediation Strategy	Final validation on receipt of Masterplan proposals Potential requirement for geotech identification layer to meet Goodsons remediation strategy (not required within Masons Evans SI)	2	3	2	2	6	£8,000	Risk allowance is for GeoTech layer; additional costs of remediation in excess of Stage 1 provisions will be subject to change control during Stage 2	Purify through Stage 2 Design and Planning Approval	hWS	NHS (JD)	2.12.17 - hWS design propsoals to be submitted to planning/regulatory services in due course. 19.7.17 -now being progressed in mini-masterplan workshop meetings 12.06.17 and 27.06.17	Remediation strategy required two weeks before end stage D design- 06.11.2017	Closed
	S11	2.12.17	Ancillary rights to allow arisings to be kept on site	Failure to secure anciliary rights to additional land on Titan Boulevard in order to support earthwork strategy of retaining maximum made ground on site for reuse.	2	2	1	5	10		Additional estimated costs of £350,000 for offsite disposal of made ground arisings.	Titan Boulevard land available until circa Jan 2020, tie up with WDC/DAWN agreement	hWS	NHS (GL)	2.12.17 - Required land identified by BAM. In principal agreement from DAWN/CRL to grant access/ancilairy rights. 19.7.17 - Draft Heads of Terms issued NHS to WDC 23/6/17	Address at ongoing legals and also mini-masterplan sessions	retained by NHS

	Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 status
			Risk Title	Risk Description													
	S12	9.3.17	Risk of UXO	Additional unexploded ordinance objects identified	2	2	5	3	10	Survey costs included in overall hWS costs		BAM to undertaken additional magnometer survey under strategic service	BAM	BAM		9.3.17 - BAM to action during Stage 2	Transferred to DBFMCo stepped down to BAM
	S13	5.6.17	Remediation Strategy	Risk of increased scope of remediation work in order to meet regulatory approvals and or in order to achieve agreeable contractual risk allocation and liability.	2	3	4	4	12			1. Purify technical scope through Stage 2 Design and Planning Approval, plus 2. Agree commercial risk allocation.	hWS	NHS (JD)	5.6.17 - risk allocation principles to be established prior to start of Stage 2. Refer SFT KSR report. 19.07.17 - Risk allocation updated in Stage 1 Addendum to Standard From for construction stage and limited to buildings + hardstandings within a 3 D redline defined at lower boundary of clean capping material for operational phase.	5.6.17 - risk allocation principals to be discussed between hWS, NHS and SFT. hWS seeking to establish joint meeting Agreed remediation strategy to be issued to hWS for masterplan development.	Construction stage risk - transferred to DBFMCo stepped down to BAM; Operational stage risk under buildings and hardstanding and within 3D redline transferred to DBFMCo stepped down to FES; outwith 3D redline retained by NHS
UTILITY ISSUES	U1	15.03.16	Responsibility for Utility diversions	Utility diversions remain to be carried out by Clydebank HCC project	1,2	3	3	4	12		Utility diversion works excluded from Stage 1 Costs	Include on DAWN/WDC interface schedule of responsibilities. Clarity on who places order for sub station to be agreed	NHS (KR)	NHS (KR)	29.8.16 - Utilty search and site surveys have identified existing power and telecom cables crossing site and which require to be diverted. 05/09/16 - response from DAWN received confirming that existing power and data to Titan Crane will not be diverted by CRL/DAWN 12.2.17 - Confirmation obtained that DAWN/CRL will arrange new supplies for Titan crane. 19.07.17 - covered in Authority Works Schedule- services to be rendered 'dead'	NHS to progress with WDC/DAWN as part of land transfer agreement. NHS and hWS to agree how to take forward; WDC/DAWN requested to isolate at Wallace Street - identify scope and cost of any residual isolations and removals during Stage 2 Address at ongoing legals and also mini-masterplan sessions	NHS
	U2	15.03.16	Scottish Water Approvals	Scottish Water approval timescales for approval and confirmation of works required (if any)	1,2	3	3	5	15			Purify during Stage 2 design	BAM	hWS	22.11.16 - PDE shared and under review by TS. DIA by DAWN/Masterplan 12.2.17 - design for surface water run off in accordance with DAWN/CRL masterplan requirements.	Enagagement with Scottish Water required. Address at mini-masterplan sessions	Closed
	U3	6.12.16	Insufficient water mains pressure	Mains upgrade works, or water mains pumping within building required.	2	3	3	3	9	£10,000	Allowance for testing	Purify during Stage 2 design	BAM	hWS		Undertake flow and pressure test	Closed
	U4	6.12.16	Change in heating strategy to district heating	Potential obligation as part of Land Acquisition would result in change to plant strategy and service routes	2	5	3	2	15	Feasibility included in Stage 1		Purify during Stage 2 Design	hWS	NHS	6.12.16 - NHS have advised to proceed with 'stand alone' heating supply to building 12.2.17 - NHS / WDC meeting to discuss on 13.2.17 20.04.17 - NHS have been advised cost of feasibility study	Commission Feasibility Study at inception of Stage 2 mid May 2017 Include in NHS/WDC legals discussion	Closed
	TP1	15.03.16	NHS fire officer Building Control sign off - risk of new requirements	Change to design may be necessary	1,2	3	3	2	9	£25,000		Engagement during Stage 1 and purify during Stage 2. Susan Grant of HSF is key contact.	hWS	NHS (JD)	29/8/16 - Discussed 4.8.19 with HFS and Fire Strategy agreed in principle. 22.11.16 - NHS GC meeting arranged for 6/12/16. Post Stage 1 design completion. 12.2.17 - fire strategy agreed with NHS and HFS. To be closed out with building control	Engagement with NHS and Building control during Stage 2	Closed
	TP2	15.03.16	NHS infection control sign off	Change to design may be necessary	1,2	3	2	1	6			Engagement during Stage 1 and also Stage 2. Project Alert process by NHS can be used to start engagement. Typical 2 week turn around.	NHS (JD)	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	Engage NHS during Stage 2 design process	Closed
	TP3	15.03.16	Reliance on Dawn / CRL completion of works (programme and quality of works)	Change to assumed hWS scope of work may be necessary	1,2	3	4	2	12			Establish schedule of assumed interfaces and works by DAWN/CRL and seek agreement from WDC and Dawn/CRL	hWS	NHS (JD)	29/8/16 - schedule developed by hWS however commitments remain unclear from DAWN. 2.12.16 - interface matrix issued to NHS and WDC for agreement under cover of RFI No.1 20.04.17 - note some now separately identified : see Risks S3,S4,S5,S6,S9,S10,S12,U1 19.07.17 - now comprehensively covered at mini-masterplan session with agreed schedule of dependencies in circulation	hWS to seek to formalise via NHS land transfer process. Cover at ongoing legals and mini-masterplan workshops.	Closed

	Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 status
			Risk Title	Risk Description													
THIRD PARTY ISSUES	TP4	15.03.16	risk of planning prescribing external materials for building elevation	Increase in costs resulting in higher specification of material than cost plan assumptions	1,2	4	2	2	8	£40,000		Purify during Stage 2 design and Planniong Process	ABC	NHS (JD)	29.8.16 - initial dialgue underway. 2.12.16 - planning supportive of current design strategy. Detail still to be agreed.	Proposals to be put forward to planning in keeping with current cost model allowances.	Closed
	TP5	15.03.16	Green exercise partnership - NDAP stakeholder review	Change to design and or scope of work may be necessary	1,2	4	2	2	8			Early engagement to set principals for the site (early in Stage 1 with landscape architect).	NHS (JD)	NHS (JD)	29/8/16 - design discussed in principal during 4.8.16 meeting. No material changes requested from GEP 2.12.16 - review by GEP pending based on Stage 1 Submission 19.07.17 - Essential recommendations in Stage 1 NDAP now addressed in Stage 1 Addendum	Incorporate in stage 2 design	Closed
	TP6	15.03.16	Traffic infrastructure works may be necesssry for intended use of existing Wallace Street	Change to design and or scope of work may be necessary	1,2	5	2	3	15		01/03/17 Project Board March 1st confirmed omission of any allowance, assuming that such works will be undertaken by WDC Roads separate from HCC project	Enagagement with WDC roads required. Wallance Street understood to be currently an adopted WDC road. Purify through planning process	hWS	NHS (KR)	29/8/16 repair/improvement works to Wallace Street will be required. Currently excluded from hWS NPR Stage cost assessment 06/04/17 WDC/hWS meet- advice that no works planned by WDC though potentially might be 'conditioned' on adjacent site	Cover at WDC/DAWN mini masterplan workshop	Closed
	TP7	28.4.16	Requirement for vehicle restraint/barrier due to proximity of new road		1,2	4	1	1	4	£15,000		Assess design interface with masterplan.	BAM	hWS	29.8.16 - To be discussed with WDC Roads 2.12.16 - pending sight of DAWN design	Assess design interface with masterplan. Mini masterplan workshop	Closed
	TP8	24.2.17	Impact of current national consultation and impact on planning fees		2	4	1	1	4		change in fees circa £3.5K for 5000sqm non-residential building	Crystallise with Planning application	BAM	hWS	24.2.17 - ABC to engage with WDC planning 20.4.17 - note consultation period ended 17th February 2017 and increase only circa £3.5K	Monitor SG for National announcement	Closed
	TP9	9.3.17	Requirement for bird hazard management plan to be prepared and agreed with GAA	Change in hWS costs	2	4	1	2	8		survey costs incl in overall hWS summary	Purify during stage 2 design and Planning Process	BAM	hWS	9.3.17 - Agreed HS to lead on preparation of plan with input from HS and Ecologist.	HS to engage with GAA at start of stage 2 and prior to planning application	Closed
	TP10	9.3.17	Delay in WDC Care Home requiring extended construction access through HCC site.		Construction	3	5	2	15		Potential to delay construction programme	hWS and NHS to discuss alternative contingency access arrangements with WDC and with BAM; anticipate probability may reduce as Care home under way prior to FC	BAM	NHS	9.3.17 - hWS and NHS to discuss alternative arrangements with WDC. 19.07.17- drop dead dates now included in stage 1 Addendum	cover at mini- masterplan Workshop	NHS
	TP 11	20.4.17	Costs contribution to shared access road	increased requirement over cost plan allowance	2	4	2	2	8	£35K contribution included within cost Plan		Crystallise position with WDC early on in Stage 2	NHS	NHS	20.4.17 - hWS/WDC meet 6.4.17- agreed to be part of Dependecises workshop	cover at mini- masterplan Workshop	Closed
DESIGN ISSUES	D1	15.04.16	Cold water distribution design	Compliance with SHTM04-01 results in higher capital costs than budgeted based on Gorbals and Woodside.	1,2	4	2	2	8	Stage 1 allowance increased to £150K		Work to budget set by NHS to be closely monitored and design solution agreed early in Stage 1-	hWS	NHS	29.8.16 - initial dialgue underway with HFS. No alternative proposals yet identified over Gorbals . NHS and hWS to agree how to take forward. 2.12.16 - Stage 1 allowance increased to £150K following Gorbals change control assessment	TuvSud to develop during Stage 2 design	Closed
	D2	22.11.16`	General design development risk - Stage 2		2	5	2	3	15	£150,000			BAM	hWS	22/11/16 - allowance established for Stage 2 detailed design development	Track during Stage 2	Closed
	D4	6.12.16	Additional measures required to achieve BREEAM excellent		2	4	2	2	8	£40,000		Pre Assessment to be continually monitored during Stage 2 design	BAM	hWS	2.12.16 - Allowance provided given limited buffer on BREEAM pre assessment 20.4.17- Stage 1 interim assessment carried out	Monitor and carry out further interim assessments during Stage 2	Closed
	D5	6.12.16	Interior design proposals results in additional costs		2	3	2	2	6	£25,000		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. 20.4.17 - hWS issued scope and supplier list to NHS	NHS to confirm scope and shortlist	Closed
	D6	25.4.17	Authority Construction Requirements	Risk of material differential and change resulting from compliance with ACR v12 versus ACR v1.5	2	3	3	3	9	£0	Change in scope and costs	Purify during Stage 2 Design and action if required under change control	hWS	NHS (JD)	March 17: issue of ACR v12	Track closely during Stage 2	Closed

	Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 status
			Risk Title	Risk Description													
COMMERCIAL ISSUES	C1	15.03.16	Wayleaves required for site services (on third party land)	Impact on programme	2,Con s	5	3	2	15	£10,000	TBC	Seek to progress pre FC where payment allows	BAM	hWS	29.8.16 - subject to design 2.12.16 - wayleaves required for existing site services on site to be diverted. 2.12.17 - rights of access across HCC site to be defined between NHS and WDC	Now included in WDC/HCC mini-masterplan and legals agendas	Closed or transferred to DBFMCo stepped down to BAM
	C2	23.11.16	Risk of sub contractor insolvency/failure pre FC		2	3	3	3	9	£40,000	impact on programme and market tested cost	Supply chain financial checks to be undertaken as part of market testing process	BAM	hWS	23.11.16 - allowance added due to current market conditions		Closed
	C3	6.12.16	Lenders due dilligence may bring additional requirements/changes		2	3	3	2	9	£20,000	impact on programme and market tested cost	early engagement with lenders advisers to be undertaken	hWS	SFT		hWS to work with SFT on engagement with funders TA	Closed
	C4	6.12.16	Risk of increased inflation above Stage 1 allowance		Stage 2	3	5	3	15	Refer NHS held risk allowance	impact on Stage 2 price	Stage 1 allowance on currently published BCIS baseline - 289	hWS	NHS (JD)	6.12.16 - Stage 1 allowance to be agreed with supply chain (BAM) and NHS. 12.2.17 - Refer to separate NHS held risk allowance		Closed
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.	Head of IT	Head of IT		Continuing to monitor trial at Gorbals H&CC.	Active
	OP2	05.05.2017	Data network incompatibility	WDC and GG&C data networks do not have the ability to be merged.	3	3	4	3	12		Delay in commissioning and additional construction, equipment and revenue costs.	Systems being trialled by GCC.	Head of IT	Head of IT		Continuing to monitor system trial by GCC.	Active
	OP3	05.05.2017	Voice network incompatibility	WDC and GG&C voice networks do not have the ability to be merged.	3	3	4	3	12		Delay in commissioning and additional construction, equipment and revenue costs.	Systems being trialled by GCC.	Head of IT	Head of IT		Continuing to monitor system trial by GCC.	Active
Operational	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 WD HSCP	Head of Service WD HSCP		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	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.	Head of Service WD HSCP	Head of Service WD HSCP		Continuing dialogue with services	Active
	OP6	05.05.2017	Changes to services- changed personnel	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.	Head of Service WD HSCP	Head of Service WD HSCP		Continuing dialogue with services	Active
	OP7	05.05.2017	No commitment to tenancy.	Independent Contractor do not commit to move to new centre	2 to 4	1	1	0	1		Impact in revenue stream.	Early dialogue regarding costs. Contract to be developed.	Head of Service WD HSCP	Head of Service WD HSCP		Moving towards contractural tie in.	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	1	0	1		Impact in revenue stream.	Early dialogue regarding costs. Contract to be developed.	Head of Service WD HSCP	Head of Service WD HSCP		Moving towards contractural tie in.	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 WD HSCP	Head of Service WD HSCP		Continuing dialogue with Independant Contractors	Active
	OP10	05.05.2017	Delay in IT commissioning	Lack of IT resource prevents commissioning of two Health centres simultaneously.	4	3	2	2	6		Delay in completing commissioning programs.	Individual programs may be delayed for a variety of different reasons that separate handover.	Head of Service WD HSCP	Head of Service WD HSCP		Individual programs may be delayed for a variety of different reasons that separate handover.	Active
	OP11	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 WD HSCP	Head of Service WD HSCP		Implemented for Eastwood and Maryhill H&CC.	Active

	Ref	Date Raised	Summary Description of Risk		Stage	Likelihood	Impact - Time	Cost (£)	Risk Score	Costed Risk allowances	Impacts (Time & Cost)	Mitigation/Management/Transfer Strategy	Managed	Owned	Last Reviewed/Comments	Next Action	Forecast Stage 2 status
			Risk Title	Risk Description													
	OP11	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	Head of Service WD HSCP	Head of Service WD HSCP		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 WD HSCP	Head of Service WD HSCP		Regular updates on site progress. Occupancy dates kept flexible.	Active
Benefits	OP13	05.05.2017	Delivery of Benefit Realisation	Benefits highlighted in OBC are not realised e.g. buildings do not get decommissioned.	4						Impact in revenue stream.	Early dialogue with decommissioning team.	Chief Officer WD HSCP	Chief Officer WD HSCP		Early dialogue with decommissioning team.	Active
	OP14	05.05.2017	Delivery of Benefit Realisation	Prediction for service demand do not reflect uptake.	4						Risk to Post Project Evaluation. No time or cost risk.	On going review of needs. Horizon scanning	Chief Officer WD HSCP	Chief Officer WD HSCP		On going review of needs. Horizon scanning	Active
	OP15	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 WD HSCP	Chief Officer WD HSCP		Early dialogue with decommissioning team.	Active
					Sub Total					£494,900							

CLOSED RISKS	S7	6.12.16	Made ground identification layer required.	Includion of additional identification layer may be required to satisfy WDC Regulatory Services eg TERRAM Hi-Vis	Stage 2	5	2	1	10	inc in Stage 1 cost plan		Remediation proposals to be developed and discussed with WDC Regulatory Services prior to planning submission.		BH	6.12.16 - Allowance added for external landscaping areas following MSPS and C&B review.		Closed at Stage 1
	D3	15.04.16	Design complexity over Eastwood including planning risk		1,2	4	2	4	16	inc in Stage 1 cost plan		Reference design principals for Eastwood to be adopted - subject to site and planning constraints	hWS(ABC)	hWS	29.8.16 - ongoing review by hWS. Complexity items from NPR stage remain on base design 31.10.16 - to be assessed based on Stage C design info		Closed at stage 1
	D6	9.3.17	Change of energy strategy to district heating	Potential for condition on Land Acquisition	2	4	4	2	16				hWS(TS)	NHS	9.3.17 - NHS GGC to confirm if feasibility work is to be undertaken by hWS / TUV SUD.		Closed as doubled with U5

NHS National Services Scotland

Clydebank Health & Care Centre

SHFN 30:
Stage 1 Hai-Scribe

Questionsets and checklists

Revision A

29th March 2017

Health Facilities Scotland
Engineering and Environment

Introduction

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

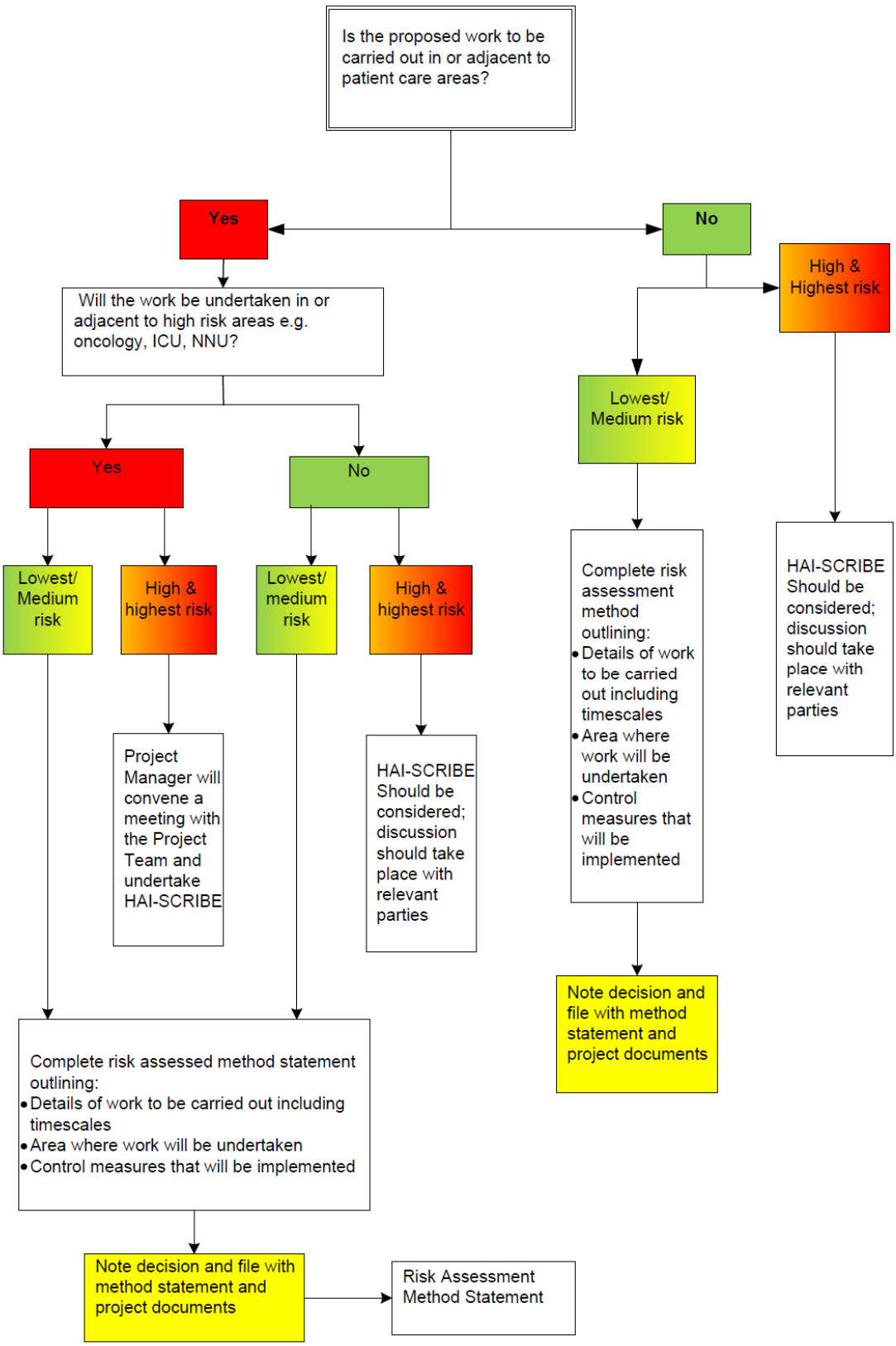
- **Part A**: Manual: Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams.
- **Part B**: HAI-SCRIBE Implementation Strategy and Assessment Process.

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	Class IV
High Risk	Class I	Class II	Class III/IV	Class IV
Highest Risk	Class II	Class III/IV	Class III/IV	Class IV

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

The assessing team agreed that this facility should be categorised as follows:-

- **Construction/Refurbishment Activity – Type 4 Major demolition and Construction projects.**
- **Risk to patients of infection from construction work in healthcare premises, by clinical areas – Group 2 Medium Risk**
- **Construction Project Type – Class IV**

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

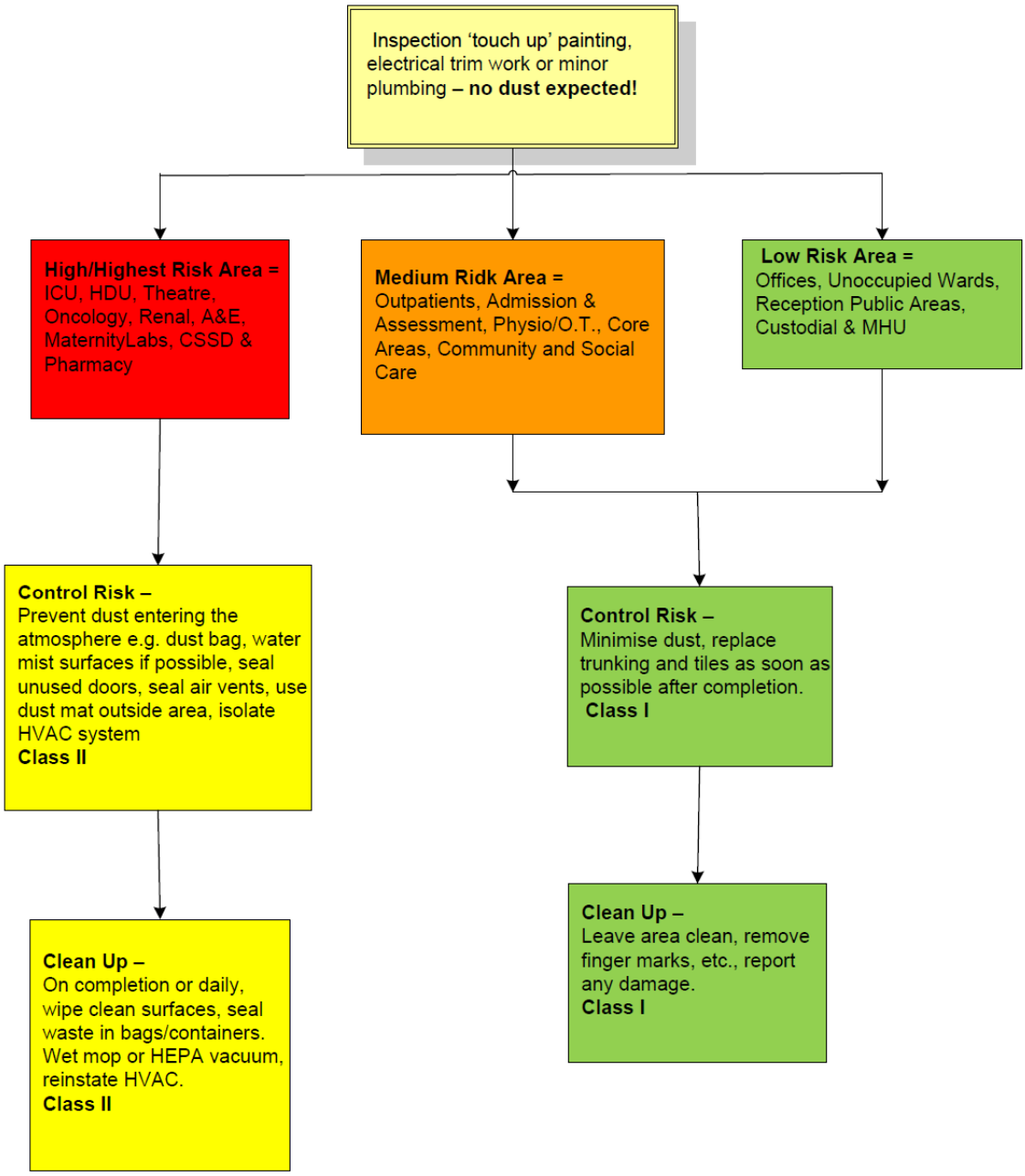
	During Construction Work	After Construction Work	By
Class IV	• Isolate HVAC system in area where work is being done to prevent contamination of duct system; • Complete all critical barriers eg plasterboard, plywood, plastic to seal area from non work area or implement control cube method (cart with plastic 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

Note: due to this being a stand alone new build project, only the items highlighted in red in Table 4 above are regarded as being applicable. All other items are applicable to works within an existing site.

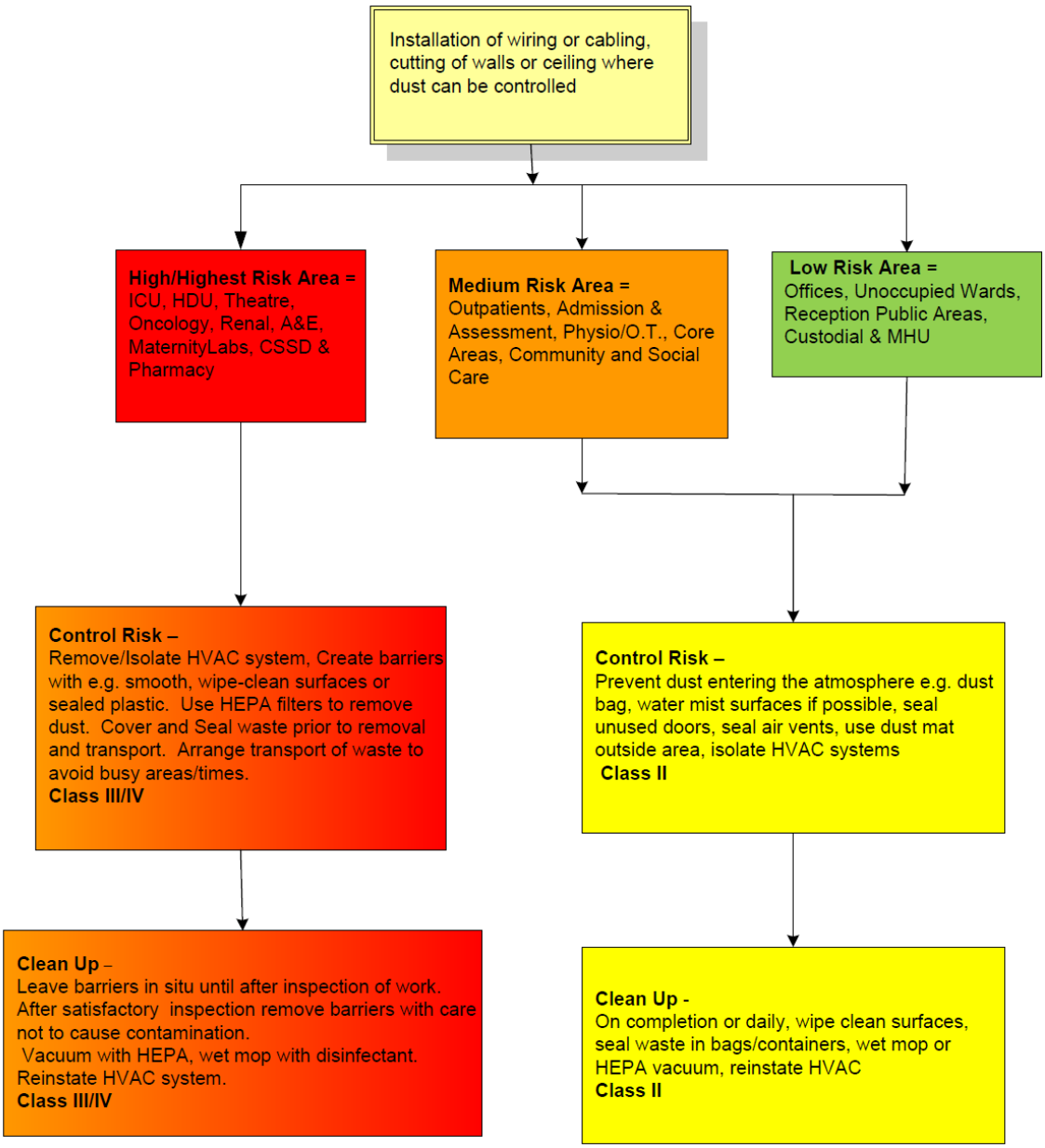
Appendix 4 (Not applicable to this project)

Minor Works and Small Repairs



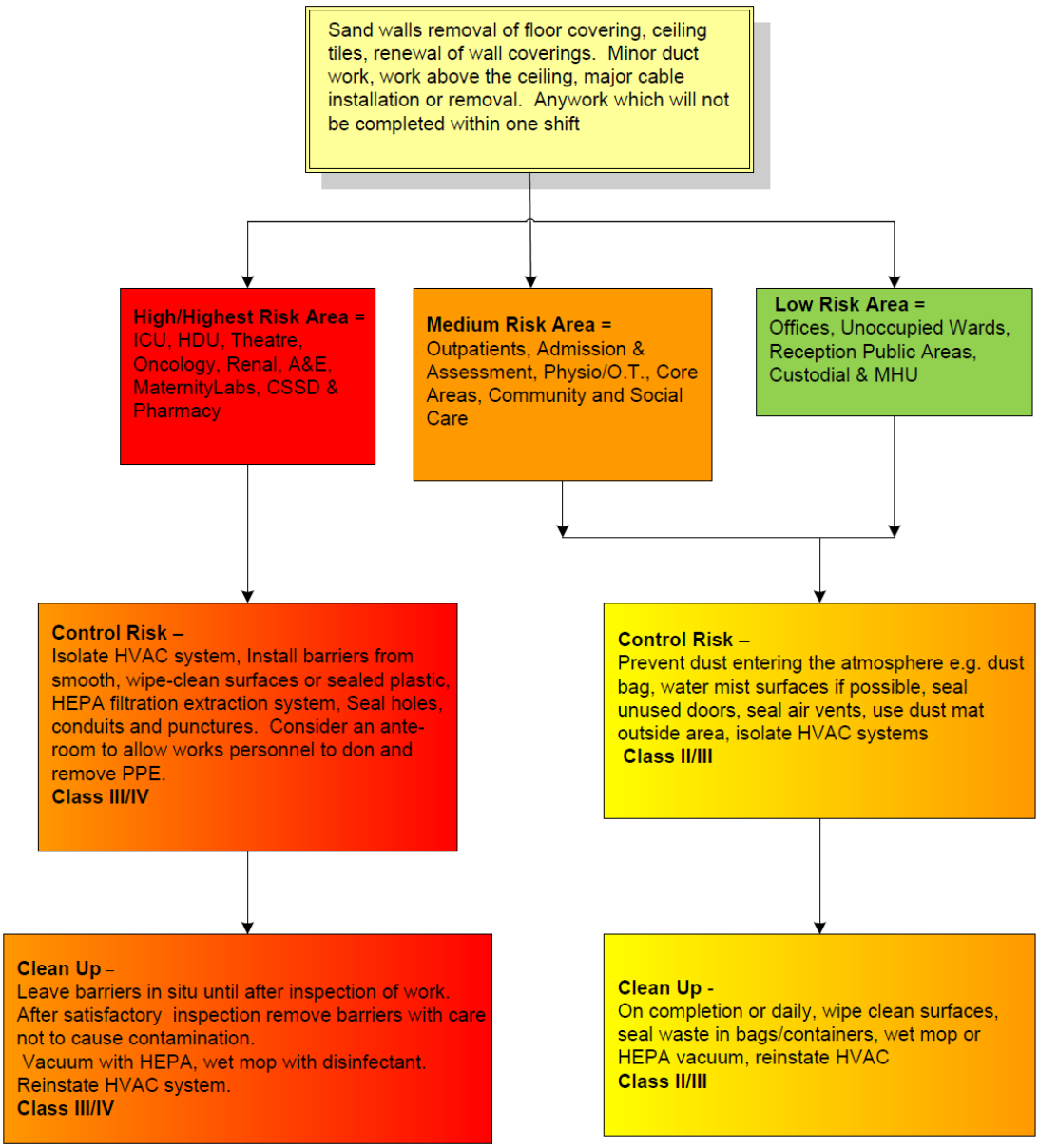
Appendix 5 (Not applicable to this project)

Small Scale Work



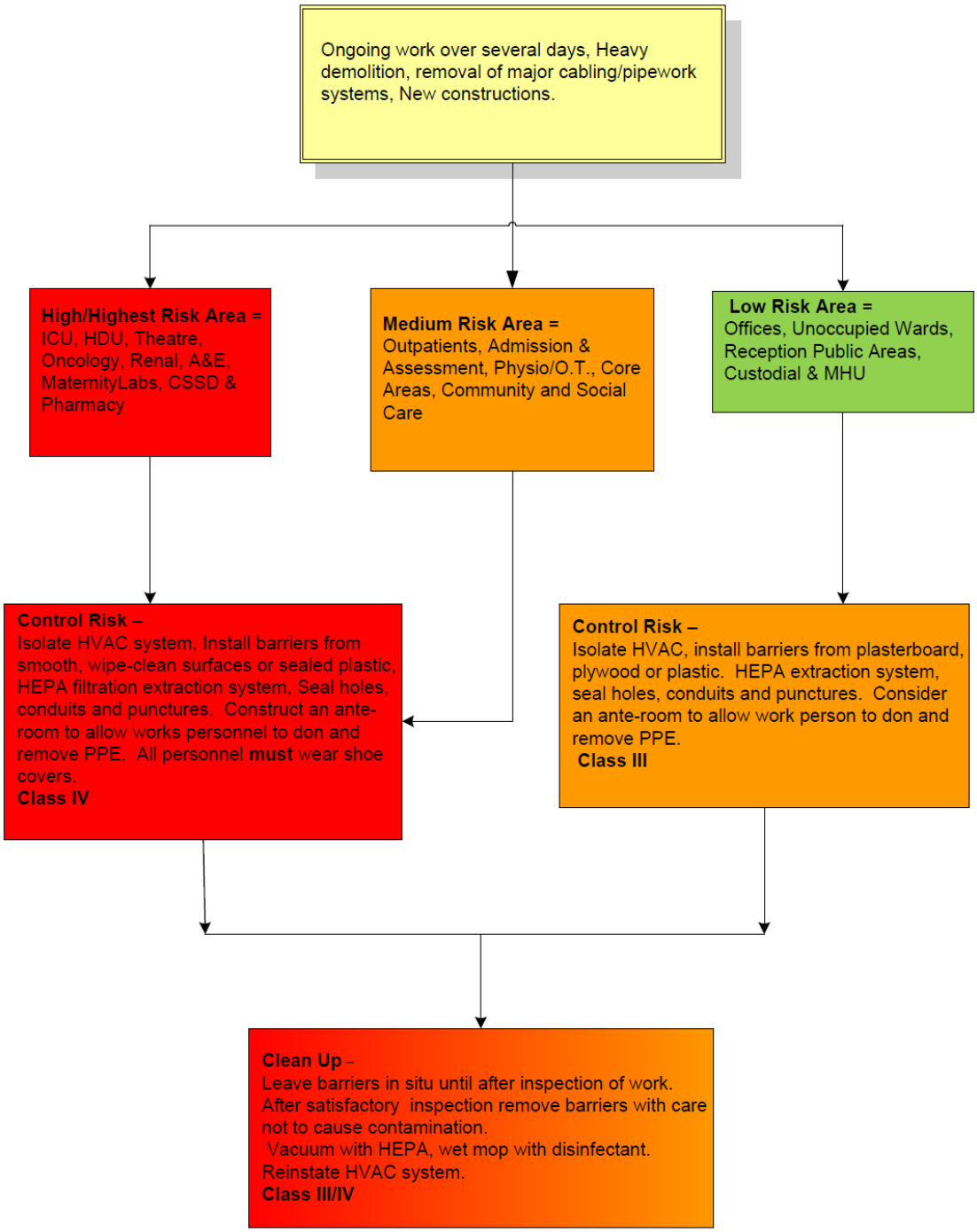
Appendix 6 (Not applicable to this project)

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



Appendix 7 (Applicable to this project)

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	**Clydebank Health & Care Centre**	
Name of Establishment	**Clydebank Health & Care Centre**	Allocated number **15CP061**
HAI-SCRIBE Review Team	**Soma Kapur** **Aison Edwardson** **Fiona Gallagher** **Jonathan McQuillan** **John Stevenson** **Ian Docherty**	
Completed By (Print Name) **Ian Docherty (NHS GGC)**		Date 29/03/17
Signature(s)		Date

Stage 1:

The site of the new Clydebank Health & Care Centre forms part of the larger Queens Quay Development, on the John Brown shipyard site. This is a mixed use development incorporating residential, retail and a health quarter. The health centre is part of the health quarter and is located immediately facing the Queens Quay basin.

The new facility has been designed to provide clinical / service accommodation and support office accommodation for both West Dun HSCP and West Dumbarton Council. This will bring together the following accommodation into one building:

- **6 GP Practices**
- **Physiotherapy services**
- **Podiatry service**
- **Primary Care Mental Health**
- **Older Peoples Mental Health**
- **COPT Adult Care Team**
- **Bookable treatment suite**
- **Bookable meeting / training rooms**
- **Bookable Community Rooms**
- **Health Education room**
- **District nurse / health visitors**
- **Hospital discharge team**
- **Speach & Language service**
- **Specialist Childrens Service**
- **Kilbowie Road services**

The new health centre relocates services across a number of sites, these being Clydebank Health Centre, Hardgate Clinic and Kilbowie Road.

Additional Notes:

The Clydebank H&CC is one of a series of several Health & Care Centres that have been delivered over the past 5 years by GG&C NHS. These follow a standard but not identical model.

There are no inpatient facilities within this building. In addition, this is a stand-alone new build facility, not part of a larger hospital complex.

The assessing team agreed that this facility should be categorised as follows:-

- **Construction/Refurbishment Activity – Type 4 Major demolition and Construction projects.**
- **Risk to patients of infection from construction work in healthcare premises, by clinical areas – Group 2 Medium Risk**
- **Construction Project Type – Class IV**

As this is a new build facility there is no requirements to isolate HVAC systems etc.

Development Stage 1: Initial Brief and proposed Site for development: Identification of hazards, associated risks and control measures		
1.a	Brief description of the proposed development project and the planned development site	**The site of the new Clydebank Health is located on the now demolished John Brown shipyard site. The health centre building is over three storeys, with the top floor given over to support office accommodation.**
1.b	Identify any potential hazards associated with the design and/or proposed site.	**Ground Contamination – heavy metals / hydro carbon plume/ lychates / asbestos trace / high water table / adjacent to flood plain / overland flow.**
1.c	Identify any risk associated with the hazards above	**Safety of staff and public / Construction works / pollution of water course / damage to facility.** **Exposure to items highlighted in 1b.**
1.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.	**Suitable capping layer within ground works contract. Remediation Strategy being developed to the satisfaction of SEPA and the Local Authority.** **Ground level established to address flood risk.** **Strategy to manage overland flow agreed with development team.**
	Control Measures **As set out above in item 1d.**	

1.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken	
	Potential Problems	
	Control Measures	
1.f	Actions to be addressed **Remediation process for site currently being developed. All issues require to be addressed as part of the Planning approval process.**	
By		Deadline

Development Stage 1 Initial Brief and proposed site for development: Checklist to ensure all aspects have been addressed		
1.1	Is contaminated land an issue? e.g. asbestos, oils and heavy metals. (Refer to the Contaminated Land Register) Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [x] No [ ] N/A [ ] Yes [x] No [ ] N/A [ ]
Comments **Ground Contamination – heavy metals / hydro carbon plume/ lychates / high water table / adjacent to flood plain / overland flow.**		
1.2	Is there a locally recognised increased risk of contamination or infection e.g. cryptosporidium? If yes give details. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [x] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments		
1.3	Are there industries or other sources in the neighbourhood which may present a risk of infection or pollution e.g. animal by-products processing plant? If yes give details Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [x] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments There are adjacent busy roads in the vicinity. However, this is no greater than expected for a town centre site.		
1.4	If there are any industries or other sources identified in question 1.3 above, will they affect the designed operation of the healthcare system? Consider the planned function of the design as well as issues such as: Ventilation Opening of doors and windows Water systems etc. 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]
Comments		

Development Stage 1: Initial Brief and proposed site for development: Checklist to ensure all aspects have been addressed (continued)		
1.5	Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☒ N/A ☐ Yes ☐ No ☒ N/A ☐
Comments **The overall Queens Quay Development will involve a number of projects over the coming years. Environmental Health will ensure suitable dust control measures are in place. There are no demolition projects programmed. Operational policies will be put in place if there are issues with neighbouring construction sites.**		
1.6	Are there cooling towers in the neighbourhood which may present a risk of *Legionella* infection? Consider also air handling units, water pipes etc. Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☒ N/A ☐ Yes ☐ No ☒ N/A ☐
Comments **To be confirmed by TUV SUD.** *Addendum to meeting TUV SUD confirmed by e-mail of 30/5/2017 that to best of their knowledge there are no neighbouring cooling towers.*		
1.7	Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any HAI risk e.g. from entrainment of plumes containing *Legionella*? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☒ N/A ☐ Yes ☐ No ☒ N/A ☐
Comments		
1.9	Will the proposed development impact on the surrounding area in any way which may present potential for infection risk? Consider possible restrictions being applied to the operation of the proposed facility e.g. Facilities Management routes Have these issues and actions to be taken been noted in actions to be addressed section?	Yes ☐ No ☐ N/A ☒ Yes ☐ No ☐ N/A ☒
Comments		

Development Stage 1 Initial Brief and proposed site for development: Checklist to ensure all aspects have been addressed (continued)		
1.10	Will lack of space limit the proposed development and any future expansion or change of use of the facility? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [x] N/A [ ] Yes [ ] No [x] N/A [ ]
Comments		
1.11	Has a demolition/refurbishment asbestos survey been carried out? Have these issues and actions to be taken been noted in actions to be addressed section?	Yes [ ] No [x] N/A [ ] Yes [ ] No [ ] N/A [x]
Comments **Demolitions were carried out a number of years ago and not as part of this project. Whilst there is no demolition works, a full Site Investigation has been carried out on this site.**		
1.12	Has consideration been given to the projected lifespan of the facility and its impact on planning and development?	Yes [x] No [ ] N/A [ ]
Comments **Authority Construction Requirements note this. Lifespan has been assessed and taken into consideration in the design to ensure that a suitably durable and robust building is provided.**		
Additional notes - Stage 1 **A detailed flood risk assessment carried out to set suitable ground floor height above 1000 year flood level.**		

Development Stage 1: HAI-SCRIBE applied to the initial brief and proposed site for 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	**Gartnavel Royal- Admin Building**	29/3/2017 Date	
'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
Soma Kapur		GG&C West Dun HSCP	0141 531 6330	Soma.Kapur@ggc.scot.nhs.uk
Alison Edwardson		GG&C Infection Control	0141 211 3405	Alison.Edwardson@ggc.scot.nhs.uk
Fiona Gallacher		GG&C Infection Control	0141 451 5603	Fiona.Gallagher@ggc.scot.nhs.uk
Ian Docherty		GG&C Capital Planning	0141 211 0201	Ian.Docherty@ggc.scot.nhs.uk
John Stevenson		GG&C Capital Planning	0141 232 2003	John.Stevenson@ggc.scot.nhs.uk
Jonathan McQuillan		Anderson Bell Christie Arch.	0141 339 1515	jonathanmcquillan@andersonbellchristie.com

Stage 1 review completed 29th March 2017 for OBC submission
Stage 2 review to follow in advance of FBC submission.

VALUE FOR MONEY SCORECARD

Clydebank Health and Care Centre

Version 1.0

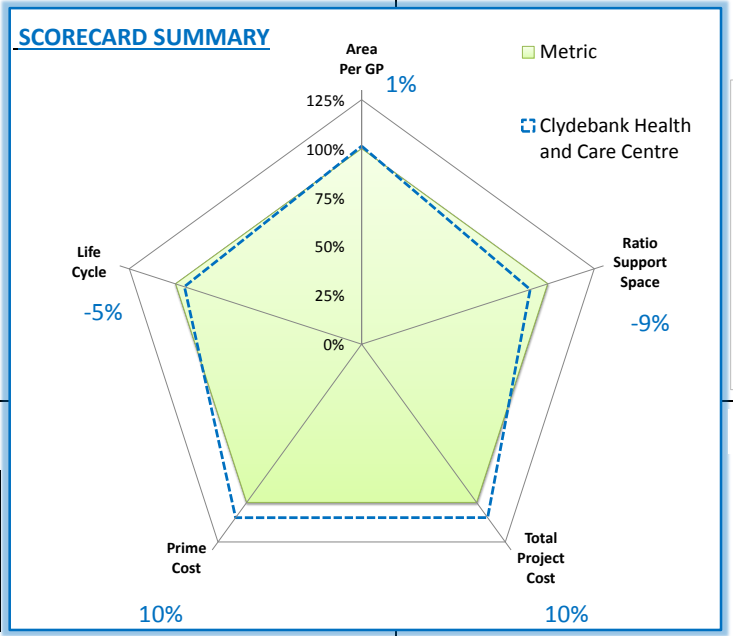
12 October 2017

PROJECT SUMMARY

Project Name:	Clydebank Health and Care Centre	
Health Board:	NHS Greater Glasgow and Clyde	
Local Authority:		
Total Project Cost:	£19,250,246	(Incl NHS Direct Costs)
Hubco Affordability Cap:	£19,000,000	
Hubco Current Project Cost:	£19,250,246	(Equivalent to the Affordability Cap)
Site Abnormals:	£1,453,820	
Gross Internal Area:	5,723	m2
Nr of GP's:	31	nr
Car Parking Spaces:	191	nr
Storey's:	3	nr

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost *(£/m2)*	£2,837	£3,110	£272
Prime Cost *(£/m2)*	£1,765	£1,936	£170
Area Per GP *(m2/GP)*	100	101.31	1.31
Ratio Support Space *(Ratio)*	1:3	2.7	-0.28
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	3Q 2018
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£3,216	£1,892
1,001 – 5,000m2	£2,350	£1,450	£2,963	£1,829
5,001m2>	£2,250	£1,400	£2,837	£1,765

Inflation Uplift:-	26.11%
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
Contamination + gas venting	Sub	£349,540	£139,862	£489,402
Ground obstructions	Sub	£5,600	£1,680	£7,280
Piling	Sub	£285,500	£85,650	£371,150
TM52 (criteria 3)	M&E	£9,100	£2,730	£11,830
SHTM Chilled Water	M&E	£157,500	£47,250	£204,750
contamination (services)	Ext	£284,160	£85,248	£369,408
Total		£1,091,400	£362,420	£1,453,820

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£1,014,000	£177	£373,360	£65
Superstructure	£5,464,204	£955	£5,464,204	£955
Finishes	£1,064,900	£186	£1,064,900	£186
Fittings & Furnishing	£719,600	£126	£719,600	£126
M&E	£3,622,700	£633	£3,456,100	£604
Prime Cost	£11,885,404	£2,077	£11,078,164	£1,936
External Works	£1,914,300	£335	£1,630,140	£285
Project Fees (Design, surveys, Hubco fee)	£5,450,542	£952	£5,088,122	£889
Hubco Affordability Cap	£19,250,246	£3,364	£17,796,426	£3,110
NHS -Decant/Management	£0	£0	£0	£0
NHS - Contingency	£0	£0	£0	£0
TOTAL PROJECT COST	£19,250,246	£3,364	£17,796,426	£3,110

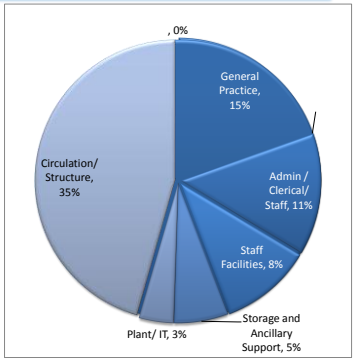
Items	%	£
Post FC Risk	1.5%	£158,222
Pre FC Risk	2.8%	£531,100
NHS Cont	0.0%	£0

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	17.15	-0.85
Hard Facilities Management	19	17.66	-1.34

NHS Board Commentary on Financial Assessment

AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	864	15%
Other Health Services	675	12%
Local Authority	0	0%
Patient Interface	637	11%
Admin / Clerical/ Staff	618	11%
Staff Facilities	471	8%
Storage and Ancillary Support	275	5%
Plant/ IT	171	3%
Circulation/ Structure	2,012	35%
Total GIA	5,723	100%
Omit Abnormals		
GP & Other Health Services	-1,539	-
LA Facilities (Incl circ/plant)	0	-
Nett Support Space	4,184	Diff
Ratio Clinical Vs Support Space	**1: 2.7**	0.3



Nr of GP	Metric (m2/GP)	Actual (m2/GP)
31	100	**101**

NHS Board Commentary on Area Provisions

COMMUNICATION AND ENGAGEMENT 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	Business Case & Briefings	Chief Officer – HSCP (SRO)	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 Health & Community Care Head of Strategy, Planning & Health Improvement Chairs of User Groups SRO 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 project, including meeting schedules, feedback, Board Papers and minutes.	Project Team. Hub West of Scotland	Regular monthly meetings	Reports
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
West Dunbartonshire HSCP Board	Programme Update, General Information relating to Project	SRO	Also regular update reports to meetings by Chief Financial Officer.	As appropriate dependant on issue to be communicated.

Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.	**Information Required: What specific information is required by each stakeholder group?**	**Information Provider: Who will provide the information?**	**Frequency of Communication: How often will information be provided?**	**Method of Communication: By what method will the communication take place?**
Design & Delivery Group	Programme Updates, general Information relating to project.	Project Manager HSCP Administration Manager	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 Board/Design & 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 centre.	SRO/Head of Health & Community Care to provide information to Communications officers who will draft material Head of Health & Community Care to report Staff Partnership Forum	As per required. Team briefs Staff Staff Partnership Forum representatives are members of HSCP Board and will therefore be receiving regular updates via formal reports As required	As appropriate dependent on issue to be communicated. Involve staff groups in design of new building via Design & 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 Health & Community Care to liaise with Communication Officer(s) who will disseminate information	As required HSCP Board includes community and carers representatives, who will therefore be receiving regular updates via formal reports.	HSCP website Council Twitter
Local community and voluntary sector partner organisations	Regular updates on initial plans and then progress.	Head of Strategy, Planning & Health Improvement to liaise with West Dunbartonshire CVS (Third Sector Interface)	As required	Presentation at voluntary sector network meetings Article in voluntary sector newsletter Information on HSCP website

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Keith Redpath

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

Address: Council Offices
Garshake Road
Dumbarton
G82 3PU

Date: 24 July 2017
Direct Line: 01389 737599
E-Mail: keith.redpath@ggc.scot.nhs.uk

Dear Jane

Greater Glasgow Health Board
Transforming Care in Clydebank – New Clydebank Health & Care Centre

Greater Glasgow Health Board and West Dunbartonshire Health & Social Care Partnership have been actively involved in developing the proposals for the above project through its various stages.

There has been engagement with the relevant stakeholders throughout the development process including representation from service users, staff, and management.

There is jointly confirmed acceptance of the strategic aims and investment objectives of the scheme, its functional content, size and services. The details of these are clearly set out in the business cases.

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 funding ceiling, joint support would require to be re-validated.

The project is being developed through the hub programme as part of a bundle of projects which are revenue-funded and delivered via the DBFM route. The project is affordable under this arrangement.

Yours sincerely

R Keith Redpath
Chief Officer
West Dunbartonshire Health & Social Care Partnership